2020

African American Women's Use of Spirituality to Cope with Intimate Partner Violence

Vanessa S. Barnes Bey
Walden University

Walden University

College of Social and Behavioral Sciences

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Vanessa S. Barnes Bey

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Review Committee
Dr. Garth den Heyer, Committee Chairperson, Human Services Faculty
Dr. Avon Hart-Johnson, Committee Member, Human Services Faculty
Dr. Dorothy Scotten, University Reviewer, Human Services Faculty

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Sue Subocz, Ph.D.

Walden University
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Abstract

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Vanessa S. Barnes Bey

MSW, Fordham University, 2006

BSW, Kean University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

February 2020

Abstract

Intimate partner violence (IPV) is a widespread public health problem in the United States (U.S.) linked to physical, mental, emotional, and psychological problems for women who experience it. Previous researchers indicated that African American (AA) women in the U.S. experience more severe effects from IPV than women in other ethnic groups in the U.S. The purpose of this transcendental phenomenological study was to identify and report AA women's lived experiences of using spirituality to cope with IPV who were not actively engaged in organized religious practices during the time of the abuse. Semi-structured audiotaped phone and face-to-face interviews were used to collect data from 12 AA women survivors at least 18 years of age located in the northeast area of the U.S. Resilience theory was used as the theoretical basis for this study. Subsequent data analysis, thematic hand-coding were employed by Colaizzi's 7-step method to ensure rigor. The key findings from this study revealed that 10 out of 12 women survivors of IPV considered themselves spiritual leaders in their community. Key themes were connecting to spirituality, religion-a limited manmade set of rules, self-love through spiritual coping, contemplative thinking in unhealthy relationships, ineffective coping strategies, and resilience. This study's implication for positive social change includes informing researchers and practitioners about the potential use of spirituality as a strategy for coping with IPV, especially among women of African ancestry. Future palpable interventions could be shaped and researchers may use these study results as a base to expand the dissemination of this work that incorporates researcher recommendations.

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Dedication

I want to dedicate this project to all affected by any kind of violence and trauma. A special dedication to my high school friend, Kamealah Taldmadge, who lost her life in 2012 to the hands of her intimate partner. You are the reason why I stayed the course to complete this PhD. It is with great respect and dignity that I dedicate this dissertation to the memory of my maternal grandmother, Shirley May Barnes, who was instrumental in my upbringings. To my spiritual mother mentor, Doc Vaj. I miss you! Thank you, grandma, for our strong ancestral lineage that instilled in me morality, humility, and unconditional love for all. Thank you to all my ancestors both maternal and paternal for guiding me through the years of my life. I dedicate this project to the memory of my little brother, Michael R. J. Barnes, who was my best brother for the 5 years of his physical life. I dedicate my project to every boy and girl told that you are only a product of your environment. I was that girl, but today, I am resilient by overcoming all adversity. This is proof that you can do anything you set your mind too. My vision is for everyone to succeed to the highest heights of self-love holistically. I invested energy and dedication during this journey to be the greatness in the world that we all have the potential in becoming. I lead by example as a Noblewoman. I encourage you to use your will power, dedication, and commitment to learning, so you, too, can leave a legacy of greatness.

"The world is returning to a state where one must liberate the brain of all dogmas, which have a weight attached to our feet and mired our spirit in the mud of dualism and barbarism". Neb Naba Lamoussa Morodenibig.

Acknowledgments

I would like to give acknowledge and honor God (Allah), the supreme mother and father life giver of the universe for my unalienable inherited birthrights and the strength to complete this process. I acknowledge and honor my ancestor's presence within.

Thank you to my mate, Kei'Lyfe. You traveled this nine-year journey with me and looked after our five stars while I attended residency, national conferences, writer's retreats, and self-care trips. Thank you for encouraging me to pursue this journey. Thank you for being my "biggest fan". Now, run your academic marathon. Love you.

To my mother, Oriska Barnes, thank you for sacrificing your chance to soar academically to be a mother to your eight children. Thank you for instilling in me that I could do anything I put my mind too. Thank you for allowing me to be your strength when you could not. Love you. To my father, Rickie (Richard Tobie), thank you for your kind spirit, support, and all the "I love you baby girl".

To my stepfather, Be Divine (Mark Parker), thank you for encouraging me to pursue my academic pursuits. To my aunt BB (Bernacine Barnes), thank you for all the support and financial support from undergraduate to now doctorate. Love you.

To my brothers, sisters, loved ones, extended love ones, thanks for simply being there for me. At most times I had to miss conversations, events, special occasions, social gatherings, and fun trips. I hope you now know why I couldn't make it. Love you all.

To the participants who rendered their time and participation in this research study, thank you so much for trusting me with your stories. Your lived experiences empower me to do more as a Social Worker and human service professional.

To my current committee chairperson, Dr. den Heyer, thank you for your leadership, guidance, and positive feedback over the past twelve months. To my past dissertation chairs thank you for your feedback and guidance. To my committee member, Dr. Avon Hart-Johnson, thanks for your leadership and feedback through the years. You are paving the way. We have worked together through the years to promote excellence in service to humanity. To my URR, Dr. Dorothy Scotten, thank you for your positive feedback and assisting during this process. Thank you, Dr. Katherine Hosler, for your editorial services in this final dissertation stage.

Thanks to my earth sister, Ms. Shalonda Martin for assisting me in my early stages of this journey. Thanks to my brother Shah KAS Allah. Thanks to Ms. Michelle Cooke, James Abro, Dr. Guy White, Dr. Lynn Walden, Dr. Patricia Lynn Smith, and Dr. Lorenzo Woodson for your direct support and feedback on my project. Thank you to all instructors, cohorts, friends and phenomenal people who crossed my path that offered a suggestion, a review, praise or any form of support. Thank you to my Sacred Woman circle sisters of 2003. Thank you Clock of Destiny. Thank you Order Mother Earth. Thank you Bro. Antonio El for guiding me to the Earth Center. Thank you spiritual mentors, mystics and seers that provided clarity regarding the universal sciences of life.

Lastly, but most important, to my offspring, Makai Ra, Amore' Preema, Heav'n Ayngel, Legend Kei'Sun, and Empress Kei'Lah Bey. I am proud to be your mother. This is the highest title I can bear. Thank you for your hugs and kisses every day that kept me whole during this journey. Love you! I am officially, Dr. Vanessa S. Barnes Bey. Ase'

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Chapter 1: Introduction to the Study

Intimate partner violence (IPV) is a widespread public health problem in the United States (Blakey, 2016; Centers for Disease Control and Prevention [CDC], 2017a, 2019; Ferreira & Matos, 2013; Lacey, West, Matusko, & Jackson, 2016; Manley-Johnson, 2013; Michaels-Igbokwe et al., 2016). Breiding, Chen, and Black (2014) revealed that approximately 32.9% of women in the United States have experienced physical violence by an intimate partner in their lifetime, compared to 28.1% of men (p. 15). In addition, women between the ages of 18-24 are the highest of IPV victims at 38.6%, followed by women from 11-17 at 22.4% (CDC, 2017a; Domestic Shelters, 2014, para. 2). Data from the 2010 National Intimate Partner and Sexual Violence Survey (Breiding, Chen et al., 2014) revealed that one in four females reported being a victim of physical violence by an intimate partner ("How Big is Problem," para. 1). Researchers have also found that victims of IPV experience a number of negative mental, physical, psychological, and emotional issues, such as anxiety, depression, posttraumatic stress disorder (PTSD), suicidal behavioral, low self-esteem, and fear of intimacy (CDC, 2019; Crann & Barata, 2016; Manley-Johnson, 2013).

Results from other studies showed that IPV affects females from all ethnic backgrounds (Blakey, 2016; Breiding, Smith et al., 2014). According to Breiding, Smith et al. (2014), an estimated 51.7% of American Indian/Alaska Native women, 51.3% of multiracial women, 41.2% of non-Hispanic Black women, 30.5% of non-Hispanic White women, 29.7% of Hispanic women, and 15.3% of Asian or Pacific Islander women experience physical violence by an intimate partner during their lifetimes (p. 11).

Findings from past research have revealed that African American women endured greater exposure to IPV than their non-Hispanic White counterparts do (Al'Uqdah, Maxwell, & Hill, 2016; Arian, 2013; Gilbert, 2011; Lacey, Sears, Matusko, & Jackson, 2015; Peskoe, 2012).

African American women are less likely than women from other ethnic groups to use traditional medical and mental health services to aid them in coping with abuse (Black, 2011; Manley-Johnson, 2013; Sabri, Renner, Stockman, Mittal, & Decker, 2014; Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014). A number of researchers have addressed the negative effects of IPV on women (Arroyo, Lundahl, Butters, Vanderloo, & Wood, 2017; Blakey, 2016; Lacey et al., 2016; Michaels-Igbokwe et al., 2016; Stevens-Watkins et al., 2014; Van Hook, Furman, & Benson, 2016). Several researchers have also examined the role of religious faith-based institutions in working with African American women who experience IPV (Drumm et al., 2014; Manley-Johnson, 2013; Rogers, 2014). However, I did not locate any literature that addressed how heterosexual African American women survivors of IPV who are not engaged in traditional religious practices use spirituality to cope with IPV. Information from this study may be used to advocate for human services and other professionals to develop educational seminars that inform victims and survivors of how spirituality could possibly be used as a strategy for coping with the effects of IPV.

In this chapter, I describe the effects and risks to the well-being of women affected by IPV and some of the literature on the strategy's African American women in the United States have used to cope with IPV. I cover the problem statement, purpose of

the study, research question, theoretical framework, nature of the study, definitions, assumptions, and scope and delimitations, ending with a summary of the section's significant components and a transitional statement into the literature review in Chapter 2.

Background

The CDC (2019) defined IPV as acts of violence that occur among current or former intimate partners. One in four women (25%) and 1 in 7 men (14.0%) have been victims of severe physical violence by an intimate partner (Breiding et al., 2015; CDC, 2019). Over 55% of female homicides in the United States are committed by an intimate partner (Petrosky et al., 2017, p. 743). The homicide rate among African American people nearly quadrupled that of the national homicide average for other ethnic groups (CDC, 2017b, Figure 1). Specifically, the homicide average compared to the national homicide average rate in 2015 was 54% lower for Whites, 14% lower for Hispanics, and 267% higher for African Americans (CDC, 2017b, Figure 1).

Findings from several studies have linked IPV with negative outcomes, such as homicide, emotional distresses, family problems, physical injury, chronic mental pain, depression, gynecological problems, and traumatic stress disorder (Black, 2011; Black, Basile et al., 2011). Statistics show that on average, 20 people per minute become victims of physical violence by an intimate partner in the United States (NCADV, 2015, p. 1). Several researchers have shown that the physical and psychological effects of IPV experienced by female victims can lead to traumatic stress disorder, which could extend

well beyond the triggering event (Blakey, 2016; Breiding, Smith et al., 2014; Rizo, 2016; Wilson, Lamis, Winn, & Kaslow, 2014; Wilson, Fauci, & Goodman, 2015).

The physical effects of IPV are not always obvious or apparent (CDC, 2017a, 2019). Brade and Bent-Goodley (2009) indicated that victims often hide their physical and emotional trauma because of their shame and desire to protect their victimizers. Many women hide their victimization to avoid disgrace in their cultural environment (Manley-Johnson, 2013; Stevens-Watkins et al., 2014). Statistics reveal that IPV affects women from all ethnic backgrounds (Blakey, 2016; Breiding, Smith et al., 2014). The prevalence of IPV is influenced by several factors including demographics, resources, and situational factors rather than by a single definition (Lacey et al., 2016). Vincent and Velkoff (2010) estimated that by 2042, African American, Asian, and Latina women will become the populations most affected by IPV due to a lack of resources, employment issues, poverty, depression, and other mental health issues. Gillum (2019) stated that a call to action regarding factors contributing to IPV for African American people across the globe is necessary due to the high poverty rates and IPV impact.

Results from previous studies have revealed that African American women are less likely to use formal medical and mental health resources to help them cope with their abuse (Arian, 2013; Black, 2011; Manley-Johnson, 2013). African American women have a substantial mistrust of medical and professional help due to the historical injustices they have faced as a people (Lacey et al., 2016). Instead, African American women tend to rely on informal support from family, friends, and their church communities to help them cope with IPV (Jim et al., 2015; Manley-Johnson, 2013;

Warshaw, Sullivan, & Rivera, 2013). Findings from past research has also revealed that African American women tend to use spirituality as a coping mechanism for domestic abuse or trauma (Drumm et al., 2014; Manley-Johnson, 2013; Smith, Murray, & Coker, 2010; Stevens-Watkins et al., 2014). Historically speaking, African American women have used spirituality to cope with tumultuous and stressful situations, such as criticism, slavery, white supremacy, and other forms of abuse and victimization (Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Stevens-Watkins et al., 2014). Various researchers have found that personal engagement in spiritual practices was associated with increased wellness (Stevens-Watkins et al., 2014).

Spirituality refers to an individual's connection to a higher power (Lewis, Henriksen, & Watts, 2015). Blakey (2016) reported that women viewed spirituality as a coping mechanism and an important component of inner healing. Blakey purported that spirituality involved helping women reclaim or reconnect to their spirituality or spiritual practices that brought them solace and comfort in previous situations of adversity. Blakey also indicated that future researchers must explore potential participants to identify what spirituality means to them. Furthermore, researchers have documented that the use of spiritual practices has been linked to decreased levels of melancholy, anxiety, and PTSD, and have led to more optimistic views of life (Brown, 2016; de la Rosa, Barnett-Queen, Messick, & Gurrola, 2016; Drumm et al., 2013; Hyland, 2014; St. Vil, Sabri, Nwokolo, Alexander, & Campbell, 2016).

Problem Statement

IPV is a global problem that affects women from all ethnic backgrounds (Blakey, 2016; Michaels-Igbokwe et al., 2016; White & Satyen, 2015). Data from more than 40 years of research shows that IPV is a major health issue that can lead to long-term negative consequences, such as alcoholism, depression, suicidal thoughts, PTSD, physical impairments, panic attacks, sleep disorders, digestive problems, headaches, chronic body pain, and eating disorders (NCADV, 2015). The United States spends 4.8 trillion dollars annually to address the effects of IPV, such as physical abuse, sexual violence against women, and homicides of women committed by intimate partners (Michaels-Igbokwe et al., 2016).

African American women are less likely to use traditional medical and mental health services to aid them to cope with IPV than women from other ethnic groups (Black, 2011; Flasch, Murray, & Crowe, 2017; Manley-Johnson, 2013). Instead, African American women tend to rely on informal support from family, friends, religion, spirituality, faith-based organizations, and church communities to help them cope with IPV (Arian, 2013; McLeod, Hays, & Chang, 2010; Warshaw et al., 2013). Spirituality is a coping strategy that African American women victims of IPV have used to cope with the abuse (Sahai & Sharma, 2016). African American women who are actively engaged in traditional religious practices are known to utilize spiritual practices (i.e., prayer, attend church) when faced with stressful events show an increase in their ability to cope (Alamilla, Scott, & Hughes, 2016).

Among the 16 articles I found in the literature on the women's use of spirituality to cope with IPV, seven were quantitative and nine were a combination of qualitative and mixed methods articles. In those articles, researchers primarily explored the use of spirituality among women survivors of IPV who received counselling from organizations that were affiliated with a religious group or faith-based organization such as a church (e. g., Arian, 2013; Blakey, 2016; Breiding et al., 2015; Brown, 2016; de la Rosa et al., 2016; Enkhtor, 2012; Erbe, 2015; Hyland, 2014; Lacey et al., 2016; Lewis et al., 2015; Michaels-Igbokwe et al., 2016; Rogers, 2014; Stevens-Watkins et al., 2014; St. Vil et al., 2016; Van Hook, 2016). However, there is a gap in the literature regarding African American women's lived experiences with using spirituality to cope with IPV when women were not actively involved in an organization that was affiliated with a religious group or faith-based organization at the time of abuse.

Purpose of the Study

The purpose of this phenomenological study was to identify and report on African American women's lived experiences with using spirituality to cope with IPV. Participants were women who were not actively engaged in an organization affiliated with a religious practice (i.e., attending a church, temple, or mosque or engaging in traditional prayer, etc.) during the time of the abuse. Determining how African American women use spirituality to cope with IPV is important because African American women experience higher levels of life-threatening IPV than do women of other ethnic groups (Blakey, 2016; Breiding, Smith et al., 2014; Lacey et al., 2016; Murray, King, Crowe, & Flasch, 2015). Past research has revealed that African American women are at a greater

risk for adverse outcomes from IPV than are women in other ethnic groups (Arian, 2013; Manley-Johnson, 2013; St. Vil et al., 2016). For example, African American women are significantly impacted with negative physical health, mental health disorders, and sexual reproductive health outcomes, such as head injuries, suicidal, mood disorders, discoloured vaginal discharge, and unwanted pregnancies compared to African Caribbean, Hispanic, Latinas, European, and South Asian women who experience IPV and HIV positive (Stockman, Hayashi, & Campbell, 2015). African American and immigrant women are at an increased risk for IPV (Lacey et al., 2016). However, African American women are less likely to seek professional services to help them cope with the abuse (Blakey, 2016). Findings from this study may be used to inform researchers and practitioners of the utility of using spirituality to help IPV women affected by IPV in recovery.

Research Question

This study was guided by the following one research question:

RQ: What are African American women's lived experiences of using spirituality to cope with IPV?

Conceptual Framework

Resilience theory served as the conceptual framework for this study. Resilience comes from the Latin word *resilire*, which means to rebound or recoil (Masten, 2014). Rutter (1987) noted that resilience was a process and turning point of experiencing stress that prepared the individual to adapt and overcome their adversarial situation (Goldstein, 1997; Masten, 2014; Panter-Brick, 2014). Resilience theory has been described as the

human capacity to maintain healthy and positive functioning through successfully using personal, social, familial, or other safety nets, successfully, when faced with a crisis (Goldstein, 1997; Kaplan, Turner, Norman, & Stillson, 1996). Resilience theory entails processes and strategies that individuals use to overcome negative or adverse experiences (Masten, 2014; Panter-Brick, 2014).

The earliest studies of resilience began with clinicians Freud and Burlingham (1942). The two researchers observed that children who were separated from their parents during the war in the late 1930s were able to adapt to and overcome adversarial situations. Later pioneers of resilience theory were Rutter (1979), Werner and Smith (1982), and Garmezy (1985), all of whom observed that despite the harsh realities and stress that children witnessed during war, some children were able to adapt and overcome the stress they endured. The premises of resilience theory to address resilience in adults were first explored in the 1960s when researchers used the theory to address how resilience enabled adults to cope effectively with stress, trauma, adversity, and other crisis (Boss, Bryant, & Mancini, 2017; Henry, Morris, & Harrist, 2015; Masten & Monn, 2015; Nicholas, 2013; Rizo, 2016; Walsh, 2016b).

Principles of resilience theory focus attention on the positive contextual, social, and individual variables that interfere with or disrupt developmental trajectories away from risk to problem behaviors, mental distress, and poor health outcomes (Zimmerman, 2013). Resiliency theory provides a conceptual framework for explaining why some youth grow up to become thriving adults despite their negative experiences or exposure to unwanted to risks (Garmezy, 1991; Masten, Cutuli, Herbers, & Reed, 2011; Rutter,

1987; Werner & Smith, 2001). Adults are thought to be resilient when dealing with life adversity and stress (Boss et al., 2017; Walsh, 2016a). In this study, I used the principles of resiliency theory to guide this research. I provide further details of resilience theory in Chapter 2.

Nature of Study

The most appropriate design for this study was a qualitative, transcendental phenomenological approach developed by Husserl (1970). I chose a phenomenological approach instead of a quantitative approach because I wanted to obtain detailed descriptions of the lived experiences of heterosexual African American women using spirituality to cope with IPV. A phenomenological approach allows a researcher to obtain rich information from participants regarding their lived experiences with a particular phenomenon (Staiti, 2014; Turley, Monro, & King, 2016). Therefore, a transcendental phenomenological approach was appropriate for achieving my goal of examining and describing how African American women used spirituality as a strategy to cope with the lived experience of IPV.

Phenomenological studies typically require fewer participants than do quantitative studies (Patton, 2015). Therefore, I used a purposive sampling method to recruit 12 African American women who had the lived experience of using spirituality to cope with IPV when the women were not actively engaged in an organization that involved religious practice during the time of the abuse. The purposive sampling for this research study identified 12 women who utilized spirituality to cope with IPV, where 12 agreed to take part in this study. I used semi structured interviews consisting of open-ended

questions to collect data. For this study, I was open to using snowball sampling in case there was difficulty in gaining the desired number of participants. This allowed participants to recommend other women who utilized spirituality to cope with IPV who were not actively engaged in organized religion located in the northeast area of the United States.

I used Colaizzi's (1978) data analysis procedure to analyze the data. I used an audio recorder to ensure I captured words verbatim. The transcendental phenomenological data from this study was clustered into themes based on common perceptions. Perceptions from each participant were given equal importance, but any repetitive exact statement was removed. For data analysis, I bracketed statements from each participant to keep personal biases from interfering with the progress of both the textual and structural descriptions. Therefore, through a proper analysis of the themes and descriptions recorded, a meaningful final combination of the findings was generated to answer the research question (see Vaughn & Turner, 2016). In addition, I maintained field notes throughout the research process before and after the research to aid in understanding the phenomenon studied. Additional details regarding data collection and data analysis are presented in Chapter 3.

Operational Definitions

Some terms used in this study have interchangeable meanings. The following operational terms and definitions are presented below to help identify and report how heterosexual African American women used spirituality to cope with IPV.

African American: In this study, the term African American is a label used to describe any person who self-identifies as having African ancestral lineage and who were born in the United States (Manley-Johnson, 2013).

Heterosexual: This term is used to describe a person who self-identifies as only desiring an intimate relationship between a man and a woman (Hellemans, Loeys, Buysse, Dewaele, & De Smet, 2015).

Intimate partner: The term intimate partner refers to a person who has a close relationship with emotional connectedness, regular contact, continuous physical contact, or sexual activity with another person (Breiding et al., 2015).

Intimate partner violence (IPV): IPV refers to physical, sexual, emotional, psychological, or mental abuse by a current or former partner or spouse (CDC, 2019, para. 1).

Intimate partner violence survivors: IPV survivors include individuals who implemented effective strategies to escape from and are no longer in an abusive relationship (St. Vil et al., 2016). The term IPV survivors in this study refer to women only.

Resilience: Resilience is a person's ability to adapt and restore equilibrium to their life to avoid the potentially deleterious effects of stress in the face of overwhelming adversity (Masten, 2018).

Religion: Religion is a term used to describe an organized system or institution of religious practice and worship having set rules and regulations that guide a person's life within a social group, as well as specific beliefs about the life after death (Koenig, 2015).

Spirituality (two-fold definition): Spirituality is a term describing a relationship with God or oneness based on the person's interpretations (Drumm et al., 2014). Spirituality is also a way of life comprising aspects of transcendence, soul-absolute relationship, and relational consciousness with self (Pandya, 2017).

Assumptions

Several assumptions were associated with this research. First, I assumed that the qualitative research methodology was an effective method of examining how African American women used spirituality to cope with their lived experience of IPV. I also assumed that the use of a qualitative research method is a flexible approach to research that would enable me to collect data from participants that could be used to describe their lived experiences with using spirituality to cope with IPV (Marshall & Rossman, 2014).

The third assumption associated with this study was that I would be able to recruit enough African American women survivors of IPV who met the inclusion criterion for participating in the study. I also assumed that participants would be open and honest during the interviews while talking about how they used spirituality to help them to cope with their IPV experiences. Moreover, I assumed that each participant was motivated to truthfully share her experiences of using spirituality as a means of coping with IPV.

Scope

The purpose of this study was to identify and report African American women's lived experiences of using spirituality to cope with IPV when the women were not actively engaged in an organized religious practice during the time of the abuse. The scope of this study included African American heterosexual women IPV survivors who

were (a) 18 years or older, (b) not actively engaged in an organized religious practice at the time of abuse, (c) English-Speaking, (d) not be in a current intimate partner violent relationship (d), residing in Northeast United States, and (e) not currently under a doctor's care or on medication. This age group was selected due to the higher rates of IPV, as noted in the literature for this population (CDC, 2019; Domestic Shelters, 2014, para. 2). I did not recruit any participants from any other ethnic group who did not identify with being of, relating to, or belonging to African American or Aboriginal Indigenous descent.

Delimitations

The first delimitation of this study was that criteria for participation, which excluded any individual who did not identify with being an African American or Aboriginal Indigenous woman living in the United States. This research study did not include men. This research excluded women living outside of Northeast United States. These exclusions affect the transferability of the findings because the results may not be transferable to women of other ethnic groups, men, or women in other locales. The next delimitation was that my research study did not include a theoretical framework other than resilience theory. This was a delimitation because there was limited existing research pertaining to this population of women and their experiences of spirituality and coping with IPV relating to the resilience theory.

Limitations

Limitations account for research data not transferable into larger populations in qualitative research. Several limitations were associated with this transcendental,

phenomenological research. First, there was a limitation relating to participant selection. Participants in this study constituted a purposeful sample of 12 African American women in Northeastern United States. This inclusion criterion was a limitation because utilizing only African American women from a specific geographic area of the United States did not include a sample that is characteristic of women across the United States. The limitation of a purposeful sampling method was that the research findings may not be transferable to all African American women survivors of IPV. In addition, the results of the study were limited to only African American women, which limits the transferability to other racial and ethnic groups.

A second limitation of this study was that I had a small sample of 12 participants. Determining a reasonable sample size in qualitative research is based upon the design method or preexisting research (Mason, 2010). A small sample size is not always a limitation with respect to qualitative research (Mason, 2010). I minimized the impact of a small sample size by conducting interviews until the data reached saturation. According to Fusch and Ness (2015), data saturation is reached when no new themes emerge from data and when further coding is no longer feasible.

A third limitation of this study pertained to researcher bias, which refers to situations where a researcher may not recognize or be able to conceal their preconceived notions about the research topic, population, or findings (Fusch & Ness, 2015). Noble and Smith (2015) indicated that the first step of mitigating researcher bias in phenomenological research is for the researcher to accurately identify self-biases or prejudices. To minimize the impact of researcher bias, I kept a reflective journal that

specifically charted my thoughts, feelings, doubts, values, beliefs, and assumptions that surfaced throughout the research process (see Noble & Smith, 2015). I address the topic of researcher bias in more detail in Chapter 3.

The last limitation associated with this study pertained to collecting data during phone interviews in the event a face-to-face interview was not possible. Sometimes reception issues or connectivity problems occur with telephone interviews, which cause disruptions in completing the interview. Interviewees dropped out of the study or choose not to finish as a result of this hindrance. To manage this limitation, I took steps, such as preparing for the interview, controlling the phone interview environment, and requesting that each participant be available to reschedule the interview if connectivity issues occurred. Additional details regarding the data collection procedures are presented in Chapter 3.

Significance

The purpose of this study was to identify and report heterosexual African American women's lived experiences in using spirituality to cope with IPV. Participants were women who were not actively engaged in an organized religious practice during the time of the abuse. Findings from this study provide information to future researchers, family members, IPV advocates, social workers, medical personnel, and human service professionals about the utility of spirituality as a strategy for helping victims cope and recover from IPV. Human services and other professionals may use the information to advocate for the need to develop workshops and training material that inform professionals of the value of spirituality as a coping mechanism for IPV victims.

Summary

Chapter 1 introduced the issue of IPV as a growing problem that affects men and women worldwide (Arroyo et al., 2017; Brown, 2016; CDC, 2017a, 2019). IPV negatively affects the lives of women across the globe by way of traumatic stress and physical injury (Blakey, 2016). According to Black et al. (2011), four in 10 African American women in the United States will experience some sort of physical abuse by an intimate partner during their lifetime. Previous research has shown that African American women endure greater risks from IPV than do other ethnic groups (Lacey et al., 2015; Manley-Johnson, 2013; Peskoe, 2012). Vinson and Oser (2016) explained that spirituality acts as a buffer against negative experiences such as trauma, violence, stressors, and other extreme crises that occur in the lives of African American women. Hodge (2017) discussed spirituality as a deliberate faith act of consistent strength that wards off barriers or challenges. There is some data that exists on how African American women use spirituality to cope with violence, abuse, and domestic abuse (Blakey, 2016; Brown, 2016; Vinson & Oser, 2016). As of April, 2018, I could not find peer reviewed research that looked at all the variables I explore in this study.

In this chapter, I presented information regarding the use of spirituality as a coping mechanism among African American female survivors. Throughout Chapter 1, I provided information related to the problem, background, theoretical framework, definition of terms, purpose, overarching research question, scope and limitations, assumptions, delimitations, 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 experienced IPV and used spirituality as a

coping mechanism.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative phenomenological study was to identify and report heterosexual African American women's lived experiences of using spirituality to cope with IPV when the women were not actively engaged in an organized religious practice (i.e., attending church, mosque, temple, or engaging in prayer) during the time of the abuse. In the United States, 1.3 to 5.3 million women experience IPV in their lifetime (Modi, Palmer, & Armstrong, 2014, p. 2). The issue of IPV affects 1 in 5 women and nearly 1 in 7 men in the United States (CDC, 2019). According to the National Coalition Against Domestic Violence (2015), an average of 20 people in the United States are physically abused by an intimate partner every minute (p. 1).

African American women endure more mental, psychological, and physical risks from IPV, such as depression, shame, anxiety, and trauma (Blakey, 2016; Lacey et al., 2016; Manley-Johnson, 2013; Michaels-Igbokwe et al., 2016). African American women encounter other adverse effects from IPV, such as anxiety, loss of self-worth, depression, and traumatic disorders (Blakey, 2016; Estefan, Coulter, & VandeWeerd, 2016; Overstreet & Quinn, 2013). African American women who experience IPV also face a significant chance of being killed by their partners when the women attempt to leave the abusive relationship (Brown, 2016; CDC, 2019; Sprague et al., 2014). African American women, among other races, are known to use informal support, reject professional help, and struggle with medical mistrust (Stockman et al., 2015). African American women victims of IPV have a long history of medical mistrust and lack of trust with law

enforcement compared to women who do not experience IPV (Blakey, 2016; Manley-Johnson; St. Vil et al., 2016).

In this chapter, I present the strategy that I used to conduct the literature review. I discussed the conceptual framework that was used to guide the study. Next, I presented literature on IPV including how this phenomenon affected women physically, mentally, and emotionally, as well as familial relations. I also presented literature that addressed how IPV impacted society as a whole. I then turned my focus to the literature on coping, healing strategies, and spirituality. I completed this chapter with a summary of all significant components of this literature review.

Literature Search Strategy

I conducted a literature review using several online databases such as Google Scholar and EBSCOhost. The majority of articles included in the literature review were retrieved from the Walden University Library using search engines, such as SocINDEX, Academic Search Complete, ERIC, Education Complete, Psych Info, Psych Extra, and PsychARTICLES. I conducted a search of the literature based on the following five topics: (a) population of interest, which is African American women; (b) the phenomenon of IPV; (c) impact of IPV; (d) theoretical foundation of resilience theory; and (e) coping strategies. My online literature search involved the use of appropriate words and phrases and a combination of these words and phrases as presented in Table 1. For example, when searching for intimate partner violence and the population of interest, I combined the words for *intimate partner violence* with terms, such as *women, African American women,* and *Black women*. When I searched for information on intimate partner violence,

I entered conditions, such as *domestic violence,* and followed with other pertinent words, such as *intimate partner violence*. I used words in the search stream using a single word and combined words to yield additional results. I conducted more in-depth searches based on data gleaned from these initial searches. This search was extended using Internet resources, such as Google Scholar. I concentrated on articles published since 2012.

Table 1

Literature Search

Topic 1	Topic 2	Topic 3	Topic 4	Topic 5
Population of interest in study	IPV Phenomenon	Impact of IPV	Theoretical Foundation	Coping strategies
		Literature search keywords		
African American women, African American women survivors	Intimate partner violence, intimate partner abuse, victims and survivors of intimate partner violence	Mental health issues associated with intimate partner violence: depression, mood disorders anxiety, fear	Resilience Theory	Spirituality, higher power, spiritual, religious
Aboriginal Indigenous, Black women	Domestic violence, domestic abuse, partner violence	Emotional health issues associated with intimate partner violence		Determination, perseverance Religion, faith-based help
African American female victims of intimate partner violence	Physical abuse, emotional abuse, mental abuse, sexual abuse	Physical health issues, suicidal ideation, suicide attempts, substance abuse disorders		

Theoretical Foundation

The theoretical framework for this study was resilience theory. Historically, resilience theory has been described by researchers as the individual capacity to adapt when facing adversity or trauma (Bronfenbrenner, 1979; Fleming & Ledogar, 2008; Fonagy, Steele, Steele, Higgit, & Target, 1994; Freud & Burlingham, 1942; Holling, 1973; Rutter, 1985). Freud and Burlingham (1942) presented the concept of resilience as a result of their research with children who were affected by trauma, such as war, yet who displayed little or no shock reaction from those devastating events. Freud and Burlingham noted that the children exhibited a bounce-back attitude following exposure to an adverse situation or trauma. However, their research was limited.

Rutter (1987) furthered the research on resilience as a process and turning point as a result of his own experience as an adolescent experiencing war first-hand (Masten, 2014). In 1987, Rutter's study was published as the main literature cited on the first wave of resilience science (Masten, 2014). Other researchers noted the same bounce-back attitude moving through the process of adversarial situations in later studies of children and resilience (Bronfenbrenner, 1979; Garmezy, 1991; Murphy & Moriarty, 1976; Rutter, 1987; Werner & Smith, 1982). Similarly, the American Psychological Association (APA, 2018) also noted that resilience is the process of adapting well despite abuse, trauma, familial problems, tragedy, and other life-threatening sources of stress. Resilience enables women to find a way to thrive and successfully navigate negative situations and life pressures and survive other adverse situations such as abuse, poverty, violence, or trauma (Dupree, 2017).

Protective Model

The protective model of resilience was used to guide this study. Several authors in the 1900s served as pioneers in the protective model of resilience among children (Garmezy, 1991; Masten & Garmezy, 1985; Rutter, 1979). Garmezy (1991), Masten and Garmezy (1985), and Rutter (1979) described the protective model of resilience as the presence of protective factors or processes that aid in ameliorating the effects of adversity for individuals who face negative situations. According to Rutter (1987), protective factors that mediate the negative effects of adversity for children include family support, teacher support, peer influence, social groups, and family involvement.

In recent literature, resiliency has evolved to address how individuals face trauma, abuse, or catastrophic events (Rizo, Givens, & Lombardi, 2017). In two recent studies, Domhardt, Münzer, Fegert, and Goldbeck (2015) and Sousa, Haj-Yahia, Feldman, and Lee (2013) found that other protective factors promoted individual resilience including family support, self-awareness, spirituality, social attachments, education, hope, social support, emotional intelligence, affect regulation, self-esteem, sense of community, and interpersonal competence. Family support is a protective factor that can help reduce stress for an individual dealing with a negative situation (Domhardt et al., 2015; Sousa et al., 2013). For example, when a woman survives IPV, but she is still in the early stages of using coping strategies, she may tend to speak to her sister or close loved one to discuss her feelings. Research has shown that African American women tend to have a higher propensity to turn to more informal means of support, often family, friends, or their won spirituality rather than religion or formal counseling (Raj, Silverman, Wingood, &

DiClemente, 1999; Howell, Thurston, Schwartz, Jamison, & Hasselle, 2018). IPV

exposed women, especially African American, who establish protective factors of

spirituality, optimism, hope, and social supports, foster effective coping strategies and

improved psychological well-being, which aid in the amount of resilience they display

(Domhardt et al., 2015; Drumm et al., 2014; Howell et al., 2018). In summary, the

protective model of resilience theory consists of factors that bolsters women's inner

strength and self-determination, such as spirituality and social support which serve an

important role in enhancing resilience.

Protective Factors of Resilience Theory: Self-Awareness and Self-Determination

Resilience theory has been used to address how self-awareness and self-

determination serve as protective factors for women who experience IPV (Drumm et al.,

2014; Kramer, Johnson, & Johnson, 2015). The self-awareness mindset is a characteristic

of resilience that enables an individual to cope with or move through tumultuous

experiences (Drumm et al., 2014). Self-awareness consists of a person being aware of

their own self, values, and internal, as well as external make up (Kramer et al., 2015).

Drumm et al. (2014) indicated that self-awareness could foster resilience.

Resilience enables women to find a way to thrive by successfully navigating

negative situations, life pressures, and other adverse situations, such as abuse, poverty,

violence, or trauma (Dupree, 2017). African American women are known to thrive and

survive even when faced with discrimination such as income inequality, housing

redlining, limited educational opportunities, and inadequate health services (Blakey,

2016; Manley-Johnson, 2013). According to Kramer et al. (2015), African American

women display resilience in the face of adversity by the ability to speak up for themselves, continuing with day-to-day activities, and attending work while contending with ongoing violence from an intimate partner.

Conceptualizations of Resilience

Historically, researchers used the premises of the resilience theory to examine the growth and positive bounce back attitude in children, adults, and families (Luthar & Zelazo, 2003; Ungar, 2004; Werner & Smith, 2001). Seminal research shows that resilience has been conceptualized in a multitude of ways, from the ability to bounce back, make meaning of life, and recover from stress (Luthar & Zelazo, 2003; Rutter, 2007; Smith et al., 2008; Ungar, 2005) to positive growth after a traumatic experience (Ungar, 2008). Premises of resilience theory emerged into healthy adaptation and functioning across personal and community contexts (Domhardt et al., 2015; Masten, 2014; Ungar, 2011). In the past five years, authors noted that resilience has taken on similar meanings to describe the adaptability and positive meaning of one's lived experiences (Bonanno, Romero, & Klein, 2015). Life has meaning under all circumstances that may cause suffering or stress (Weathers, Aiena, Blackwell, & Schulenberg, 2016).

Resilience is defined as people having the capacity to bounce back and make meaning of their lives after dealing with adverse circumstances (Bonanno et al., 2015; Weathers et al., 2016). Conceptualizations of resilience across adult mental health research has presented resilience as a process and resilience as a characteristic. Resilience is a process that enables people to bounce back from adversity (Ayed, Toner, & Priebe,

2019). These varying, and often conflicting definitions of resilience have prompted

authors to move toward other noteworthy frameworks (Ungar, 2013). Literature suggests

that when a person experiences higher levels of meaning, resilience increases drastically

(Weathers et al., 2016).

One of the most noteworthy frameworks of resilience stems from Ungar's

proposed social-ecological model (Ungar, 2013). Under this framework, resilience is

viewed as the capacity of individuals who face adverse or extremely stressful

circumstances to navigate their way to the psychological, social, cultural, and physical

resources that sustain their wellbeing (Ungar, 2013; Weathers et al., 2016). This

definition of resilience highlights the impact of layered systems on an individual's

capacity for being resilient (Masten, 2014; Ungar, 2013). Indeed, in their seminal work,

Ungar and colleagues identified factors related to positive outcomes after traumatic lived

experiences. These factors included relationships, a defined identity, power/control,

social justice, access to material resources, a sense of cohesion/belonging, and cultural

adherence. Other researchers expand the literature on resilience to include protective

factors, such as family and community.

Henry et al. (2015) and Masten (2015) focused on the positive aspects of

resilience, such as a supportive family and community connections aided in a woman's

capacity to cope with IPV. Past and current authors expanded the discussion of individual

factors including good problem-solving skills, self-regulation skills, and displaying a

sense of life meaning (Masten, 2014, 2015; Wright, Masten, & Narayan, 2013).

Furthermore, researchers reported that a profound change has taken place in research on

the resilience theory, which may promote human adaptation to achieve better outcomes

for familiar problems, adversity, and violence (Bonanno et al., 2015; Crann & Barata,

2016; Drumm et al., 2014; Henry et al., 2015; Hodges & Cabanilla, 2009; Jose &

Novaco, 2016; Masten, 2016; Rogers, 2014; Walsh, 2016a, 2016b).

     In a cross-sectional study on resilience, Jose and Novaco (2016) examined the

relationship between resilience, psychological distress, and social support for victims of

IPV. Findings from the interviews revealed that over 40% of the participants endorsed the

feeling of being strong and resilient enough to overcome the abuse of IPV (Jose &

Novaco, 2016). Results further shown that 55% of the women in the study reported

having someone to talk to, someone to show them love, someone whom they could be

transparent with about their problems, and someone who ultimately made them feel

wanted or needed thus describing human adaptation. Jose and Novaco interviewed

participants about their coping method used with their IPV experiences and found that

resilience played a significant role in decreasing psychological distress through high

social support. Jose and Novaco were two of few researchers who looked at social

support and resilience together when addressing IPV. Resilience was measured using the

10-item Connor-Davidson Resilience Scale. Social support was measured using the 13-

item Medical Outcomes Study Index.

     Results from the Jose and Novaco (2016) study were relevant to this proposed

study because the results provided empirical findings regarding resilience as a coping

strategy for women facing issues resulting from IPV. Jose and Novaco proposed that

resilience is a conduit towards spirituality where a female survivor using a bounce back

method once faced with an abusive situation. However, Jose and Novaco (2016) did not

discuss African American women's lived experiences with using spirituality to cope with

IPV. However, the findings from this study revealed that abused women could benefit

from further exploration from effective coping mechanisms that demonstrate resilience.

Crann and Barata (2016) completed a qualitative study and found that

heterosexual women survivors of IPV between the ages of 18-55 years incorporated

resilience to cope with the abuse. Flasch et al. (2017) discussed the resilience and

behavioural shifts, such as regaining and recreating one's identity, fostering acceptance,

and forgiveness with self and abusers, and building positive social support and

relationships for survivors of IPV. These two studies revealed how resilience, making

meaning of one's life, coping mechanisms, and behavioural shifts enabled the women to

cope with the abuse and eventually lead a violence free life once behavioural shifts are

applied appropriately (Crann & Barata, 2016; Flasch et al., 2017). However, the two

studies lacked specificity to identify and report how African American women used

spirituality to cope with IPV who are not actively engaged in religious practices at the

time of abuse. This study will fill the gap of previous studies.

Drumm et al. (2014) conducted a qualitative study where they examined how

Christian women in a conservative faith-based community used spiritual coping

processes to cope with IPV. A major finding from the study revealed that spirituality

contributed to resilience in the women and them to move from coping as a survivor to

becoming resilience, self-efficacy, and healing. Drumm and colleagues only highlighted

the experiences of Christian women's conservative faith community and failed to cover

other populations of women in other faiths, which could have produced different results. The proposed study may add to the body of literature by utilizing resilience theory as the theoretical framework to explore African American women's lived experiences using spirituality to cope with IPV. The results of this study might advance the theory of resilience while contributing to the academic literature about heterosexual African American women's lived experiences of spirituality to cope with IPV that are not actively engaged in traditional religious practices at the time of abuse. The results of this study extend beyond African American women who only adopt traditional Christianity. The aforementioned makes this study unique and different from the previous study of Drumm (2014).

Definition of Intimate Partner Violence

IPV is considered an act of physical, sexual, psychological, or mental harm perpetrated by a current intimate partner, former partner, or spouse (Arroyo et al., 2017; CDC, 2017a, 2019; Lacey et al., 2016). IPV is one of the leading causes of violence in domestic relationships in the United States and other countries (Pandya, 2017). IPV is also a preventable, severe epidemic that affects millions of women around the world (CDC, 2017a; Manley-Johnson, 2013; National Coalition Against Domestic Violence, 2015). There are many types of IPV, and I discuss four types in the next section.

Types of Intimate Partner Violence

The CDC (2019) defines IPV as consisting of the following four types of violence: physical violence, sexual abuse, stalking, and psychological abuse (Breiding, Smith et al., 2014; Grych & Swan, 2012). Black et al. (2011) estimated that in the United

States approximately 20 people are physically assaulted each minute. In the next few paragraphs, I described the different types of violence that can result in possible death, severe disability, injury, or homicide for women that experience IPV.

Physical Violence

Physical violence refers to the use of physical force to perpetuate suffering, harm, or bodily injury to the victim (CDC, 2019). According to Wong and Mellor (2014) women who experience IPV run a higher risk of physical violence and health issues, including traumatic brain injury and long-lasting pain. A few examples of physical violence include hitting with a fist, threatening with a knife or any other weapon, or other forms of physical abuse that can cause injury (Lacey et al., 2016; Stockman et al., 2015). Lacey et al. (2015) found that physical violence for victims of IPV was more harmful than other forms of violence and had lasting effects on women and their families. For example, the real outcomes included multiple injuries, disordered eating patterns, sexually transmitted diseases, and unwanted pregnancies (Lacey et al., 2015). Women survivors also experienced other physical injuries including back or pelvic pain, gastrointestinal pain, bladder and kidney infections, cardiovascular disease, and joint disease (Stockman et al., 2015). Additional examples of physical abuse include but are not limited to striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, strangling, kicking, pinching, burning, utilizing physical restraints, force-feeding, and physical punishment of any kind.

Sexual Violence

Sexual violence refers to a sexual act committed or attempted by another person without the victim's consent or against a person who is unable to give permission (Breiding, Smith et al., 2014; CDC, 2019). Furthermore, sexual violence, which is also labeled as rape, includes forced and unwanted sexual acts by which a person was unable to give consent due to forced or unforced consent (Breiding, Smith et al., 2014). Finally, a victim may not be able to give consent due to reasons that include their age, physical condition, disability, consciousness, or lack of awareness. Results from a survey conducted by the National Intimate Partner and Sexual Violence Survey (NIVS) revealed that one in five women experience sexual violence in their lifetimes (Black et al., 2011; Walters, Chen, & Breiding, 2013). Researchers found that "more than 3/5 of female victims of completed rape (79.6%) were first raped before their twenty-fifth birthday, with 42.2% experiencing their first completed rape before the age of 18" (Black et al., 2011, p. 25).

Stalking

Stalking is a form of violence that is becoming more prevalent among intimate partners (Black et al., 2011; Breiding et al., 2015; CDC, 2019). Stalking consists of unwanted attention that causes survivors to fear for their safety (Basile & Hall, 2011; Breiding, Smith et al., 2014). Researchers found that one in six women (about 16% of all women) in the United States have experienced stalking abuse, which left them feeling fearful that a loved one would be harmed or killed (Black et al., 2011). Additionally, over 66% of female victims of IPV experienced stalking by a current or former intimate

partner (Black et al., 2011). Basile and Hall (2011) found stalking was more strongly related to physical and sexual violence than to psychological abuse. Basile and Hall's results suggest that the act of stalking represents a form of IPV. These findings coupled together to highlight the definition of stalking as a form of IPV. Finally, a survivor of IPV may fear for the safety of other individuals, such as family members or friends due to the stalking behavior (Churcher & Nesca, 2013; Gerbrandij, Rosenfeld, Nijdam-Jones, & Galietta, 2018).

Abusers commit forms of stalking behaviors that include repeated phone calling, overuse of text messaging, random e-mails, and messaging the survivor when she does not want it, or even appearing at places without the survivor's knowledge or consent, such as school or work, and spying on the survivor or family members and friends of the survivor from a distance (Breiding, Smith et al., 2014). Stalking has become a significantly complicated psychological and legal matter for most women (Owens, 2016). Researchers found that stalking can increase psychological distress for those experiencing IPV (Gerbrandij et al., 2018).

Psychological Abuse

The CDC defines psychological abuse as another form of violence by a partner that consists of "verbal or non-verbal communication with the intent to: (a) harm another person mentally, and/or (b) exert control over another person" (Breiding, Smith et al., 2014, p. 15). Repeated acts of psychological abuse, such as humiliating the survivor of IPV, controlling what the survivor does, withholding information from the survivor, isolating survivors from loved ones and friends, and other tactics to make the survivor

feel embarrassed, are all considered forms of psychological or emotional abuse (Black et al., 2011; Breiding, Smith et al., 2014).

Impact of Intimate Partner Violence

IPV is a preventable, serious problem that adversely affects the lives of millions of people (CDC, 2019; Pandya, 2017). The United States spends $8.3 billion each year for costs related to IPV, which include costs for legal expenses for victims of IPV (Black et al., 2011; Modi et al., 2014). Taxpayers in the United States pay an estimated $5.8 billion annually in medical and mental health costs associated with IPV (Michaels-Igbokwe et al., 2016; National Center for Injury Prevention and Control [NCIPC], 2003, p. 2). Collectively, IPV survivors annually lose about 8 million days of work, which is comparable to 32,000 full-time jobs (NCIPC, 2003, p. 1). Over $37 billion dollars annually are rendered to cover costs for more than 2.2 million people treated for medical injuries and homicides related to IPV (CDC, 2017a, 2017b).

Findings from past research has revealed that IPV also negatively impacts the victim's financial status because of loss of productivity, which often leads to unemployment and underemployment (Bonanno et al., 2015; Michaels-Igbokwe et al., 2016; Thomas, Goodman, & Putnins, 2015). Some women who experience IPV find themselves with other financial problems and often end up relying on governmental services, such as general welfare and other governmental benefits (Jaquier & Sullivan, 2014). Other research has shown that women who experience IPV have challenges maintaining economic stability while enduring the cycle of violence (Hayes, 2013; Hetling, Stylianou, & Postmus, 2015). Cycles of IPV lead to deeper economic abuse that

can lead to poverty and compromise a woman's ability to leave or remain separated from her abuser (Hetling et al., 2015). Both Hetling et al. (2015) and Thomas et al. (2015) concluded in their study that improving coping strategies could increase a better financial outcome.

Henke and Hsu (2018) looked at women and their income status from a California health survey and determined that women were less likely to experience IPV and leave their abusive partners if they were educated and financially stable. Shah, Von Mach, Fedina, Link, and DeVylder (2018) conducted a qualitative study to examine the relationship between psychosis and IPV. The researchers found that many individuals who experienced IPV reported some type of psychotic distress (Shah et al., 2018). Roos, Fouche, and Stein (2017) conducted a study on brain network connectivity in women exposed to IPV and found evidence of a disconnect on a global and regional level. This evidence may have been the first of its kind to show physical brain injury for victims of IPV, which may lead to mental, emotional, cognitive trauma.

Strategies for Coping with Intimate Partner Violence

Researchers have been increasingly interested in determining what strategies IPV survivors employ to cope with the stress and violence (Flasch et al., 2017; Forest et al., 2015; Rizo et al., 2017). Other researchers found that the victims of IPV used various coping strategies, such as family support, social support, prayer or employing a professional to help their recovery process (Boss et al., 2017; de la Rosa et al., 2016; Hall, Burkholder, & Sterner, 2014; Lewis et al., 2015; Lilly, Howell, & Graham-Bermann, 2015). Findings from a number of studies in the United States showed that

survivors of IPV involved with Christianity used religion and spirituality to help them cope with IPV (Arian, 2013; Blakey, 2016; Breiding et al., 2015; Brown, 2016; de la Rosa et al., 2016; Derezotes, 2013; Enkhtor, 2012; Erbe, 2015; Hyland, 2014; Lacey et al., 2016; Lewis, 2015; Michaels-Igbokwe et al., 2016; Rogers, 2014; Stevens-Watkins et al., 2014; St. Vil et al., 2016; Van Hook, 2016).

Derezotes (2013) completed a review of 11 empirical studies that reported links between religion, spirituality, and posttraumatic growth. Results showed that religion and spirituality were beneficial to people in dealing with the aftermath of traumatic experiences. Furthermore, Derezotes (2013) conclude that positive religious coping, openness, a readiness to face questions, religious participation, and spiritual methods were noted as useful tools towards the decline of PTSD among individuals recovering from IPV abuse.

African Americans are known for describing themselves as spiritual and religious beings (Mattis, 2002). A growing body of research has revealed that African American women who experience IPV used religion and faith-based coping strategies to cope in the aftermath of IPV (Arian, 2013; Gilbert, 2011; Lacey et al., 2015; Manley-Johnson, 2013; McLeod et al., 2010; Pandya, 2017; St. Vil et al., 2016; Wilson et al., 2014). Various studies showed that certain religious practices were the spiritual focus used as a coping mechanism for survivors of IPV.

In the United States, researchers show Christianity as the spiritual focus, such as Rogers (2014) who conducted a quantitative study to assess the impact of spirituality on levels of depression and PTSD symptomatology for survivors of IPV. Lewis et al. (2015)

followed a cohort of African American women from 1995-2015 to determine whether behaviors, such as attending religious services, prayer, religious, or spiritual self-identification affected health outcomes for female survivors of IPV. Results showed that women survivors of IPV who self-identified as being a religious or spiritual person, had lower mortality rates for than those who did not self-identify as being a spiritual or religious person (VanderWeele, Palmer, & Shields, 2017). However, women who attended religious services had lower mortality rates when other variables, such as smoking, alcohol use, and depression which were not present. Rogers (2014) found that higher levels of spirituality were linked to lower risk for suicide ideation among African American women. Both Derezotes (2013) and Rogers (2014) showed that various coping strategies including spirituality failed to look specifically to focus on heterosexual African American women not actively engaged in an organized religious practice at the time of abuse. This study specifically focused on African American women in the United States.

Spirituality

Spirituality is a complex construct that is comprised of elements, such as transcendence, soul-absolute relationship, and relational consciousness (Pandya, 2017). Spirituality has more recently been defined as one's relationship to a higher power (Lewis et al., 2015; Pandya, 2017). Singh (1975) identified spirituality as self-realization and god realization self-knowledge. In a 1990 study, Singh, expounded that spirituality is an inner unity, collective consciousness or transcendent unity. Researchers furthered the definition of spirituality by describing spirituality as a personal experience defined

beyond one's culture, (Ortiz, Villereal, & Engel, 2000). Spirituality is not always easy to define (Rogers, 2014). Commonly, spiritual and religious coping mechanisms are terms that have been used interchangeably to describe African American women who experience violence, traumatic experiences, or distress (Lewis et al., 2015; Rogers, 2014). Spirituality and religion are different regarding definitions; spirituality is internal, and religion is external (Rogers, 2014). Religion is known as the practice of a traditional organized set of beliefs (i.e., Islam, Christianity, and Buddhism). Spirituality is noted in some research studies as being similar to practicing traditional formal religion, which contradicts the original definition outlined above (Derezotes, 2013; Mattis, 2002). Other researchers have described spirituality as being closely related to a particular religion or religious belief (Brown, 2016; Lewis et al., 2015; Manley-Johnson, 2013). The terms spiritual and religious coping mechanisms are commonly used interchangeably when describing how women cope with violence, traumatic experiences, or distress (Lewis et al., 2015; Rogers, 2014).

According to Pandya (2017), resilient individuals have a strong religious and spiritual orientation, which is not always demonstrated in attending church or organized religious indoctrinations. Manning, Ferris, Rosario, Prues, and Bouchard (2019) discussed how spirituality has been used in managing hardships from childhood to adulthood, and later in life past the adult population. The researchers examined the difference between spirituality and resilience using in-depth interviews that showed the importance spirituality plays in dealing with adversity and hardship. Major findings included the use of spirituality as a tool to promote and maintain resilience in late life in

five key domains: reliance on relationships, spiritual transformation, spiritual coping, power of belief, and commitment to spiritual values and practices. This article aided in this study on its exploration with using spirituality to cope with IPV for heterosexual African American women survivors of IPV. Historically, African American women who face adversity through marginalization due to discrimination, domestic violence, and other socioeconomic issues have known to use spirituality to cope with the adversity.

Past researchers have found that spirituality plays a key role in the everyday lives of African Americans by helping to bring them solace and comfort, find meaning for their lives, trusting the process, and establishing an active faith involved rather than turning to drugs when obstacles and challenges arose (Blakey, 2016; Graham, 2016). Bryant-Davis, Ellis, Burke-Maynard, and Moon (2012) concluded that spirituality helps African American women through altruism, giving back, create a sense of meaning, and hope. Women who find strength and a belief in a power higher than themselves create a sense of hope (Brown, 2016; Hrostowski & Rehner, 2012). Van Hook (2016) revealed that spirituality provides a sense of worth for women recovering with adversities or harsh situations to counter being devalued. Spirituality awakens as a sense of resiliency towards recovering and coping with IPV (Manning et al., 2018). Graham's (2016) investigation exposed the IPV prevalence, strategies, and research methods that apply to African American women's use of spirituality to cope with every day transgressions with the support of spirituality, family, church, and the divine (i.e., mother God or father God). African American women are known to be strong spiritual and religious people (Ani,

1997; Banks-Wallace & Parks, 2004; Boyd-Franklin, & Lockwood, 2009; Mbiti, 1989; Yick, 2008).

African Americans receive unfair mental health services as a result of racism, discrimination, stigma, cultural factors and social economic status that creates barriers to psychological services (Howell et al., 2018; Lacey et al., 2016). Despite being very likely to experience domestic violence, African American women's access to supportive services are very limited (Manley-Johnson, 2013). There are a variety of reasons of why this is the case. Hindrance to seeking services or help is created by stereotypical images and misconceptions about African American women (Harrell, 2017). African American women, being a strong black woman, ultimately, causes them to hide victimization thus being able to deal with it, and in return, constituting to the barriers to seeking formal help and services (Brown, 2016; Davis, 2015; Manley-Johnson, 2013; Petrosky et al., 2017; Young, 2018).

Despite the many initiatives to reduce victimization of IPV among African American women, 30% of women and over 25% of men in the United States have at some point experienced IPV; yet remained somewhat strong to endure continued abuse (Black, 2011; CDC, 2019). The resilient strong black woman can be a positive and negative attribute (Manley Johnson, 2013). For example, in most resilient cases, African American women are viewed as a strong Black woman when able to overcome and recover from an abusive relationship, take care of the house without using formal help, find employment, and thrive with her life (Brown, 2016).

The Strong Black Woman

The Strong Black Woman concept has historically been used to describe how African American women remain resilient in the face of adversity (Watson & Hunter, 2015, 2016). Brown (2016) described the attitudes of the strong Black woman concept derived from a belief system that women should be strong and overcome any adversity. However, the Strong Black woman concept can be attributed to how a woman is resilient by taking care of family and others, overcome adversity, remaining emotional grounded, and maintain a positive social status (Nelson, Cardemil, & Adeoye, 2016).

Traditionally, African American women have been conditioned to believe that IPV is a private matter that should be kept 'in house' (Donovan & West, 2015). When African American women share private matters with persons outside the community, ostracism from partners, family members, and the community could arise (Austin, Shanahan, Barrios, & Macy, 2017). Feelings of ostracism result in less reporting of IPV incidents to law enforcement, health professionals, and social workers who are sometimes seen as 'outsiders' (Austin et al., 2017). Strong African American women endorsed the strong Black woman characteristics because it is often viewed as a positive that is related to showing resilience when facing adversarial situations (Watson & Hunter, 2015, 2016). Researchers suggest that future research on other coping strategies to promote resilience, such as spirituality may assist African American women's healing and recovery (Etowa, Beagan, Eghan, & Bernard, 2017; Watson & Hunter, 2016).

Spirituality Among African American Women Survivors

Several researchers have indicated that African American women use spiritual traditions to overcome life's challenges and to overcome obstacles (Arroyo et al., 2017; Rizo et al., 2017; Lewis et al., 2015; Pandya, 2017). Results from several studies revealed that many African American women working with domestic violence agencies, churches, and other faith-based organizations have used spirituality in a way that included reclaiming a relationship with God (Blakey, 2016; Brown, 2016; Lewis, 2015). African American women survivors have been known to pray and seek support from the church and specific faith connections as the women attempted to cope with IPV (St. Vil et al., 2016). Results from several studies revealed that African American women who experienced IPV have shown different forms of resilience when coping with abuse (Brown, 2016; Erbe, 2015; Flasch et al., 2017; St. Vil et al., 2016; Watlington & Murphy, 2006).

Brown (2016) conducted a qualitative research study on the perceived role of spirituality and race in shaping the experiences of African American women who experienced IPV. While Brown may have only obtained responses from eight participants, in their own voice on the role of spirituality, results revealed the use of spirituality within the Black Church (i.e., religion). This use of spirituality was specific to women within a religious or faith-based organization. Findings from this study shed insight into the experiences of some African American women; however, it failed to include those women not actively engaged in a religious or faith-based organization at the time of the abuse.

Blakey (2016) conducted a study to determine how 26 African American women with histories of trauma and substance abuse used spirituality during their recovery process. Blakey (2016) stated that the women in the study used spirituality that enabled them to adapt, transform, and transcend countless traumatic experiences while maintaining their faith in their God. Twenty-four (24) out of 26 women indicated that they had been raised with spirituality, a belief in God, and religion in their lives by praying, reading their bible, and going to church. Findings revealed that the women indicated that their mothers and other loved ones in their family consistently prayed for their healing and recovery. Findings revealed that spirituality served as an effective tool that facilitated the women's recovery from trauma and substance abuse. This study extended the empirical literature to focus on heterosexual African American lived experiences of using spirituality who were not actively engaged in traditional religious practices at the time of their abuse.

Summary

This chapter summarized some of the current literature regarding IPV. The topics in this chapter included the prevalence of IPV, spirituality, the strong Black woman, spirituality among African American women, survivors' health issues associated with IPV, and the effect on the individual, family, and society. The introduction to this chapter described the purpose of the study and the literature review strategy. In Chapter 3, I explain the study's research method, design, rationale, researcher's role, questions, study context, sampling, sampling criteria, data collection, data procedures, participation recruitment strategy, and issues of trustworthiness. Finally, the literature on African

American female survivors of IPV, the effects of IPV, the impact on society, and the

impact on children and families were discussed.

Chapter 3: Research Method

Introduction

The purpose of this qualitative, transcendental phenomenological study was to examine African American women's lived experiences of using spirituality to cope with IPV. Participants were women who were not actively engaged in organized religious practices (i.e., attending a church, temple, or mosque or engaging in prayer, etc.) during the time of the abuse. In this chapter, I discuss the research design and rationale, methodology, instrumentation, recruitment procedures, data collection, data analysis, issues of trustworthiness, and ethical systems that were followed in this study.

Research Design and Rationale

I chose a qualitative, transcendental phenomenological approach to explore African American women's lived experiences with using spirituality to cope with IPV. The qualitative research design was appropriate for this study because this approach is a means to explore individuals' lived experiences of a particular phenomenon (Koch, Niesz, McCarthy, 2014; van Manen, 2014). An advantage of this qualitative approach is that it can be an effective method for determining participants' lived experiences of a phenomenon in a meaningful and comprehensive way (Sheehan, 2014). The phenomenon of interest for this study was African American women's lived experiences with using spirituality to cope with their IPV. Therefore, the qualitative approach was appropriate because of its emphasis on the exploration of the processes and personal meanings of lived experiences (Gallagher & Francesoni, 2012; Labuschagne, 2003; van Manen, 2014). In contrast, a quantitative method uses numbers, statistics, and measurable

variables to determine quantity, amount, or frequency (McCusker & Gunaydin, 2015).

Therefore, a quantitative methodology was not appropriate for achieving the goals of this

study.

I also chose a qualitative design because this design has been endorsed for studies

in areas where little is known about the topic of interest in the research (Gallagher &

Francesoni, 2012). Notably, the qualitative researcher seeks to discover and understand a

phenomenon, a process, or the perspectives people have about a particular experience

(Wilson, 2015). I did not locate any literature that examined heterosexual, African

American women's use of spirituality to cope with IPV. Therefore, the qualitative

methodology was appropriate for achieving the stated purpose of this research.

Phenomenology is a research approach that is used to question the meaning of a

phenomenon through a process that gathers direct information from the participants who

experienced that phenomenon (Henriques, 2014; Kriegel & Williford, 2006; Wilson,

2015). A phenomenon is a specific event, experience or perspective (Alase, 2017). Thus,

the inquiry of phenomenology aims to describe a phenomenon or the language of

individuals who experienced the event (Henriques, 2014; Wilson, 2015). Notably, the

qualitative researcher uses phenomenology to discover, describe, and explain and

understand a phenomenon from the perspectives of people who have experienced the

phenomenon (Wilson, 2015).

Phenomenology evolved during Husserl's (1977) era as an alternative to the

traditional scientific methods used by social scientists. Phenomenological, qualitative

research allows a researcher to investigate participants' lived experiences of a

phenomenon (Connelly, 2015; Heinonen, 2015; Henriques, 2014; Wilson, 2015).

Phenomenology was appropriate for this study because I sought to explore how African

American women used spirituality to cope with their lived experiences of IPV. By using

a transcendental phenomenological approach, a researcher arrives at the essence of the

experience by exploring and obtaining participants' detailed descriptions of the meaning

of a lived experience (Moustakas, 1994; Sheehan, 2014). Furthermore, I employed the

following qualitative characteristics of phenomenology as discussed by Moustakas

(1994) as the basis for conducting qualitative research. These steps included:

- Engaged total self in the study as a participant and sustained personal
  involvement;

- Gathered in-depth descriptions from each participants' lived experience of a
  phenomenon;

- Discussed qualitative data of lived experiences, not quantitative data;

- Did not have any predictions of the outcome of a study research finding;

- Detailed reports of the lived experience of humans rather than the statistical
  measurements found in studies that are quantitative in nature.

Transcendental phenomenology was introduced by Husserl (1927) as an a priori

human science that is used to explore and describe an individual's conscious inner

experience of a phenomenon. In transcendental phenomenology, the researcher is a

scientist who collects in-depth reports of lived experiences from participants, analyzes the

data, and describes the essence or structure found across the participants 'individual

reflections and full descriptions of the phenomenon (Khan, 2014; Zeidner, Matthews, &

Shemesh, 2016). Transcendental phenomenology allows the researcher to understand a particular phenomenon through the participant's first-hand perspective and through empathy (Ursa & Koehn, 2015). Therefore, this approach was the most suitable for exploring the lived experiences of African American women using spirituality to cope with IPV.

Other qualitative methods I considered for this study were the case study and narrative inquiry because each allowed for an exploration of the lived experiences of a particular group of women (Hancock & Algozzine, 2016). Case studies are a form of qualitative research that requires the researcher to perform a careful analysis of multiple sources of information for a case (Manley-Johnson, 2013; Yin, 2014). The case study approach gathers information about a phenomenon from a variety of sources rather than from interviews about the lived experience from individuals (Dawson, 2019; Yin, 2014). Therefore, a case study approach was not appropriate for this research project as this study only utilized interviews about the lived experiences of the participants.

Narrative inquiry was not a good choice for this research because a narrative inquiry includes life and oral historical biographies gathered through a story-telling method of a single entity or a small number of individuals (Loh, 2013). The purpose of this research was to identify and report African American women's lived experiences using spirituality to cope with IPV. Consequently, the method of narrative inquiry was not suitable for achieving the purpose of my research. Therefore, a transcendental phenomenological approach was the method best suited for this study.

Role of the Researcher

The researcher plays a vital role as the facilitator-observer in phenomenological research (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016). As the observer, I refrained from working with participants with whom I had a personal and professional relationship that implied some type of supervisory power or authority over the participant. My part, as the researcher in this study, was to explore and record the participants' subjective views and opinions truthfully without exhibiting my personal or judgmental bias. Also, the researcher is the primary instrument in qualitative data collection. Ethical practices include respecting confidentiality and privacy and avoiding relationships that could impair professional judgment (Smith, 2003). Therefore, the researcher examined and accurately recorded the personal views and opinions of the participants selected for this study without any preconceived notion about spirituality and IPV which guided this research (Smith, 2003).

According to Sheehan (2014), the secondary role of the researcher in qualitative research includes acting as a facilitator to do the following: (a) develop and select the appropriate instrument for research data collection; (b) observe participants' behaviors during the interview process; (c) safeguard the emotional and physical safety and well-being of the participants; (d) obtain appropriate authorization to conduct the study through the Institutional Review Board; (e) acquire a site for the study; (f) secure approval to conduct the investigation from the participants, community and other stakeholders; and (g) conduct qualitative research in a way that demonstrates credibility, reliability, and validity of the results. Also, my role as a researcher was to provide each

participant with an informed consent before the data collection process began. As a researcher, I was competent and capable of carrying out the role, duties, and responsibilities to conduct this research.

Managing Researcher Bias

No researcher can be or should otherwise pretend to be disconnected from their own beliefs about the research, but the researcher should refrain from biased research investigations tailored around those expectations (Roulston & Shelton, 2015). Personally, I have never experienced IPV, but I have loved ones who have experienced IPV first-hand. More importantly, I use spirituality in my everyday life, which aids with adversity, stress, and normal traumatic experiences. Phenomenological research allows for the researcher to reduce researcher bias by bracketing their preconceived ideas, thoughts, and beliefs about the topic (Fusch & Ness, 2015; Henriques, 2014).

Perception and skill on the part of the researcher are essential to ensure that interview conversations are conducted sensitively and the outcomes from conversational interviews are maximized. Pre-existing relationships can lessen the time taken to build rapport and enable the interview to move quickly toward a shared dialogue of experiences (McConnell-Henry, James, Chapman, & Francis, 2010). Participants in this study knew and learned of me via social media. Therefore, when it came time to collect my data, building a rapport was effortless. However, the levels of trust in an established friendship or work relationship may result in the participant revealing more than they had intended or providing information they may later regret (Kvale, 2006). Conversational interviewing in a phenomenological study requires the researcher to undertake an

examination of their own origins, bias, and understandings; to be supportive of participants; to be open to understanding their experiences; and to judiciously share experiences and reciprocate with participants through a dialogical interview process (Corbin & Morse, 2003; van Manen, 2014).

Reflexivity involves the researcher turning their attention inwardly to acknowledge and explore personal assumptions, prejudices, and bias to stimulate understanding of how these may impact on the research (Clancy, 2013). Therefore, as a direct consequence of this awareness, the researcher is able to protect the participants from unnecessary harm (Guillemin & Gilliam, 2004). According to Brinkmann and Kvale (2014), a researcher cannot detach from their preconceptions. Researcher bias can be managed but not wholly omitted from the process through bracketing. Bracketing is the process in which the researcher sets aside the researcher's point of view to refrain from rigid notions that may constitute personal bias in the data collection (Brinkmann & Kvale, 2014; Willis et al., 2016). There is a typology of six forms of bracketing: (a) ideal, (b) descriptive, (c) existential, (d) analytic, (e) reflexive (cultural), and (f) pragmatic (Chan, Fung, & Chien, 2013). I utilized the reflexive style of bracketing to identify and suspend any personal judgment regarding the information shared by each participant (Brinkman & Kvale, 2014).

Reflexive bracketing involves the researcher setting aside personal assumptions. As a researcher who is familiar with the life and culture of American women with African ancestry, I had a biased opinion in favor of the idea that spirituality, in its purest form, can be used by women of African ancestry for coping with IPV. However, the first

step is to refrain from discussing my views or opinions on the topic with any participant,

even if asked (Brinkman & Kvale, 2014; Corbin & Morse 2003; Morse, 2015). I

maintained a nonjudgmental disposition to minimize the impact of my personal bias on

the participants. Secondly, I organized the interviews by taking into consideration the

place, space, language, and role so that the participant was able to develop a trust

relationship with the researcher enabling the collection of deep, rich data to answer the

research question. I worked around each participant's schedule, making it convenient and

comfortable for them to complete the interview.

When the interview is situated in a space that allows the participant to remain in

the role that is consistent with the research focus, the participant is enabled to respond to

the questions authentically in that role (Clancy, 2013). The third step is to confirm the

tools necessary to complete the data collection from each participants' answers during the

interview. The fourth step is preparing the data for analysis according to a specific

methodology for analysis (Chan et al., 2013).

Methodology

Participant Selection Logic

The targeted population for this study was African American women survivors of

IPV situated in the northeast of the United States. Participants in the study resided in the

United States, had experienced IPV, spoke English, and were women who were 18 years

and older. Participants had to be able to read and speak in English. Participants had been

out of the abusive relationship for no less than 12 months. I chose this population because

they were more affected by IPV than are any other group. Participants resided from areas within the northeast area of the United States.

A purposive sampling strategy was used to recruit participants for this study. Purposive sampling is categorized as a selective sampling method that focuses on obtaining participants based on established criteria (Palinkas et al., 2015; Willis et al., 2016). The purposeful sampling method was appropriate for this study because the focus of the research was the lived experience of using spirituality as a coping mechanism for IPV among heterosexual, African American women in the United States. Therefore, purposeful sampling was appropriate for recruiting participants for the study.

Sample Size

Through purposeful sampling, I interviewed 12 participants. Several researchers suggested that sample sizes for qualitative phenomenological studies should range from 7 to 10 participants (Gentles, Charles, Ploeg, & McKibbon, 2015). In qualitative research, saturation of data occurs when a researcher is unable to gather or uncover any new information during participant interviews (Mason, 2010). The target sample was taken into consideration to obtain deep, rich-detailed interview responses to reach saturation. A final total of 12 participants were interviewed via phone and face-to-face interviews.

Instrumentation

Interviewing is the most frequently used method for collecting data in phenomenological studies (Bevan, 2014). Data to address the research question for this study was collected through semi-structured interviews. A copy of the interview protocol is located in Appendix B. According to Brinkman and Kvale (2014), interview questions

should be designed to explore the concepts of interest in a study. Furthermore, an interview guide served as the foundation for capturing rich, thick descriptions regarding the phenomenon of interest in a study. In addition, I used a digital audiotape during the interview process to assist with data collection (De Felice & Janesick, 2015; Drabble, Trocki, Salcedo, Walker, & Korcha, 2016). In this study, I utilized a digital audio recorder to ensure that I captured the participants' responses verbatim.

Henriques (2014) described qualitative interviewing as an in-depth process that allows a researcher to explore the consciousness of the participants' lived experience of a phenomenon. Heinonen (2015) posited that interview questions for a study should be grounded in the research literature and lead to answering the unknown of the phenomenon. Therefore, I reviewed the research questions, the literature, and developed the interview questions for this study. In addition, I implemented the interview protocol refinement (IPR) framework steps to further develop the questions (Castillo-Montoya, 2016). According to the IPR framework, there were four steps that included ensuring interview questions aligned with research questions, constructing an inquiry-based conversation, receiving feedback on interview protocols, and piloting the interview protocol. I received approval from past and current committee members regarding the 11 interview questions.

As the facilitator, observer and researcher in the study, I utilized three instruments to collect data during the individual interviews. The first instrument was the demographic questionnaire (Appendix A) that participants completed at the beginning of the interview session. The second instrument was the interview guide (Appendix B). The researcher

developed the instrument to guide the interview process and to answer the research question. The third instrument was the interview questions.

The interview guide and demographic questionnaire were piloted by two peers as a field test using the Walden University standards for non-population pilot testing. One peer was a recent graduate in the Human Service and Counseling program. The other peer was a current doctoral student in the Human Services and Counseling program. The peers provided feedback on the interview guide regarding the clarity of the content and readability. The peers provided a level of cognitive debriefing of the semi-structured interview guide. The feedback from the researcher peers helped to refine, structure content, and make the questions representative of the concepts of this research study. The researcher used reflexive notes after the interview process and during the data analysis stage for each interview. Reflexive notes were used by the researcher to capture descriptive information, dates, times, and place of the observations. In the next paragraph, I expounded on the recruitment process and procedures.

Procedures for Recruitment

To begin recruiting for participants in this study, I received Walden University Institutional Review Board (IRB) approval. After I obtained the permission from the IRB to conduct the research, I gained access to post my flyers in approved organizations that serve survivors of IPV and online to invite individuals to participate in the study. The flyer contained information that explained the purpose of the research, the topic of the study, criteria for participation, researcher contact information, type of interview (face-to-face or telephone interview), and the anticipated benefits of the study. Individuals were

instructed to contact the researcher via telephone or e-mail if they were interested in participating in the study. All participants followed the researcher's protocol and instructions.

Prospective participants went through a prescreening questionnaire before the interview to determine whether participants met all the criteria for participating in this study (Appendix C). There were 12 women who met the inclusion criteria and were scheduled for interviews. I also interviewed more participants in case saturation is not reached or a participant withdraws from the study. Each participant had the right to withdraw from the study at any time during the interview. Further details of the data collection and interview process are described in the next section.

Data Collection

The researcher serves as the instrument for collecting data in qualitative studies, but interview questions are typically used to guide the discussion (Arriaza, Nedjat-Haiem, Lee, & Martin, 2015). Data collection took place via individual interviews at one of the approved private locations of the participant's choice or by telephone interview. The interview sessions lasted for approximately 45-90 minutes each. I recommended that the interviews take place face-to-face, but when this was not feasible for the participant, I allowed the participant to choose a phone interview instead. All efforts were made to conduct each confidential face-to-face interview in a safe environment. If a face-to-face interview was not possible, a participant and I interviewed over the telephone while the participant remained in their choice of setting. Telephone interviews have several disadvantages that might impact the richness of the data collected compared to a face-to-

face interview (Irvine, Drew, & Sainsbury, 2013). According to Irvine et al., during

telephone interviews, the interviewee requests for clarification were slightly more

common in telephone interviews; vocalized acknowledgements given by the researcher

were less frequent in telephone interviews; interviewee checks on the adequacy of their

responses were more common in telephone interviews; and telephone interviews tended

to be shorter than those conducted face-to-face. However, Lechuga (2012) discussed that

some telephone interviews are convenient, allow for interviewer safety, assist the

researcher in detailed interview notes, anonymity, and less distractions for the

interviewees.

   According to Saura and Balsas (2014), telephone interviews when compared to

face-to-face interviews may be less intrusive and confer greater ease for interviewees to

adjust their schedule. I asked all participants the same interview questions, sometimes

redirecting the participant in the interview process with probing questions if a participant

got off topic. Probing questions are questions that allow participants to express

themselves or go into deeper openness when the researcher may not understand the

participants (Henriques, 2014). Also, the follow-up questions confirmed clarification of

the initial information reported by participants during the initial interviews. At the end of

each interview, I ended the audio recording device and thanked each participant for

participating in this study. I debriefed each participant and asked if she had any additional

questions related to her involvement in the research.

   The data collected during the study included researcher notes, tape recordings of

the participants' verbal response, and informed oral and written consent from each

participant. Before each interview, I wrote an assigned number 1 through 12 on top of the consent form to maintain the participants' privacy and confidentiality. For the interview to take place, each participant signed an informed consent document and verbally agreed to the confidentiality form before the interview. The informed consent consisted of me explaining the following information to each participant: the nature of the study, the participants' intended role, the objective of the research study, participants' rights to withdraw for the study at any time, participants' rights to have knowledge of the results, and how the results would be published and used. Part of the informed consent involved asking for permission to audio record each interview via a digital audio tape recorder. Each participant was given an opportunity to discuss any personal concerns about the research before the interview. After the consent forms were signed, each participant received a copy of the consent form for her records and the interview commenced.

A second interview was offered for the purpose of member checking, which took place within 30 days after the initial interview. All participants verified their responses during the initial interview. For example, I would ask the participants, "is this what you meant", and they would reply yes or elaborate further for clarity. Each participant had an opportunity to review the transcribed interview via e-mail and provide additional feedback. I had the privilege to speak with each participant for no less than 15 minutes to go over her responses one last time. Participants had their own unique schedule with work, family, and school. Therefore, I scheduled a second interview during a time that was convenient for her to speak with me. None of the participants called or e-mailed with further questions following the follow-up interview. According to Birt, Scott, Cavers,

Campbell, and Walter (2016), member checking is a form of verifying participants'

interview responses. I sent a copy of the relevant transcribed interview via e-mail with an

accompanying thank you for participating in the interview to each participant. All

participants responded by phone and e-mail for accuracy of the transcribed interviews.

Finally, participants had the option of contacting me with any inquiries they had

regarding the data.

After I completed the interviews, I maintained a secure file of all field,

observational, theoretical, and analytical notes on a flash hard drive, which was utilized

to augment my data analysis for the study. The flash hard drive is stored in a locked

closed cabinet in my home office in a stored lock box. The data collected can only be

accessed on my computer used for business purposes when the computer is not connected

to the Internet. Additionally, both the computer and the file were password protected. I

am the only individual who has access to the password for all files. In order to help

prevent loss or corruption of data, I maintained a backup copy of the data collected on a

separate flash hard drive under the same security conditions as the working copy.

Data Analysis

Data analysis in qualitative research involves the process of categorizing, coding,

and making meaningful interpretations of data related to the phenomenon of interest

(Englander, 2012; St. Pierre & Jackson, 2014). Data analysis in qualitative research

focuses entirely on the experiences of the research participants and the epoché

(bracketing) of the researcher's judgment. The data analysis and interpretation of results

for this study included the researcher in collecting data through 45-90-minute individual

semi-structured interviews with open-ended questions; preparation of the data was done

by transcribing the interviews and reviewing the transcribed interviews to find meaning,

definitions, descriptions of experiences, and themes from the data. The data was analyzed

using the thematic content analysis, which included a detailed line-by-line analysis of the

interview transcripts to determine the emergent themes among the participants (Saldaña,

2016; St. Pierre & Jackson, 2014).

Due to the small number who were interviewed in this study, I analyzed the data

manually to make meaning of the interpretations. I employed a simplified version of

Stevick-Colaizzi-Keen's method for the data analysis (Giorgi, 2012; McNeil, 2015). The

seven steps of data analysis identified by Colaizzi (1978) are presented below. Here is a

brief description of how I went about accomplishing each step of the data analysis

process:

- *Step 1*. I began with obtaining a general description of participants' responses
  to the interview questions by reading and re-reading the transcripts. I
  highlighted recurring words and phrases that occurred across the transcripts
  (see Giorgi, 2012).

- *Step 2*. I developed a list of comments and emerging themes by assigning
  numbers to the recurring words and phrases identified in Step 1 (see Giorgi,
  2012).

- *Step 3*. I then engaged in the open coding process. I went through each of the
  transcripts and coded participant statements according to the initial list of
  common themes coded in Step 2. Coding is the process of organizing and

sorting data in qualitative research studies (Lewis et al., 2015). Coding allows

the researcher to label, assemble, and organize raw data, so that the researcher

is able to interpret the data and determine meaning and similarities in

emergent themes (Vaughn & Turner, 2016).

- *Step 4*. I engaged in data reduction. I reduced the long list of themes into a

  smaller list of related items by reading the transcripts several times to

  determine patterns and relationships among the initial themes. The themes

  were then grouped into word groups and categorical themes through the

  process of axial coding (see Nowell, Norris, White, & Moules, 2017). The

  themes were reorganized and systematically recoded into descriptive themes

  until no new themes emerged.

- *Step 5*. I developed written descriptions of each cluster of common themes

  (see Brinkman & Kvale, 2014; Nowell et al., 2017). I wrote a textual

  description by developing a comprehensive description of the findings of the

  phenomenon of each participant's experience with the textural descriptions

  and included verbatim responses (see Giorgi, 2012).

- *Step 6*. I wrote a description of the central structure of the phenomenon of the

  participants' lived experiences using spirituality when dealing with the IPV or

  the structural descriptions. I reflected on the textual description and through

  imaginative variation constructed a description of the structures of the

  experience (see Brinkman & Kvale, 2014; Giorgi, 2012).

- *Step 7*. I wrote a composite description of the phenomenon incorporating both the textural and structural descriptions. I utilized the verbatim transcripts of the lived experiences from each participant to construct a textural-structural description of the meanings (see Brinkman & Kvale, 2014; Giorgi, 2012)

- *Step 8*. The participants verified and validated their interview responses through a process called member checking. Once members checked their results, this allowed for researcher and participant to engage in a dialogue of the interpreted data, weeks after the structured interviews occurred, which helped to enhance trustworthiness (see Brinkman & Kvale, 2014; Giorgi, 2012).

Issues of Trustworthiness

When conducting research, it is essential that researchers address the trustworthiness of data and results to ensure reliability, validity, credibility, dependability, confirmability, and transferability of obtained results (Leung, 2015; Loh, 2013; Morse, 2015). Validity in qualitative research allows the researcher to assess the accuracy and authenticity of the data collected (Hammarberg, Kirkman, & de Lacey, 2016). Details regarding the specific actions I took to address each component of trustworthiness are presented below.

Credibility

Credibility in qualitative research occurs when a researcher accurately documents the experiences of each participant by checking for the accuracy of what each participant revealed during the interview (Bengtsson, 2016; Birt et al., 2016; Shenton, 2004). Some

of the techniques that can be used to establish credibility include, prolonged engagement with each participant, peer-debriefing, member-checking, and reflexive journaling (Connelly, 2016).

I used member checking and reflective journaling to enhance the credibility of findings from this proposed study. Credibility was achieved by asking participants to authenticate the information that they gave the researcher by having them check the accuracy of the transcripts and member check during interview (Birt et al., 2016; Hammarberg et al., 2016). I would ask each participant after each interview question, is there anything else they would like to add and re-state what each participant said to be their answer. This follow-up process of member checking afforded participants the opportunity to verify their thick, rich descriptions of their interviews and to indicate whether the transcripts accurately conveyed what they intended to state. I sent the individual transcripts of each participants interviews via e-mail and asked them to verify whether the descriptions documented accurately and reflected their experiences of using Spirituality to cope with IPV. After each participant confirmed the accuracy of the transcripts and responses, I analyzed the data into themes, drafted the findings, and checked with each member to solicit feedback whether those themes applied to their responses. Once that process was completed, I requested the participants return their responses back to my Walden University e-mail inbox.

In addition to member checking, I used reflexive journaling to enhance the credibility of this research. Reflective journaling is a method in qualitative research for researchers to establish credibility (Willis et al., 2016). Reflexive journals afford the

researcher the opportunity to be transparent about their thoughts and feelings about the research process. I divided the reflexive journal in to the four categories suggested by Hughes (2006), which are observational notes, methodological notes, theoretical notes, and analytic memo.

Transferability

Transferability in research occurs when the conclusions of a study can be useful to persons in different settings (Morse, 2015). According to Cope (2014), the first strategy to enhance transferability is when the researcher provides an audit trail of the procedures used to conduct the study and analyze the data. Audit trails are documented records that describe the research process by recording all steps taken from start to finish (Leung, 2015). The audit trails consisted of concise documents of my research design, research methods, selection of participants' interview notes, my reflexive journal notes, and the interview recording details. The second strategy to enhance transferability is providing thick, rich descriptions. Without the use of thick descriptions, readers may not be able to validate if the overall findings are true (Shenton, 2004). As a researcher, I provided thick, rich descriptions of inquiry for the purposively selected population (Anney, 2014). I identified and reported African American women's lived experiences with using spirituality to cope with IPV to enable the reader to have a thorough understanding, thereby, allowing them to judge and compare the findings described in the transcripts with other populations and contexts (Shenton, 2004).

Dependability

Dependability in research refers to the consistency of the data collected over similar studies (Noble & Smith, 2015). Member checking is the process to validate the credibility of the research results (Birt et al., 2016). I presented the participants the interview responses to validate, assess, edit the quality of their responses. Member checking is used to enhance the dependability of the research (Noble & Smith, 2015). Another method to establish dependability is utilizing an audit trail as explained above in the transferability section. An audit trail enhances dependability by ensuring that all data is accurately recorded and stored, which will include interview and observation notes, an audio tape of the interview, documents and records collected from the fields, informed consent forms, and other related texts (Leung, 2015). According to Polit and Beck (2014), dependability is the process by which researchers account for the ever-changing data within the research study. Therefore, I documented the changes in the setting and how the changes affected the research study approach.

Confirmability

Confirmability refers to confirming the authenticity of the data collected from the participants during the study (Cope, 2014; Sheehan, 2014). Methods of ensuring confirmability include the researcher describing and validating the interpretation of the findings directly from the participant (Noble & Smith, 2015). Another method for ensuring confirmability is member checking. Birt et al. (2016) discussed how crucial it is for participants to be involved in the process of confirming their interview responses were transcribed accurately. By utilizing member checking, I asked participants to

validate their responses from the interview (Birt et al., 2016). I provided each participant with the opportunity to review their transcripts and confirm their input and give any additional feedback or comments before I finalized the information gathered from the participants.

Ethical Considerations

Researchers are advised to acknowledge and operate under an established set of ethical standards to reduce the potential for harm to the participants in their research study during the research process (Patton, 2015; Ritchie, Lewis, Nicholls, & Ormston, 2013; Seidman, 2013). Many ethical standards exist and researchers must consider those standards when conducting a research study. Maintaining privacy and confidentiality of the participants is a core requirement of ethical standards. As a researcher, I refrained from soliciting personal and private information form participants that was not closely related to the research question. I foresaw minimal to no risk of harm to participants from the proposed research study, interviews, or follow-up meetings.

In undertaking this qualitative transcendental phenomenology study, I complied with all of Walden's IRB policies, rules, and procedures. All required documentation for Walden's IRB was included in the IRB application. After I obtained approval from the Walden IRB, I began the process of recruiting participants for the study. All prospective participants were given the opportunity to ask questions before deciding to partake in this research study. Before each participant agreed to participate, I explained that participation in this research study was voluntary. Then, I allowed the participant the

right to withdraw from the study before the start of the interview or anytime during the interview.

I informed each participant that only I, as the researcher, and my approved committee would have access to their data. In the event a question posed to the participant triggered stress, trauma, or anxiety, I would ask the participant if she would like to continue or give her the option to stop the interview. The typed document of the semi-structured interviews remained in a secured lockbox on a USB flash drive until they were transcribed and analyzed and then destroyed. Furthermore, to protect the privacy and identity of each participant, instruments were coded, encrypted, and labeled confidentially before being locked away in a securely locked box via flash drive. All documents will be stored for no more than 5 years and then destroyed according to the research protection rule criterion. However, all electronic records are safely secured (password-protected) via a separate USB flash drive device strictly labeled "confidential" and locked away. Finally, dissemination of the research results following the completion of the research study and are available for participants and partners. I initiated publication of this research once it was completed in its entirety. I addressed the issue of privacy in the consent forms that informed the women of the extent of their participation (Alase, 2017; Dongre & Sankaran, 2016; Miles, Huberman, & Saldaña, 2015). Participation in the study was voluntary, but communication was essential. It was of the highest standard for this researcher to practice open communication with regards to voluntary consent, anonymity, and confidentiality.

Summary

Chapter 3 described the research methodology for this research study starting with the introduction on the purpose of the qualitative research study. Next, details of the original phenomenological research design and rationale were outlined. This qualitative inquiry used a transcendental phenomenology approach validated by Moustakas (1994) and Husserl (1927, 1970). Using this research method allowed the researcher to explore the phenomenon to gain an in-depth understanding of the participants' lived experiences with the use of spirituality as a coping mechanism for IPV.

Chapter 3 described the introduction to the chapter contents, research design, and rationale, the role of a researcher, methodology, interview procedures, data analysis plan, issues of trustworthiness, and ethical procedures for this research study. This chapter described a qualitative transcendental phenomenological approach to explore the lived experiences of the participants. Chapter 4 details the data analysis results from data collected in the semi-structured interviews. Chapter 4 also includes both a written and graphic summary of the results. Chapter 5 describes an interpretation and discussion of the results as they relate to the current research related to the dissertation topic. Chapter 5 also includes recommendations and conclusions.

Chapter 4: Results

Introduction

Walden University IRB granted research approval on May 16, 2019, to conduct the study for exploring spirituality as a coping mechanism for African American women survivors of IPV of the northeastern area of the United States (approval number 05-16-19-0299106). For this qualitative study, I implemented a transcendental phenomenological approach to explore participants' lived experiences. The methodological purpose was to identify and report African American women's lived experiences with using spirituality to cope with IPV when the women were not actively engaged in an organized religious practice during the time of abuse. The primary research question guiding this study was: What are African American women's lived experiences of using spirituality to cope with IPV? The purpose of Chapter 4 is to document and report this study's findings resulting from the exploration of a sample of 12 African American women recruited from the Northeastern region of United States.

Chapter 4 is organized into several sections, beginning with a detailed explanation of the methodology for recruiting participants, screening and sample selection, sample size, interview procedures, data collection, thematic analysis, and an explanation of the data analysis system. I present a brief overview of the study's research findings followed by the documentation of seven qualitative themes that emerged from the data analysis process. In this chapter, each of the seven identified themes is set forth separately, consisting of the subsections entitled participants' stories and lived experiences. The sections of participants' stories provide detailed, lived voice, and face-to-face accounts of

the women's experiences of using spirituality to cope with IPV. An important objective

of this phenomenological study was to provide participants a realistic platform to voice

their lived experiences and perspectives in their own words. In addition, the themes that

emerged from this qualitative phenomenological study answered the central research

question. Finally, I present evidence to demonstrate trustworthiness of the research

study's methodology and research findings.

Setting

I carried out this research study in New Jersey. Only two interviews were

conducted face-to-face and ten were by phone. All phone interviews were implemented

in Asbury Park, NJ, in a private office space with a lock on the inside of the door. Each

phone interview was confidential and private. The interview process was conducted from

May, 2019, through June, 2019. Two methods of interview were offered to each

participant: in-person or by telephone. The participant selected her preference of

interview style. Initially, the interviews were designed to be face-to-face, but some

participants selected an interview by telephone because of their personal time constraints

and schedule availability.

I maintained a folder for each participant labeled by a code initial (P1-Aries, P2-

Taurus, P3-Gemini, etc.) and by contact information to safeguard each person's

confidentially. Face-to-face interviews were scheduled immediately after each participant

contacted me after seeing my flyer posted on social media. During the initial call, I

performed a criteria inclusion review via phone to see if each participate met the criteria.

Participants agreed on the time, date, and method of interview. The face-to-face

interviews were conducted in a private office space located at local libraries in the area where each participant resided.

Of the 12 interviews, only two participants completed face-to-face interviews, and the other 10 were audio-recorded phone interviews. The face-to-face interviews were conducted in a private setting of the participant's choice. The study participants chose settings that were most convenient for them. There were no disturbances or conditions that could have potentially restricted the data collection or results of the research study

Research Participants

The qualitative research study participants were recruited using a purposeful selection from the Northeastern area of the United States. Participants came from various cities in New Jersey and Delaware after seeing the posting of the research flyer online via Facebook and other social media groups.

Demographics

Population

Twelve African American women survivors of IPV situated in the Northeastern United States participated in this study. Participants in the study resided in the United States, experienced IPV, read and spoke English, and were at least 18 years old. Participants had been out of the abusive relationship for no less than 12 months. All of the 12 participants identified as survivors of IPV, improved their lifestyle significantly since leaving the abusive relationship, and remained free from an abusive relationship since the first incident. Four women lived in Delaware and the remaining eight resided in New Jersey. The participants ranged in age from 23-61 years old. Most of the participants

were employed or operated their own private business at the time of the study. All

participants had a steady income into the home. To maintain anonymity of the

participants, pseudonyms are used throughout the chapter. Pseudonyms were maintained

for each participant from P1-P12 with an assigned code name from signs of the zodiac

(P1-Aries; P2-Taurus, P3-Gemini, etc.). Salaries ranged from 12K to 150K with one on

governmental assistance, one unemployed, and two who preferred not to answer. Their

education levels were two with high school diplomas, four with some college, one with 1

year of college, one with a Bachelor's degree, three with a Master's degree, and one with

her doctorate degree. All but two women had a community role as spiritual leaders,

mentors, or advocates. Table 2 provides the participants' demographic results.

Table 3 provides the three pre-screening questions and answers. For question one:

Do you attend church, mosque, or a temple? Ten answered yes, one answered no, and one

said it varies. For question two: Do you consider yourself a spiritual woman? Ten

answered yes and two answered no. For question three: Do you consider yourself a

religious woman? Six women answered yes and six answered no.

Table 2

Demographic Questionnaire Results

Participants-Pseudonym	P-1 Aries	P-2 Taurus	P-3 Gemini	P-4 Cancer	P-5 Leo	P-6 Virgo	P-7 Libra	P-8 Scorpio
Age	35	32	38	47	39	54	23	61
State-Residency	New Jersey	New Jersey	New Jersey	New Jersey	New Jersey	New Jersey	New Jersey	New Jersey
# of years lived in State	35	32	34	40	39	14	23	61
Household Size	2	4	5	1	6	2	2	3
Income	85k	30k	50k	Prefer not to answer	50k	Prefer not to answer	12k	150k
Education Level	Doctorate	HS Diploma	Masters	Some College	Bachelors	Masters	HS Diploma	Masters
Role in Community	Spiritual Mentor	None	Spiritual Leader/Mentor	Spiritual Leader	Spiritual Leader	Spiritual Leader	None	Spiritual Leader
Question 1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Question 2	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Question 3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Participants-Pseudonym	P-9 Sagittarius	P-10 Capricorn	P-11 Aquarius	P-12 Pisces
Age	44	54	31	49
State-Residency	Delaware	Delaware	Delaware	Delaware
# of years lived in State	44	5th time returning	12	49
Household Size	3	3	3	5
Income	100K	Unemployed	Under 50K	Government Assistance
Education Level	Some College	1yr college	Some college	Some College
Role in Community	Spiritual Mentor	Spiritual Advocate	Spiritual Advocate	Spiritual Leader
Question 1	Yes	Yes	Yes	Yes
Question 2	Yes	No	Yes	Yes
Question 3	Yes	Yes	Yes	Yes

Note. Demographic questionnaire responses. See Appendix A for Demographic Questionnaire IRB.

Table 3

Pre-Screening Questions

Participants-Pseudonym	P-1 Aries	P-2 Taurus	P-3 Gemini	P-4 Cancer	P-5 Leo	P-6 Virgo	P-7 Libra	P-8 Scorpio
Question 1- Do you attend church, mosque, or a temple?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Question 2- Do you consider yourself a spiritual woman?	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Question 3-Do you consider yourself a religious woman?	No	No	No	Yes	No	Yes	No	Yes

Participants-Pseudonym	P-9 Sagittarius	P-10 Capricorn	P-11 Aquarius	P-12 Pisces
Question 1- Do you attend church, mosque, or a temple?	Yes	Varies	No	Yes
Question 2- Do you consider yourself a spiritual woman?	Yes	Yes	Yes	Yes
Question 3-Do you consider yourself a religious woman?	Yes	Yes	No	Yes

Note. See Appendix C for Pre-screening Questionnaire IRB.

Data Collection

During the first step of the data collection process, I made each participant feel informed and comfortable. For example, I thanked them for choosing to participate in my research study. I informed them that they were able to withdraw from the study at any time without any questions asked or judgment. I informed them that their involvement and responses could aid in awareness of the subject matter on spirituality among African American women who experienced IPV in the United States. Participants were encouraged to share their stories and were free to discuss anything they deemed pertinent. More importantly, I established a trusting rapport with each of the 12 participants (see Moustakas, 1994).

Each of the 12 study participants were asked the same 11 interview questions (Appendix D). I met with each of the study participants whose interviews were face-to-face individually in private settings, and I made sure the participants' anonymity was maintained. I conducted the in-depth face-to-face semi structured interviews once each, and they lasted from 45 minutes to 90 minutes (see Creswell, 2013). The initial interviews were audio recorded using an audio digital recorder and microphone. All digital audio recordings are maintained in my secured computer files. I transcribed all 12 interviews verbatim. All of the transcribed interviews were saved in Microsoft Word format. During the interviews, I took minimal field notes in order to focus on the participants' stories. Following each interview, I composed a reflexive memorandum to capture initial impressions of the participant and to reflect on the interview encounter.

Interviews that were not conducted face-to-face were conducted via telephone. I used a private telephone to contact each participant on their telephone. The interviews both face-to-face and by telephone were recorded using an audio digital voice recording device, which ensured the integrity of each participants' answers. The data collection process did not deviate from the data collection method described in Chapter 3. I used a variety of open-ended interview questions that elicited the content and context of the participants' lived experiences (see Bevan, 2014).

Recruitment efforts were undertaken through posting flyers via social media, Facebook, and through word of mouth. Participants who were interested as a result of my flyer contacted me via e-mail at my Walden University e-mail address. I completed an e-mail prescreening of each individual to make sure they met the inclusion criteria (Appendix C). If the person agreed to participate, I scheduled an appointment for the face-to-face interview at a time and private location agreed upon by study participants. Each participant was given a consent form prior to the scheduled interview and asked to return the consent form as a scanned document via e-mail. Whether the interview was by telephone or face-to-face, this step was done for each participant. Some participants responded quickly with returning the consent form. Others had difficulties submitting the consent form via e-mail due to lack of a scanner, internet connection, or technical difficulties. To address this matter, I assisted participants to sign their consent form, and screen shot a copy with their cell phone, then sent directly to my Walden University e-mail. In addition to the written consent form, I read the entire consent form via phone and

received a verbal consent for those participants who had difficulties scanning their documents.

At the time of the face-to-face interview, study participants were given a consent form to read and sign. The data collection was conducted using the interview protocol (Appendix B) that included 11 open-ended questions based on this study's research question. None of the scheduled participants withdrew from the study or had emotional distress from revisiting their stressful situation. Each interview followed the same procedures, with all interviews conducted according to the guiding interview questions, no significant deviations from the interview topic, and no significant interruptions. The study participants were asked to share the flyer that they responded to upon conclusion of their interview for others to possibly participant.

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Data Analysis

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The data analysis began with obtaining rich descriptions, developing a list of the descriptions, engaging in open coding, then data reduction. Next, I wrote the descriptions including central structure of the phenomenon utilizing both structural and textural descriptions. Finally, each participant was contacted to validate each response. During the analysis of the data, I hand transcribed each participants' responses by listening to the digital recordings over and over again, until I captured each word verbatim to the best of my ability while making marginal notes.

Key statements were linked to the theory related to my research problem and were coded. Next, codes were sorted into clusters then organized into themes consistent with Colaizzi's 1978 seven step data analysis (Giorgi, 2012; McNeil, 2015). The data was

coded according to Vaughn and Turner (2016). Themes that emerged from the described

lived experiences and the essence of the occurrence were coded. Participants received a

copy of their responses for each question. Data from each interview was arranged into

categories from the significant statements and grouped into units (see Lewis et al., 2015).

The themes were developed by creating a list of significant statements from the

interviews, and grouping them into larger units of information (see Brinkmann & Kvale,

2014).

      The data was interpreted by developing the textural and structural description.

The data analysis was visualized by descriptions of the essence of each participants' lived

experiences using spirituality to cope with IPV based on discussions from the interview

questions. The central research question that guided this qualitative study was addressed

by the data analysis process. Each of the 12 participants' responses were obtained,

analyzed, transcribed by hand, coded, and separated into themes. A sample transcript

excerpt is provided (Appendix G). The audio-taped responses were played several times,

and the hand-written descriptions were sorted through repeatedly then developed into the

themes that emerged from the raw data. Several themes and subthemes emerged from the

interview responses. Themes helped to answer the research question of the study. What

are African American women lived experiences of using spirituality to cope with IPV?

These themes and subthemes are included in Table 4 below.

Table 4

Themes and Subthemes

Themes	Subthemes		
Connecting to spirituality	A) Awakening to all things	B) Higher power	C) Transformative energy
Religion-A limited manmade set of rules	A) Programming	B) Regulations	C) Structured
Self-love through spiritual coping	A) Affirmations B) Prayer/ meditation C) Faith/hope	D) Music E) Writing F) Energy rituals	G) Connecting to nature H) Family support
Contemplative Thinking in Unhealthy Relationships	A) Silence	B) Out-think your oppressor	C) Deciding to Leave D) Frustrated E) Out of options
Ineffective Coping Strategies	A) Drinking Alcohol	B) Partying	C) Smoking D) New Emotionally Damaged Partners
Resilience	A) Story telling	B) Sharing experience	C) Living a new day with a positive attitude

Theme 1: Connecting to Spirituality

      Question 1: How do you define spirituality? All of the participants shared their lived experience definition of spirituality, which was the first interview question. Each definition included words that were categorized into sub themes, such as awakening, higher power, energy, and personal connection to all things when defining what

spirituality meant. Many of the participants had unique statements that are described below. In my findings, it was important to capture each definition as it relates to the research question. Several participants described spirituality as an awakening, higher power, and connection to all things. During the first question, several of the participants seemed to stumble over defining what spirituality meant to them initially and found it challenging to explain. P2-Taurus discussed how she never really thought about how to define spirituality. P8-Scorpio began defining spirituality with the statement, "I think" and coupled her definition spirituality with religion stating that she is a Christian woman. P10-Capricorn said that answering this question was hard to explain. Participant responses validated past researcher's notion on defining spirituality, which can be a challenge (Rogers, 2014). Nevertheless, participants who had challenges with defining spirituality were given the definition given by past researchers (Pandya, 2017). In the following set of quotes below, you will read direct quotes from various participants on how they defined spirituality in their own voice.

P1-Aries noted, "Spirituality is an awakening and a shift in consciousness. Spirituality is infinite and has no boundaries."

P3-Gemini stated, "Spirituality is a connection to all things based upon the laws of nature, as well as the intellectual awareness on Earth. Spirituality is based on divine words, divine concepts, and divine practices".

P8-Scorpio stated: "I think it is a connection to a higher power. For me, God through Jesus Christ because I'm Christian. The higher power is God and Jesus Christ. Spirituality is a transformative connection to a higher power".

P10-Capricorn commented,

I will be a bit different than most. To me, spirituality is believing in a higher

power than yourself. I consider that knowing there is a higher power but it's hard

to explain, but I know I'm at one and peace with the universe. Spirituality is a

connection to my ancestors. We all were born with what we need inside of us to

carry out life's purpose.

P11-Aquarius stated, "Spirituality is levels of energy and energy is everything.

Spirituality is the quality of being involved in the higher self which is the soul."

Theme 2: Religion—A Limited Man-Made Set of Rules

Question 2: How do you differentiate spirituality from religiosity? All

participants described spirituality as free flowing and unlimited in their own unique way

outlined in question 1. On the other hand, participants described religiosity as being

limited and restrictive. The participants described religiosity as something that is

organized, something you believe in, and it has to do with rules and regulations by man.

Twelve out of 12 participants described religiosity as having strict rules and regulations

that may interfere with one's ability to cope with IPV. Participants displayed a resistance

to the word religion, by sounding frustrated with how religion has not worked for them.

P1-Aries spent a great deal of time explaining how religion is something that restricts

people and their decisions in life. P1-Aries voice increased when describing a comparison

between religiosity and spirituality. P-11 Aquarius spoke with confidence on her lack of

connection with one having to connect with a higher power through the mandates of

religion. Below are a few excerpts to show the significance of spirituality versus religion.

Some of the quotes below shed awareness on how each woman came to terms with using spirituality instead to cope with IPV.

P1-Aries commented, "Religion is limited based on a specific cultural organized system of very specific behaviors."

P4-Cancer stated,

Religion is a set of customs from a man. Sometimes you have a prophet who comes to give a message by telling people how to connect with the energy, but what you really have is that prophet projecting his own understanding or experience.

P9-Sagittarius remarked,

Religion is the things that teach you how to think, how to act, and how to treat people. It's a way of life, not what society has defined as a religion. Someone's character is true religion. As long as you are alive, spirits don't die, only the flesh.

P11-Aquarius stated,

Religion is a prescribed way of thinking on how we are supposed to connect with God or the creator or the higher power. It was always this methodology that one had to connect with the higher power through prescribed laws of religion. I never felt the connectivity to that piece. I don't feel I need someone to tell me how to connect with God, nature, or the ancestors, or the earth, or everything within in it.

Theme 3: Spiritual Coping Strategies

Question 3: How do you define spiritual coping? Various coping strategies existed for all of the participants. When asked to define spiritual coping, many of the

participants had to restate the question to allow for more time to think. However, music, writing, prayer, meditation, rituals, faith, hope, affirmations, and mindfulness were types of coping strategies used by all participants. Each participant uniquely described what it meant to them and the types of coping strategies. During this part of the interview, each woman shared with enthusiasm her coping strategies. I could hear happiness and strength when each woman shared her spiritual coping techniques. Spiritual coping consisted of positive methods that helped each participant find peace, calmness, and some sort of empowerment to make it through their adverse situation.

One participant (P5-Leo) stated,

Spiritual coping has something to do with what you choose to do, such as meditation, journaling. It could be going out. I utilized friends, family, and church. Spiritual coping consisted of lots of conversation, conversation, conversations. Conversations helped me to 'come out' and speak about the abuse.

Another participant (P-8: Scorpio) stated that,

Spiritual coping was the application of the scripture. For example, it is the religion that says that God will never forsake you or leave. Therefore, you have to trust in the word in order to enable you to see the bigger picture.

P7-Libra remarked, "Spiritual coping is with a lot of meditations, affirmations, positive thinking because your thought can cause you to backslide. Negative thoughts can take over your brain, body, and thought process."

P9-Sagittarius said, "Spiritual coping is being able to meet your mind, body, and all chakras that make your flesh behave."

P10-Capricorn stated,

> Spiritual coping is something I'm still striving to figure out, but it's connecting
> with nature for me. I've actually done some spiritual readings, crystal work,
> cleansing rituals to help disconnect myself with the past partner. I have two
> girlfriends and I speak to them, and they help not to relive the events of abuse.

Theme 4: Contemplative Thinking in Unhealthy Relationships

**Question 4: Describe the moment, event or situation that led to the decision
to use spirituality to cope with IPV?** This question triggered some unsettling pauses,
quite moments, and deep breaths for many of the women. The two youngest participants
seemed to become very emotional when asked this question. The first youngest
participant had moments of deep breaths as she explained how abusive her relationship
was with the father of her child and how she chose to love on herself more, because she
had failed to do that at some point within the situation. For the women, who were over
the age of 35, they were able to describe their moment with less emotion. However, some
of the women chose very carefully not to recant the actual event. For example, each
participant described their unique use of spirituality from the underlying event or
situation. Several responses were similar in which they included their self-determination,
self-awareness, and thinking of that moment, knowing that it was not healthy.

P1-Aries remarked, "If a relationship is going to scar you, my basic response is to
leave and waste no time because adults don't change."

P3-Gemini stated,

I tend to exercises my spirituality when a situation or event becomes involuntary or voluntary, out of my control. This out of control may be due to my partner or I, out of our divine state of peace, balance, love, and harmony.

P4-Cancer commented,

Being abused as a child and told to keep my mouth shut … Fear as a child is where the fear started and led me to utilize spirituality, because the religion taught me how to live and be, which led to spirituality.

P7-Libra, the second youngest participant that I interviewed in face-to-face had an emotional outburst of tears as she described her event that led her to use spirituality as a coping mechanism. She talked about the event confidently, at first, but immediately began to cry profusely of being hurt. She began to describe how she questioned her worth in the moment. Once I comforted her with tissues and allowed her space to vent, she immediately smiled about walk and victory of getting out of that relationship. She struggled with her words to express her dense sense of happiness of not being in that relationship. P7-Libra remarked,

It's like it's funny now because I passed it, I'm not in that space anymore. It was a time when I was talking to a guy and we were driving in my car. This is so embarrassing, God. Oh My God, to pick up my mate from work and I let him drive. I told him to slow down because he was driving to close to the back of the vehicle. He got mad and said, 'I'll punch you in the face.' So, that's when a switch occurred too, because I said, 'How can you speak to someone like this who cares about your well-being.' I felt we would fight, so I pulled over and asked him

to get out the car because I didn't feel safe. As I'm driving, trying to leave, he stands in front of my car, I almost hit him, but this was my only moment where I used my spirituality and removed myself from the situation. I had a flashback of my life.

P8-Scorpio stated with hesitation,

The decision came about, when I realized that those who were counseling me, really didn't relate to what I was going through. She attempted to be unbiased but … To be very clear, I had a therapist who was White and very unrelatable who still had stereotypical ideas about who I was as an African American woman. And even though she tried very hard to be unbiased, she could not be unbiased because her inherent 'Whiteness' was a hindrance. We are socialized in this society where White supremacy reigns and because we are fed stereotypes of people even though she attempted to be unbiased, I can see her bias in thinking that because I was African American, that I was familiar with violence. Because I was African American, that I was strong — the strong Black woman trophy. So, all these biases and stereotypes came in after a while, I felt like I was her therapist.

P9-Sagittarius said, "When I had a chance to move at the moment, spirit said, 'Get out of here, out of this situation.'"

P10-Capricorn said,

We both practice IFA, Yoruba spirituality, and his elegcke, IFA spiritual beads, broke and that is when he released me. We both belong to the IFA temple. I asked my ancestors to help me and, in that instance, as I saying, inside of myself, that I

need him off me. I need help. So, when his elegcke , IFA spiritual beads, broke, I

knew that was as a result of my cry for help. I was crying out in a spiritual aspect.

I needed something greater than us, to help us out.

P11-Aquarius verbalized,

I remember when I was four months pregnant with my youngest daughter, and

there was ongoing verbal arguments. It was honestly, on a spiritual level, he had

to go. I went into deep thought and spoke what I wanted to manifest.

Theme 5: Ineffective Coping Strategies

Question 9: How did your use of spirituality enable you to cope with IPV

compared with other strategies? Findings from this interview question yielded women

having a clear order of focus through nature, God's way, spirituality, ineffective coping

strategies, and ancestral honoring. Some of the women described spirituality as happiness

where they found a sense of hope, self-awareness, self-love, and freedom without

attachments. For example, P4-Cancer noted that, "Starring at the water, gave me a sense

of peace, along with breath work, going out, and writing." Another example, P12-Pisces

remarked how she tried to cope by herself and the situation became worse. However, she

said, "That when she applied her spiritualty, you are asking God to help, where as you are

not alone." Frustration with religion stemmed from P5-Leo who stated that, "She used

religion and reverted back to spirituality because the problems were still happening while

fully practicing the religion I was raised on as a little girl." Other coping strategies used

but were not effective included: drinking alcohol, retaliation, getting upset, revenge,

smoking, and binge eating. The women stated that although these strategies were used, it made things worse. For example,

P4-Cancer said,

"I would also cope by resulting in repeated emotionally damaged relationships. Other coping strategies were excessive eating and this made things worse."

P7-Libra said,

I had an encounter but it was supernatural, if I can say it that way, but I didn't understand it. Spirituality helped me to recognize what is going on, be in tune with feelings, and myself because I am not religious.

P11-Aquarius remarked,

Dinking, alcohol, clubbing, smoking many times, I would do these things but I still felt the same. I would even display mild anger, and I was frustrated every time I was angry. However, my coping strategies that worked were meditation, prayer, divination consultation, writing, singing, clean the house, write, and know that spirituality is about awareness.

Theme 6: Resilience

Question 10: What suggestions would you give others in terms of how spirituality can be used as a strategy for coping with IPV? Findings from this question yielded a variety of suggestions from speaking up, developing self-love, therapy, conducting workshops of sharing, study nature, purification rituals, pray, exercise, and ask God for what you need. Each woman spoke in excitement to share her suggestions

that may help another. Below is a list of quotes from several of the participants regarding this question.

P2-Taurus said, "Love yourself, and get therapy, because therapy opened up my eyes."

P4-Cancer commented,

Pray and believe in the man up above. Keep people out your life because some people are so cold. Love yourself, and be happy. I'm happy to be in the space I am utilizing spirituality. I'm learning, growing, and happy to be alive after twenty years of abuse.

P5-Leo said, "Love yourself. Knock and you shall enter, but it depends on how bad you want it or need it, when it comes to spirituality. Application of knowledge properly increases results. Be the great architect."

P6-Virgo remarked,

Until you tap in, I put it like this way, I would always say, you never take a Mercedes Benz to a Toyota dealer because a Toyota dealer will not understand the manufactured parts for a Mercedes Benz. So, you would have to take yourself back to the origin of who you come from to understand, who you are.

P7-Libra stated,

Remain optimistic, and judge yourself as you judge someone else. Pray and remain open to help and suggestions. I feel like this was a great exercise for me and for so many more. I'm very emotional, so I'm crying, like, because I'm proud of my growth, my ability to be open, optimistic.

P8-Scorpio remarked,

You know that is a difficult question because I think you have to be out of options. Do you know what I mean? You have some sense of spirituality but never practiced it. So, the first thing I tell people, is to write every day, pray, and not be afraid to ask God what you need, and reclaim your story, how you want to see yourself. I think a little positive psychology and your faith, can give you positive outcomes in order to become everything you intend to be.

P10-Capricorn stated,

Find peace and don't allow negative thoughts to manifest. On that form that you gave me regarding spiritual resources, I would like additional spiritual help. At first, I didn't think I would be right for this study and I realized, that it's alright to speak because this is part of coping.

P11-Aquarius remarked,

Know that spirituality is about awareness. I am able to speak today because I'm healed and continuously coping with life. I would suggest to others to meditate and pray, utilize divination consulting, singing therapy, exercise, and learn how to deal with your experiences.

P12-Pisces stated,

I had a partner who wanted to control, harm me physically, emotionally, and financially, and I couldn't see someone trying to control anymore, so I got out of that relationship. It depends on each person's situation because you may have to go about it differently, spiritually. In his word, it says some things can only be

done through fasting and praying. I ask people, would you like to have prayer

because I'm a Christian and my purpose is to win souls through the religion.

Thematic Summary

Six themes evolved from the participants responses. Those themes were as

follows: Connecting to spirituality, religion-A limited manmade set of rules, self-love

through spiritual coping, contemplative thinking in unhealthy relationships, ineffective

coping strategies, and resilience. Through developed open-ended interview questions, the

participants intimately described their definition of spirituality as being either positive,

helpful, healing, and awakening. Each participant spoke with enthusiasm, joy, and

positivity about their use of spirituality and the peaceful impact it has played in their

journey of coping with IPV.

Many of the women discussed their intimate way of connecting to spirituality

described in their direct quotes. Some of the women had moments where they would sigh

in relief while describing their use of spirituality. At times, there were moments where

the women were not able to answer the questions right away. However, by the end of

each interview, each participant managed to answer the interview questions when asked

the other developed interview questions. The women were given the opportunity to move

onto the next question without force or coercion, or to answer the current question. This

style of comfort and convenience allowed each woman to have an opportunity to think

and come back to the question later in the interview. I also followed the stipulations set in

the informed consent to allow the interview process to be voluntarily and unforced. For

the theme, a religion limited manmade set of rules revealed all women agreeing that

religion had restrictions towards how, when, and why women can cope, recover, or leave their abusive relationship.

It was a unanimous assertion that spirituality versus religion allows for one to explore diverse options to recover and cope. For all the participants, spiritual coping through self-love was an important theme in answering the research question. Many of the participants stated keywords, such as a higher power, self-love, writing, listening to music, contemplative thinking, and connecting with nature in being a significant part in their coping with their IPV situation. Contemplative thinking in an unhealthy relationship was the fourth theme described within each participant response when she described what spirituality meant to her, how it was used, and the event that enabled her to use spirituality. Contemplative thinking was described as emotional, solid, and spiritually deep thinking about their self-worth.

Other coping strategies like praying, meditation, family support, spiritual energy work, and their continued spiritual walk were also a significant accomplishment for the study participants, as it pertained to their ability to adapt to positive outcomes, which enabled them to regain strength quickly, to press forward in their coping. When each participant described their fit in thinking positively, the quality of becoming self-loved, their spiritual coping and resiliency outcome improved their current mental state for the better. The fifth theme, ineffective coping strategies included drinking, smoking, partying, getting involved with new abusive partners, yelling, and out thinking one's oppressor. Women in the study discussed how these coping strategies created additional problems, such as mental health, emotional disturbances, and further abuse. Moreover,

the participants' emotional, psychological, physical, and sociological strategies became the necessary quality to their individual improvement, and to their coping strategies of their abusive partners and relationships (see Weathers et al., 2016). Finally, the sixth theme of resilience described how each woman, despite her IPV experiences, was able to show resilience by leaving the abusive relationship, developing self-love, moving through the process, and ultimately sharing her story. Overall, their lived experience of using spirituality and spiritual coping strategies improved their well-being and recovery.

Evidence of Trustworthiness

Credibility

Credibility in qualitative research is the accuracy and correctness of a truthful reflection of the phenomenon as reported (Birt et al., 2016; Hammarberg et al., 2016). To increase the quality of trust in the research, the researcher performed a theoretical triangulation and member check. I used the thematic analysis to provide a broader and deeper inquiry of the participants' lived experiences with using spirituality to cope with IPV. In addition, I set aside my personal biases and analyzed the data from the perspective of capturing the true lived experiences of the participants. I utilized member checking by probing their responses for further explanations when needed, to better analyze the data and give the study participants the opportunity to comment on the final narrative.

Transferability

The issue of transferability (external validity) reflects the ability to generalize the findings outside the study setting (Morse, 2015). To strengthen the transferability of my

study findings, I provided an interconnected detailed description of the participants'

responses when describing the general idea, so other researchers will have adequate facts

regarding the study's scope and purpose.

Dependability

The dependability refers to the consistency and reliability of the research (Noble

& Smith, 2015). To increase the dependability of the study, an audit trail of the raw data

was established and sent to each participant for authenticity. I probed study participants

on their paused interview responses and made detailed field notes of my observations.

Also, with the audio device, I listened over and over again to participants' responses to

capture the critical points that were made by the study participants, in addition to cross-

validating participants' responses for accuracy, in the transcription.

Confirmability

Confirmability or objectivity refers to ensuring that the study results were based

on the study participants' experiences, rather than the preferences of the researcher

(Cope, 2014; Sheehan, 2014). This issue was addressed by having all the study

participants respond to the same questions and to review their transcribed interviews.

Also, I bracketed out any of my personal biases to decrease the likelihood of flawed

analysis pertaining to labeling of the participants' lived experiences into invariant

constituents and themes. I also made an audit trail of the data, to ensure that every

decision that was made can be accounted for by the raw hand-written data from the

interview transcripts.

Results

In this section, I present the findings from 12 participants using direct statements from their interview responses and field notes. Each participant was not currently in an intimate partner violent relationship at the time of the interview. Each woman voluntarily participated in the interview process, and felt no major discomfort during the interview session. Emotions surfaced from each participant as she described her coping, surviving IPV, and healing process over the years. Each woman spoke with enthusiasm, self-love, a sense of peace, her own personal awakening, and use of spirituality personally.

Some of my field notes included how the women displayed moments of emotions with sighs, cries, and deep pauses during the interview. One participant had a lengthy moment of crying during her face-to-face interview. One of the women participants from Delaware asked for resources to help her with further coping. Some of the women put up a wall or acted nonchalant when describing the event that led them to the decision to use spirituality. Some of the women intentionally spoke nothing of the actual violence they endured. Many of the women spoke in general leaving room to wonder what type of violence they endured from their intimate partner. One of the women initially didn't think she was a survivor of IPV. She needed to validate that all people experience some type of violence before she agreed to stating that, she too, experienced violence from a significant other. Each woman was interested in obtaining a copy of the dissertation once complete. Many of the participants wanted information on how they can obtain the results of the research findings. Once the interviews were completed, I had a second and even third dialogue with participants to validate their responses within the first 1-3 weeks of

the completed interviews. Many of the participants validated their responses on the initial interview, after the researcher stated, "For clarity of your response, you said this, and I would restate each participants' answers."

The participants in describing their lived experiences with using spirituality to cope with IPV, identified five themes which were outlined in Table 4, that expounded on their personal coping strategies to effectively deal with the aftermath of the abusive event or situation and bounce back healthily. Some of the participants stated that they were currently going through their healing process due to the lifelong process of recovery. Each participant was given resources for mental health and counseling for IPV prior to their interview. Participants' lived experiences from the emotional, physical, and psychological trauma of IPV, had many facets to the way in which their peace and harmony was attacked, disturbed, and threatened.

This study also revealed the differences in defining spirituality according to the individual perception and experiences that shaped her definition. Lewis et al.'s (2015) notion of spirituality, that of being different and difficult to define, was also noticed in this study. In Chapter 2, the literature revealed that women find strength in a higher power (Brown, 2016). This study revealed that each participant discussed her personal description of connecting to a higher power in her own unique way. Overall, this study showed ways in which African American women use spirituality to cope with IPV in the United States.

Summary

In summary, my findings addressed the central research question. The research study purpose was to identify and report how African American used spirituality to cope with IPV, who were not actively engaged in organized religion at the time of their abuse. The findings illuminated attention on women who shared a spirituality different from those connected to an organized religion or church. During the interviews, some participants used the term and characteristics of religion to describe spirituality. Overall, each woman described in her own words their lived experiences of spirituality to the best of their ability.

Each participant revealed how their spirituality provided a sense of worth for coping with IPV, which was also aligned with a study conducted by Van Hook (2016). Van Hook's study revealed that spirituality provided a sense of worth for women recovering with adversities encountered and being devalued. While previous researchers described spirituality relating to all people in different circumstances, this study focused solely on African American women who were not actively engaged in organized religion at the time of their abuse. This study also validated how African American women are resilient and spiritual people (Ani, 1997; Banks-Wallace & Parks, 2004; Boyd-Franklin & Lockwood, 2009; Mbiti, 1989; Yick, 2008).

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

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to identify and report African American women's lived experiences of using spirituality to cope with IPV. Participants were women who were not actively engaged in an organized religious practice (i.e., attending a church, temple, or mosque or engaging in traditional prayer, etc.) during the time of their abuse. In this transcendental phenomenological approach developed by Husserl (1964, 1970, 1977), I chose a phenomenological approach to obtain detailed descriptions of heterosexual African American women's lived experiences of using spirituality to cope with the experience of IPV. I used a purposive sampling method to recruit and interview 12 African American women who had the lived experiences of using spirituality to cope with IPV and who were not actively engaged in an organized religious practice during the time of the abuse.

Scheduling for interviews took place within a week of the initial contact with the women who were deemed eligible to participate in this research study. I administered the interviews following an interview protocol using semi structured questions after obtaining informed consent. Each interview lasted approximately 45 to 90 minutes long. Upon completion of each interview, each participant received an appreciative thank you and an implied future follow-up interview to validate responses. Some of the women could have felt uncomfortable answering the questions. For example, some of the participants expressed that answering the questions was a new experience for them. Each

woman had the opportunity to stop at any time and withdraw from the interview without judgment. All participants completed all 11 questions.

In this study, I was open to an inclusion of snowball sampling, in case there was difficulty in obtaining the desired sample size. Colaizzi's (1978) seven-step data analysis procedure helped with my analysis of the data. The use of an audio recorder aided me in capturing the participants' words verbatim, which I then clustered into themes based on common perceptions. I gave equal importance to each participant's answers to the interview questions. However, I removed any repetitive statements. I gathered field notes throughout the research process to aid in understanding the phenomenon explored.

During the interview process, I was able to identify and report how African American women utilize their spirituality to help them cope with IPV. All participants stated that religion was of limited benefit for them when striving to cope with the events that led them to their decision to use spirituality. The women relied on their personal spiritual practices, because religiosity was not effective in helping them cope with IPV.

Participants shared a wide range of spiritual coping strategies that helped them cope with IPV. Participants' increased their self-love in their abusive relationships with their use of spirituality. Each participant spoke about the negative events taking place in their lives throughout the interview process. I noticed in their responses, that the negative events appeared as a catalyst for the spiritual growth. In addition, the women in the study used their spiritual coping strategies, rather than traditional religion to cope with IPV and adversity in life.

Interpretation of Findings

Overall, results from the participants' responses validated several findings from the literature. Erbe (2015) described spiritual use as an effective coping mechanism for IPV survivors. Erbe's study relates to my current study because each of the 12 participants described the positive use of their uniquely defined spirituality.

IPV is a pervasive issue that affects countless people, physically and emotionally, as well as spiritually every day. Conclusions drawn from previous studies indicate evidence of a spirituality-based intervention that would increase a person's over-all sense of well-being, though as stated before, there is concern surrounding the longevity of this change (Blakey, 2016; Fowler & Hill, 2004; Gall & Guirguis-Younger, 2013; Hubbert, 2011; Koenig, 2015; Manning et al., 2018; Masci & Lipka, 2016; Musgrave, Allen, & Allen, 2001; Pandya, 2017; Van Hook, 2016). Erbe (2015) suggested self-efficacy correlates in a positive direction and depression correlates in a negative direction, suggesting that as depression decreases, self-efficacy increases. Each participant described her lived experiences of using spirituality to cope with IPV as a joyous method versus one that is religiously restrictive. For example, each participant expressed part of their spirituality through music, walks on the beach, or writing in their journal. These types of practices demonstrated a sense of resiliency. Van Hook (2016) validated that spirituality provides a sense of worth for women recovering from adversities or experiencing harsh situations in order to counter devaluation. Each participant interviewed showed a strong sense of an ability to cope, move forward, and value herself despite their IPV event.

Graham (2016) revealed spirituality-based coping mechanisms. Ways of discerning spirituality are personal and diverse; some researchers described how the phenomenon is often difficult to define (Lewis et al., 2015; Rogers, 2014). Therefore, spirituality is labeled as a by-product of resiliency (Lewis et al., 2015; Rogers, 2014). Each of the women described what spirituality meant to them. Limited research existed on how spirituality was defined by African American women in the United States who were not actively involved in organized religions at the time of their IPV abuse. Research in the past 5 years cited here shows how women used religion and faith-based coping strategies after an IPV event (Lacey et al., 2015; Pandya, 2017; St. Vil et al., 2016; Wilson et al., 2014). However, these studies failed to describe spirituality in detail what those coping strategies were and what the actual effects were, which showed these past studies were not inclusive of a diverse sample of women.

In general terms, spirituality appears to function as a component of coping and/or resiliency. The positive effects of spirituality should be viewed with thoughtfulness. The effects of spirituality do not appear in many cases to validate its effectiveness over time. Additionally, the studies attempted to isolate spirituality as an exclusive structure of Christian practice. Spirituality often functions as part of a supportive mechanism that when implemented into a women's daily life, increases her sense of hopefulness and resiliency, and improves problem-solving skills (Brown, 2016; Pandya, 2017). Implementation of spiritual practices and systems can also serve as part of a coping method that may assist an IPV survivor by promoting self-efficacy and thereby experiencing a decreased negative affect (Lacey et al., 2015). Spirituality varies for each

person based on her unique personal experience. Future researchers should conduct new research on any investigation of spirituality concerning African American women survivors of IPV with an open mind, empathy, and a genuine desire to help this often misrepresented and misunderstood population.

The purpose was to identify and report African American women's lived experiences of using spirituality to cope with IPV who were not actively engaged in organized religious practices during the time of the abuse. Past research showed that on average 20 people are physically abused by an intimate partner every minute in the United States (NCADV, 2015). My hope is that these findings may be implemented into programs designed to give this population of women a better quality of life. In addition to program implementation, these findings may bring attention to the potential usefulness of spirituality as a positive coping tool that can be implemented into an IPV survivor's daily life (Pandya, 2017).

The premise was that the experience of IPV among African American caused long-lasting effects that were not like what occurred with other ethnicities. In addition, spirituality was noted as a coping mechanism in the lives of African American women. However, the literature lacked specificity as to the ways in which African American women who were not actively engaged in a religious practice at the time of abuse used spirituality. The goal of this research was to highlight the meaning of spirituality. Spirituality influenced the lived experiences of African American women impacted by IPV. Sahai and Sharma (2016) supported the influence of spirituality in the lives of African American women stating how spirituality is a coping strategy that African

American women victims of IPV have used to cope with the abuse. African American women who are actively engaged in traditional religious practices are known to utilize spiritual practices (i.e., Christianity, prayer, attending church, believing in Jesus, calling on God) when faced with adversity to increase in their ability to cope (Alamilla et al., 2016).

Past literature showed that many African American women kept quiet about IPV due to stigmas and fear of embarrassment in the community. In this research, some of the participants were not comfortable with question number 4, which asked women to describe the event that influenced them use spirituality to cope with IPV. Eleven out of 12 participants answered this question by describing only a portion of the abuse they endured. During the interview, participants laughed and sighed with joy in describing the practice and the meaning of spirituality as they defined it. For example, P2-Taurus stated how she felt good speaking about her ability to be in a better place today. Many surveyed women were less likely to use religious resources for their spiritual practices and were more likely to go with or utilize additional natural earthy forms of spiritual practice instead.

The findings also illuminated that the effects of IPV were significantly influenced by spirituality and spiritual coping mechanisms. In this research, women participants who practiced some form of spirituality gained internal support, as well as an increased sense of self-worth, which served as a significant component to helping these survivors rebuild their lives (see Brown, 2016). Each woman deemed eligible to participate in the study was assessed immediately and then scheduled for an interview within a week of the initial

contact. I administered the informed consent, the interview protocol, and once determined

as a potential participant, a verbal interview followed either by telephone or face-to-face.

Each interview lasted approximately 45 to 90 minutes; I conducted them via telephone

and in person. Upon completion of each interview, participants received a thank you and

an implied future follow-up interview to validate their responses. Each woman was given

the opportunity to stop the interview at any time and withdraw from the process without

judgment. Participants completed all 11 questions.

The research question for this study is:

What are African American women's lived experiences of using spirituality to

cope with IPV?

African American women's lived experiences of using spirituality to cope with

IPV resulted in variety of common themes shared by the participants. Six themes evolved

from the participants responses. Those themes were as follows: Connecting to

spirituality, religion-A limited manmade set of rules, self-love through spiritual coping,

contemplative thinking in unhealthy relationships, ineffective coping strategies, and

resilience.

Limitations

Several research limitations arose within this study, which should be further

investigated. In spite of the collection and interpretation of the rich data, this study has

several limitations. The focus of this research was to identify and report how African

American women use spirituality to cope with IPV who were not actively engaged in

organized religious practices. The rich data collected in this phenomenological study is

vital to the current phenomenon of IPV and spirituality. One limitation was the geographical location and inclusion criteria. I recruited from the Northeast area of the United States only; thus, making generalizability to other African American women who use spirituality to cope with IPV limited to the participants of this study. The findings of this research study did not apply to the entire population of African American women in the United States. The lived experiences of using spirituality to cope with IPV may be different in other geographical regions or agencies. These findings describe the lived experiences of 12 women who identified with being of African descent or ancestry utilizing spirituality to cope with IPV in the Northeast area of the United States.

The purposive sampling coupled with the inclusion criteria that funneled the participants of this study is unique due to its ability to gather information from those who were not actively engaged in religious practices at the time of abuse. The gap in the previous research allowed me to identify and report new information to provide awareness to the people, advocates, professionals, and the entire Human Services and Social Work profession. Participants were chosen purposively in order to fill the gap in the literature in order to display the lived experiences of the women in the study. Other participants wanted to participate in the collaboration of this study; however, they did not meet the criteria, or they responded after the data collection was closed. Therefore, the findings of this study are limited to the lived experiences of the participants in the specified geographical setting. Future research may considered recruiting from other geographical areas.

Another limitation of the study may have been the development of the interview questions. Conducting qualitative interviews requires a level of skill in order to obtain in-depth answers (Patton, 2015). I implemented Castillo-Montoya (2016) interview protocol refinement (IPR) framework steps including ensuring interview questions align with research questions, constructing an inquiry-based conversation, receiving feedback on interview protocols, and piloting the interview protocol. This study received approval from committee members and IRB approval regarding the 11 interview questions.

Five participants demonstrated moderate difficulty with providing answers to the questions created in an open-ended question format. Therefore, I had to re-state the interview questions and provide probing comments to retrieve typical responses. I used data from the literature and disclaimer on the pre-screening questions form (Appendix C) to help structure the interview to help participants answer the questions. With this being my first attempt at completing a transcendental phenomenological study and analysis, research in the future may include additional transcendental phenomenological research format to expand this study findings. I did not conduct a pilot study for this research study. However, probing questions and analysis of the reflective journal were used to reduce the overall impact of this limitation.

Additionally, the issue of the sensitive nature of the topic of IPV could have been a limitation concerning transparency and openness. The assumption is that the participants shared open and honestly with their responses to the interview questions and not due to desirability or untruths to appease the researcher. I acknowledged the sensitive nature of the topic at the beginning of each interview and encouraged participants to

share openly and honestly to the best of their ability. I ensured each participant prior to the interview that answers were not rated right or wrong answers.

Finally, due to the diverse nature of phenomenology, there is always a risk of pointing out bias. The ability to bracket the researcher's bias is one way to help alleviate this particular limitation. However, a researcher is not able to detach from preconceptions (see Brinkmann & Kvale, 2014). Therefore, I refrained from discussing my personal views or opinions on the topic even when asked (Morse, 2015). I offered several prompts for participants who did not understand the question or know how to answer. For example, when I asked participants to describe their spirituality, several of the participants stated that they never thought about that question before. I gave them a few moments to respond but after a long delay of silence, I read the definition of spirituality and religion on the pre-screening questionnaire. Although my bias surfaced, I would restate each participant's answer and state, "Is this what you said" to keep my bias in check. Each participant was given an immediate member check following each question.

For instance, spirituality appears not to function in and of itself but as part of a component of a subcategory related to one's ability to experience and cope with IPV. Concepts surrounding well-being and coping warrant further investigations. Issues concerning cultural barriers that create a preference for spirituality in some IPV survivors varies significantly and should be further investigated (Lacey et al., 2015).

There are also cultural issues that will come up for women of African ancestry or descent when they are seeking help from Caucasian therapist or professionals. This also warrants further investigation as it is important to ensure that traditional generic coping

mechanisms or treatments do not interdict new forms of personal coping and recovery. This is of such great concern, since these IPV survivors may not receive the adequate emotional or psychological care that is necessary during, and after their IPV incident (CDC, 2019).

Finally, another limitation noted in Chapter 1 is the technical issues such as reception or dropped-calls with telephone interviews. Most of the interviews in this research study were conducted via telephone rather than face-to-face interviews. However, there were connectivity issues that caused a hindrance. Nevertheless, there were issues with access to a scanner to submit consent forms. On another note, I was not able to observe and record non-verbal reactions and face-to-face observations for ten participants. However, I was able to make field notes of deep sighs, laughter, long pauses, and heightened tones. Lechuga (2012) discussed that some telephone interviews assist the researcher in detailed interview notes, anonymity, and less distractions for the interviewees.

Recommendations for Future Research

This is the first transcendental phenomenological study known to the researcher on identifying and reporting African American women lived experiences of using spirituality broadly in order to cope with IPV for women who were not actively engaged in organized religious practices. This study focused on African American women located in the Northeast of the United States. Future research can focus on how African American women in a broader geographic area utilize spirituality to cope with IPV. This current research identified and reported specifically on how 12 African American females

in the northeast of the United States used spirituality to cope with IPV who were not actively involved in a religion at the time of their abuse.

Future researchers can follow-up on women in other geographical areas who were actively engaged in religion to see what methods of spiritual coping they used for IPV. In addition, it may be beneficial for future researchers to perform a quantitative or mixed methods study related to women who were not actively engaged in a religion during the time of abuse. Following up on research that identifies and reports the definition of spirituality among this population can help provide better outcomes for African American women or women of African ancestry who experience IPV in the United States. Future research can also focus on providing effective ways to bridge the gap between the underreporting of IPV abuse for women of African descent and other racial and ethnic groups. Furthermore, future researchers may benefit from completing a study on how spirituality incorporated into their recovery versus religion based on the findings of this study.

The findings of this phenomenological study established an increased understanding of African American women in the Northeastern area of the United States and on their use of spirituality to cope with IPV. Previous and current research does not include a focus on the experiences of this population and in this geographical area. Therefore, this study was needed to start the research process for and dialogue for accessing the lived experiences of African American women who use spirituality to cope with IPV. This study addressed a gap in the literature for the absence of the lived experiences for this participant population (Arian, 2013; Blakey, 2016; Breiding et al,

2015; Brown, 2016; de la Rosa et al., 2016; Enkhtor, 2012; Erbe, 2015; Hyland, 2014; Lacey et al., 2016; Lewis, 2015; Michaels-Igbokwe et al., 2016; Rogers, 2014; Stevens-Watkins et al., 2014; St. Vil et al., 2016; Van Hook, 2016). The participants described their lived experiences of using spirituality to cope with IPV. They described experiences of how traditional coping, such as religion was limited and impacted issues around recovery towards IPV. However, there is a need for further qualitative and quantitative review.

With the delimitation of the geographical location, it would be vital to engage in qualitative research that captures the lived experiences in various places to help bring forth awareness of this phenomenon on African American women and their use of spirituality in the United States. The lived experiences described in this study represent twelve individuals from the Northeast area of the United States that had a robust response on how spirituality is used to cope with IPV. It would be essential to gain a more in-depth understanding of lived experiences from other geographical locations in the Northeastern United States.

Another recommendation for future research would be to explore the avenues of how traditional coping and religious stigma reinforce the use of spirituality for those experiencing IPV. These two findings were not anticipated. Previous researchers have suggested that IPV stigma may have negative impacts on the lives of those affected by IPV (Brown, 2016; Lewis, 2015; Michaels-Igbokwe et al., 2016; Rogers, 2014; Stevens-Watkins et al., 2014; St. Vil et al., 2016; Van Hook, 2016). However, in this study, the

participants added that their unique lived experiences with IPV and their use of spirituality to access ways to cope and feel empowered.

Additionally, spirituality allowed participants to feel empowered and assured enough to utilize what method of coping was appropriate, safe, and healthy for them to use. It would be essential to explore a deeper understanding of these current research findings. The current study was grounded in resilience theory that contributed to understanding the participants' lived experiences. The participants of this study reported several experiences of stressful and challenging situations that influenced their use of effective coping mechanisms in a holistic way. The current study has implications for the continued use of resilience theory in future research projects for women of African ancestry and descent who are influenced by IPV and the use of spirituality for coping and recovery.

Research shows that IPV is a widespread public health problem in the United States (Blakey, 2016; CDC, 2017; NCADV, 2015). African American women are less likely than women from other ethnic groups to use traditional medical and mental health services to aid them in coping with abuse (Sabri et al., 2014; Stevens-Watkins et al., 2014). This research was an in-depth phenomenological study that aimed to identify and report the lived experiences of African American women who experienced IPV that used spirituality to cope and recover. For example, findings from this study suggest that there may be additional women to share their lived experiences of using spirituality to cope with IPV, as well from other areas in the Northeast. In addition, the findings of this study suggest that more women are open to sharing with someone who can relate to their

historical and current situation. Local community, legislation, and global efforts which include the removal of stereotypes and stigma can assist by forming an effective alliance for those affected by IPV among human service professionals, advocates, families, communities, health care providers, therapists, criminal justice system, and IPV supporters due to the high incidence of IPV.

Next, many of the women did not identify with the term African American. Participants identified with Native American, Aboriginal Indigenous, and Moorish American outlined in Table 2. Although, African American is a term used to described women of African descent here in the United States, not all women accepted that term as part of their identity. Therefore, future research should include exploring alternative terms for women who identify outside of the term, African American. How and why they identify themselves differently is important to our understanding of their lived experiences and deserves further study.

Finally, completing this study allows these findings to provide information to future researchers, family members, IPV advocates, social workers, medical personnel, and human service professionals about the utility of spirituality as a strategy for helping victims cope and recover from IPV. Although some participants, who shared their stories were made vulnerable to the possibility of having uncomfortable feelings from revisiting painful events, as they spoke on their use of spirituality it was evident how they demonstrated and displayed strength, optimism, and resilience, which overwrought the possibility of discomfort from experiencing IPV. In that sense the study, it became a form of spiritual practice for some. This should be further explored and incorporated, if

possible, into a book publication to display stories and lived experiences from other women who used spirituality to cope, who were not actively engaged in religious practices at the time pf abuse.

Implications for Social Change

The study implications for contemporary social change are diverse. This phenomenological study involved identifying and reporting on African American women's lived experiences with using spirituality to cope with IPV. Findings from this data collection will contribute to the efforts of previous and current research to promote awareness of this underserved population. Findings may inform the public, practitioners, and health professionals to help reduce IPV incidents and reduce extensive harsh effects towards the women before, during, and after the abusive event. Furthermore, this research shows that women of African descent are open to sharing their lived experiences of how they coped with IPV along with their road to recovery. The use of webinars, workshops, table talks, and face-to-face circles of sharing stories may be possible tools of engagement to help other women share their story.

This research study identified a variety of common themes shared by the participants from their lived experiences, such connecting to spirituality, religion-A limited manmade set of rules, self-love through spiritual coping, contemplative thinking in unhealthy relationships, ineffective coping strategies, and resilience. These themes may correlate into the future for book title chapters. The results of this study may provide a future voice and platform that supports women utilizing spirituality as an effective coping mechanism with IPV here in the United States. With these findings, policymakers,

healthcare professionals, social workers, and advocates may consider how the spiritual practices described in this study can be used within their programs and interventions to help.

Conclusion

The purpose of this phenomenological study was to identify and report on African American women's lived experiences with using spirituality to cope with IPV. I used a purposive sampling method to recruit 12 African American women who had lived experiences of using spirituality to cope with IPV and were not actively engaged in an organization that involved religious practice during the time of the abuse. I did not have difficulty obtaining the allotted number of participants. Therefore, a snowball sampling was not needed. I utilized audiotaped, semi structured interviews that lasted between 45-90 minutes in length. Saturation was reached after interviewing 12 participants. This research study sample included 12 women who identified themselves as African American women.

This study was approved by the university IRB for data collection on May 16, 2019. Data collection commenced from May until July of 2019. This study was guided by resilience theory using a simplified version of Colaizzi's (1978) seven-step data analysis process. Participants were women who were not actively engaged in an organized religious practice (i.e., attending a church, temple, or mosque or engaging in traditional prayer, etc.) during the time of the abuse. Although all 12 women experienced IPV at some point in their lives, each one had unique lived experiences using spirituality to cope with their IPV. Given the facts of previous research pertaining to African American

women who experienced IPV, this study allowed for the opportunity to give a current platform for women of African descent to share in their own voice their lived experience of utilizing spirituality to cope with IPV.

Vincent and Velkoff (2010) estimated that by 2042, African American, Asian, and Latina women will become the populations most affected by IPV due to a lack of resources, employment issues, poverty, depression, and other mental health issues. Gillum (2019) stated that a necessary call to action regarding the factors contributing to IPV for African American people across the globe, is important, due to the high poverty rates and IPV impact. African American women have a huge mistrust of medical and professional help due to the historical injustices they faced as a people (Lacey et al., 2016). Instead, African American women tend to rely on informal support from family, friends, and their church communities to help them cope with IPV (Jim et al., 2015; Manley-Johnson, 2013; Warshaw et al., 2013). African American women strongly rely on their spirituality practices (Brown, 2016). Furthermore, I found that there was a significant increase of spiritual application versus religion due to the stigmas, rules, and limitations of religious practices.

African American women are known to use spirituality towards criticism, slavery, White supremacy, and other forms of abuse and victimization (Stevens-Watkins et al., 2014). Overall, I found that there was a significant use of spirituality, which increased wellness from tumultuous and stressful situations, such as IPV. Therefore, findings suggest that future research extend this current transcendental phenomenological research

to further the exploration on this phenomenon by identifying and reporting how women of African descent use spirituality to cope with IPV.

Summary

In this chapter, I presented content for the findings of my current research, as well as the interpretations of the findings as they relate to the theoretical framework and literature outlined in Chapter 2. This chapter included a review of limitations of the study, recommendations for future research, implications for social change, and conclusion.

Furthermore, this study found evidence that supports the fact that spirituality functions as a coping mechanism for women of African descent to cope with IPV. The research findings demonstrated that African American women are open to share their stories about their IPV events, coping strategies, interventions, and advice, in order to cope and recover from their lived experiences. We are all grateful and indebt to these women for their courage in making this important study possible.

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Appendix A: Demographic Questionnaire

Name/Appellation: _____ Phone Number: _____

Email Address: _____

Gender: ____Female _____ Male   Age: _____ Family Income_____

Number of years lived in the state: _____ Highest Education Completed: _____

Role in groups, organizations or community:

__ Survivor Advocate__ Survivor Mentor ___Spiritual Leader__ Spiritual Mentor

1. Do you currently reside in the northeast area of the United States (includes New

   Jersey, Pennsylvania, New York, Connecticut, and Virginia)?

2. Do you consider yourself an African-American or identify with African ethnicity

   in the United States? _____

3. Do you currently serve in the role of a spiritual leader, spiritual advocate, spiritual

   activist, or spiritual mentor in the community for Intimate Partner Violence

   related issues? _____ If not currently serving, have you ever

   previously served in any of those roles?

   _____

Questions/Comments:

_____

_____

_____

Appendix B: Interview Questions Protocol

Date of Interview: _____

Pseudonym: _____

Time of Interview_____

Type of Interview_____

- Introduce Self

- Explain Consent Forms

- Ask and answer questions

- Obtain Consent by audio

- Collect Demographic Information

- Provide the structure of the interview – audio recording, use of

  pseudonym, and notes taking.

- Check and test digital recorders

- Smile and ask participant about level of comfort

Appendix C: Prescreening Questions

1.   Do you attend church, mosque, or a temple? _____

2.   Do you consider yourself a spiritual woman? _____

3.   Do you consider yourself a religious woman? _____

Disclaimer: Religion is a term used to describe a person being a part of an organized system or institution of religious practice and worship having set rules and regulations that guide one's life after death (Koenig, 2015). According to Pandya (2017), the definition of spirituality is a complex construct comprising aspects of transcendence, inner strength, soul-absolute relationship, relational consciousness to self and others, and knowing there is a higher power or oneness.

Appendix D: Interview Questions and Follow-Up Prompts

Full Interview Guide: Interview Questions

1. How do you define spirituality?

2. How do you differentiate spirituality from religiosity?

3. How do you define spiritual coping?

4. Describe the moment, event, or situations that led to the decision to use spirituality to cope with intimate partner violence.

5. How did you use spirituality to cope with intimate partner violence?

6. What types of spirituality did you use to cope with IPV?

7. Describe specifically how spirituality help you to cope with the abuse.

8. Describe other strategies that you may have used to cope with IPV.

9. How did your use of spirituality enable you to cope with IPV compared with the other strategies?

10. What suggestions would you give others in terms on how spirituality can be used to a strategy for coping with IPV?

11. Do you have anything else you would like to share with me today?

- ❖ Ask if participant has any other questions about the interview or study

- ❖ Assure participant of confidentiality of interview responses

- ❖ Provide participant with resources information

- ❖ Give thanks to the participant for making herself available

Appendix E: Statewide Intimate Partner Violence Resources

1. The National Domestic Violence Hotline

    1-800-799-7233 (SAFE)

    www.ndvh.org

2. National Resource Center on Domestic Violence

    1-800-537-2238

    www.nrcdv.org and www.vawnet.org

3. National Indigenous Women's Resource Center

    855-649-7299

    www.niwrc.org

4. Indigenous Women's Network

    1-512-258-3880

    www.indigenouswomen.org

5. Institute on Domestic Violence in the African American Community

    1-877-643-8222

    www.dvinstitute.org

6. Survivor Support website: https://www.thehotline.org/women-breaking-

    free/

7.   Delaware Coalition Against Domestic Violence

    100 W. 10th Street, Suite 903

    Wilmington, DE 19801

    Northern Delaware: (302) 762-6110

Southern Delaware: (302) 422-8058 Bilingual: (302) 745-9874

Office: (302) 658-2958

Website: www.dcadv.org

8. DC Coalition Against Domestic Violence

    5 Thomas Circle, NW

    Washington, DC 20005

    Office: (202) 299-1181 Fax: (202) 299-1193

    Website: www.dccadv.org

    Email: info@dccadv.org

9. Maryland Network Against Domestic Violence

    4601 Presidents Dr., Ste. 370

    Lanham, MD 20706

    Hotline: 1 (800) 634-3577

    Office: (301) 429-3601 Fax: (301) 429-3605

    Website: www.mnadv.org

    Email: info@mnadv.org

10. New Jersey Coalition for Battered Women

    1670 Whitehorse Hamilton Square

    Trenton, NJ 08690

    Hotline: 1 (800) 572-7233 TTY: (800) 787-3224

    Office: (609) 584-8107 Fax: (609) 584-9750

    Website: www.njcbw.org

11. New York State Coalition Against Domestic Violence

    119 Washington Avenue, 3rd Floor

    Albany, NY 12210

    Hotline NYS: 1 (800) 942-6906

    Hotline NYC: 1 (800) 621-4673

    Office: (518) 482-5465 Fax: (518) 482-3807

    Website: www.nyscadv.org

12. Pennsylvania Coalition Against Domestic Violence

    3605 Vartan Way, Suite 101

    Harrisburg PA 17110

    Office (717) 545-6400 TTY (800) 553-2508

    Website: www.pcadv.org

13. West Virginia Coalition Against Domestic Violence

    5004 Elk River Road, South

    Elkview, WV 25071

    Office: (304) 965-3552 Fax: (304) 965-3572

    Website: www.wvcadv.org

Appendix F: Reflexive Notes Journal Protocol

Observational Notes	Methodological Notes	Theoretical Notes	Analytic Memo

Appendix G: Sample Transcript Excerpt Interviewer Question

The first interview question is: How do you define spirituality?

Interviewee Answer (IA): Okay. So, my definition of spirituality. Actually, I think it is a

broad concept with room for many perspectives. I believe spirituality is a spiritual

awakening. Uhm, I believe it is a shift in consciousness from body, identification. Uhm

also, it is also infinite. Like, I am separate from everything. It is spirit consciousness. I

also believe that there is a huge movement towards awakening-spiritual awakening. A lot

of people are moving away from identifying solely with their body as experiencing

something greater. I think that this is very key, especially in intimate relationships. We

have to identify within ourselves that is more in how we view the world and what we see

versus our eyes. So, it's a lot to spirituality in what people believe it. I could go on and on

about it, but that is my concept of it.

Interviewer Question (IQ): So that I am clear, spirituality is an awakening, a shift in

consciousness. One being able to be in tune with the body. Spirituality is infinite with no

boundaries or limits.

IA: Exactly

IQ: Thank you so much.

IQ: All right, the second interview question is how do you differentiate spirituality from

religiosity?

IA: Religion is a cultural system with designated behaviors and practices like morals,

worldviews, sanctified practices, prophecies, ethics, and etc. Uhm so let me see, however

there is a consciousness over what precisely defines religion. It is a difference between

the two. I think spirituality can take you more and further in life versus where religion

you are confined in this structured lifestyle and I believe that as humans beings we should

more gear towards spirituality versus being set in s certain religion because in religion

you are blocking yourself from the world. And different worldviews. I think that is why

we have so many problems in the world because we are set to specific religions versus

spirituality.

IQ: Very well, so religious is limited?

IA: Uh hum

IQ: It has structured and based on a cultural organized system of very specific behaviors?

Is that what kind of what you meant?

IA: Exactly

IQ: Okay, thank you so much. So, the third question is how do you define spiritual

coping?

IA: Now, you are going to have to specify spiritual coping for me? What exactly does

that mean?

IQ: So spiritual coping spirituality as a copy mechanism using spirituality to cope.

Spirituality would be based on your definition such as spiritual awakening, shift in

consciousness, and identifying with the body. And then coping, how to you handle life

issues. So, let me shift the question back to you. What do you think the definition of

spiritual coping is when you break up the words spiritual and coping?

IA: I do not like to use the words positive and negative in life. I believe that we all live

under a divine being whether it is your religious God or spiritual God. Many of us don't

even know what it is. I feel that as long as we live by the golden rule, which is to treat

others how you want to be treated. I believe that is spiritual coping. I want to treat

someone in a respectful way and I want to be treated that way. Especially, with small

ones, they don't know anything so you want to bring them up having respect for others.

And I don't want people to harm my child physically. I don't want to teach him that there

is only one God. That's the religion. I want him to treat others with Love and that's the

part of spirituality is love. So, as long as long as I give love to others, that is my spiritual

coping.

IQ: Wow, I like what you said about the golden rule is to treat others the way you want to

be treated which has nothing to do with good bad, positive or negative. Wow. Alright,

now we are on to question #4. Describe the moment, event or situation that led to the

decision to use spirituality to cope with IPV?