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Coping Styles of African American Women Who Have or Have Not Experienced Physical Abuse

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**COPING STYLES OF AFRICAN AMERICAN WOMEN
WHO HAVE OR HAVE NOT
EXPERIENCED PHYSICAL ABUSE**

Pamela L. Huntspon

A Thesis Presented to the Faculty of the Graduate School of Lindenwood
University in Partial Fulfillment of the Requirements
For the Degree of Master of Arts

2001

Abstract

The purpose of the study was to explore the coping styles of African American women and determine if different coping styles exist between those women who have experienced abuse versus those who have not. In this study, 60 African American women living in St. Louis, Missouri were obtained using a convenience volunteer sample from several sites which included a unisex hair salon, a center for women experiencing physical and sexual abuse and two community agencies serving the needs of low income families. They were administered the Coping Responses Inventory (Actual Form) and a demographic questionnaire.

Results of independent sample t-test suggested that, African American women who are abused are more likely to use Cognitive Avoidance and Acceptance or Resignation styles of coping compared to African American women who have not experienced any abuse.

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Chapter 1

Introduction

Physical abuse is increasingly recognized as a common experience for women (Henderson, 1996). Approximately 4 million women per year are affected by domestic violence (Wyatt, Axelrod & Chin, 2000) while killing an estimated four women a day in the United States (Kurkjian, 1999). While abuse often takes place behind closed doors, the effects do not remain hidden. It is estimated that domestic violence costs businesses \$3 billion to \$5 billion per year (Kurkjian, 1999; Reynolds, 1997), because abused employees miss approximately 175,000 days of work (Reynolds, 1997), spend 100,000 days hospitalized, make 30,000 visits to emergency rooms, and make 40,000 visits to their physician every year (U.S. News & World Report, 1994; Jones, 1994).

The "Cycle of Violence", introduced by Lenore E. Walker after years of research with physically abused women and the theory of Learned Helplessness are relevant to this study. The first, the Cycle of Violence gives a theoretical foundation to explain the victimization of women, and the development of helpless behavior. The battering cycle consists of three distinct phases which will vary in length and intensity within and between couples. The three phases are: the tension-building phase; the explosion or acute battering incident; and the calm, loving respite phase (Walker, 1979). The second theory relevant to this study is

the theory of learned helplessness which also contributes to our understanding of why battered women remain with their abusers. The concept of learned helplessness explains that if a person's behavior makes a difference in what happens or if the outcome is favorable for that person, then he/she will tend to repeat that behavior. Thus, by behaving a certain way and the expectations are met, then he/she believes that he/she have control over this situation. But, if a person has expectations that certain things will occur by behaving a certain way and the outcome does not occur, then answers will be sought as to why the expectations were not met. After time, if a logical explanation is not found, he/she will believed that he/she will have no control over the situation. This is how a person learns what he/she has control over and what things are beyond his/her control in his/her environment (Walker, 1979).

Since the 1970s, the public's awareness of physical abuse as a social problem has been heightened; and there is a growing awareness that this violent crime exists across all socioeconomic, racial, ethnic, and gender groups. However, little psychological research has focused specifically on the experiences of African American women experiences with regard to abuse (McNair and Neville, 1996). Coley and Beckett (1988) state that during their search of Psychological Abstracts on Black battered women between 1967 - 1987, they found two articles, a dissertation abstract and a professional paper, using a computerized search.

A study conducted by the Institute on Domestic Violence in the African American Community named domestic violence the leading killer of African American females between the ages of 15 to 34. This study also documented that

these crimes were most often committed by an intimate acquaintance or ex-partner (Browne, 1998). African American women report spousal abuse at twice the rate of white women and homicide by an abusing partner is higher among African American women (Davis, 1997).

Some researchers and the Health Department believe that poverty causes violence (Wright, 1998) and one of the major obstacles reducing options for African American women is poverty. One third of all African American women live in poverty (Davis, 1997) and this may prevent women who are abused from seeking assistance and support from those in social services.

Instead, poor women who are abused are more likely to rely on underfunded and understaffed public resources such as social service agencies, charity organizations and the police for assistance. This makes them incapable of meeting the needs of every women on an "as needed" basis. Many women will be turned away or put on a waiting list which makes leaving the abuser not possible immediately. So, for many Black women, staying with the batterer or using the police become the only options available at times, states Wright (1998).

African American women are often performing dual roles as head of household and provider of economic security for their family, despite lacking economic and social resources of great proportion. Thus, when the perpetrator provides financial support to abused women and her family, the rate of disclosure and the likelihood of requests for assistance are lessened. Studies show that violence is a contributing factor for African American women being on welfare and the rise of homelessness for this group (McNair & Neville, 1996).

African American women are plagued by prejudicial perceptions regarding the realities of their everyday lives (Davis, 1997). They are often not seen as being weak or passive, a perception which makes people less likely to see them as having Battered Women Syndrome (BWS). Other stereotypes portray the black woman as a lazy, dishonest welfare queen, or a wicked shameless Jezebel (Domestic Violence Report, 1996). Stereotypes are generalized for all African American women, but survivors of abuse or lower and working class backgrounds are more accepting of these stereotypes which discourage them from seeking help outside their families and communities (McNair & Neville, 1996). Their perception drawn from these stereotypes is that seeking help will label them as weak and vulnerable. Due to these myths which are used to discredit them personally in the courtroom (Domestic Violence Report, 1996), Black women fear revictimization from the criminal justice system when seeking assistance from law enforcement agencies (Davis, 1997). As a result, most abused Black women are unlikely to report these crimes to the police, and in the process, they prevent themselves from being informed about or qualifying for publicly supported services for victims such as medical treatment or counseling services to aid them during the recovery process (McNair & Neville, 1996).

Despite evidence indicating that a large number of African American women's lives are shaped by early life traumas, sexual and physical violence, substance abuse, depression, low self-esteem, feelings of inadequacy, and learned helplessness, however, they often manage to climb out of the depths of despair to overcome these obstacles (Davis, 1997). African American women overcome

these traumatic stressors by implementing various coping skills, which are often a unique blend of cultural patterns and characteristics which have survived from the African belief systems (Daly, 1995). In coping with the challenges of everyday life, individuals create their own strategies, by incorporating their personal talents and motives (Newman & Newman, 1995). Some examples of coping strategies used by African American women are prayer, kinship ties, a strong values system, keeping busy, and confronting of their problems.

However, domestic violence, racism, sexism, high level of poverty, and lack of education are challenges to African American women in their use of effective coping skills. The perception of not being understood by those in social service agencies can lead these women to employ poor coping skills with unfavorable consequences; examples include drugs and alcohol, sex, denial, and over and under eating. McNair & Neville (1996) stated that those in social services need to recognize that what appears to be resistance or denial in survivors, might actually reflect coping styles related to their experiences of class, race, and gender oppression.

Current studies indicate that the psychosocial health of women is influenced by a variety of social factors and situations in everyday life. Inquiry into how African American women in general have been able to overcome traumatic life events, poor resources, poor support systems, and lack of experience though using positive adaptive strategies could expand the knowledge base about the psychosocial well-being of black women (Davis, 1997). However, it is not known

if African American women who are exposed to abuse adopt similar effective coping strategies. The existing literature is limited in that there are few attempts to measure race or cultural variables. For example, prayer is rated as the number one coping mechanism for black women and men, yet few measures of coping include religious practices (McNair & Neville, 1996).

Statement of the Problem

This study explores domestic violence among African American women in the United States and the coping styles adopted by them. While highlighting physical abuse, the study will examine coping styles to determine if African American women exposed to abuse employ different coping strategies than African American women who have not been exposed to abuse. The gathering of such information by those in social service agencies may provide a better perspective on how to assist African American women in overcoming traumatic events in their lives. This information could also allow social service agencies to detect what coping strategies are being employed or if women are merely expressing characteristics of their culture and class. In conducting this study, the intent is to focus on African American women solely and shed light on issues of domestic violence which plague this group of women in large proportions. The African American women participating in this study will self-report their coping styles on the Coping Response Inventory (Actual Form) by Rudolf H. Moos (1993) and data on selected personal variables will be gathered from the demographic questionnaire.

Chapter 2

Review of the Literature

Who is Affected in the General Population

In the United States, the leading cause of injury to women is domestic violence (Nation's Health, 1994). Every fifteen seconds a woman is beaten and ten women will die each day in the United States as a result of domestic violence (Blumenthal, 1994). Three million to 4 million American women are estimated as being battered each year by their husbands or partners (Jones, 1994). It is estimated that one in four American women between the ages of 18 and 65 has experienced physical abuse (Women's Health Weekly, 1997), while 20 to 50 percent of women worldwide will experience physical abuse at some point in their lives (Women's International Network News, 1998). Kurkjian (1999) states that no social group is spared because the battering takes place among women of all ages, income levels, cultures, races, religions and sexual orientation.

History of Physical Abuse

Physical abuse, domestic violence, wife beating, battering, or family violence {whatever terminology is used to describe the violent relationship which takes place between husband and wife or intimate partners} has been in existence as long as history has been recorded (McCormick, 1999).

Until recently, women were purchased and became legal property of men; the belief existed that men had the right to discipline their “property” as they wished (NiCarthy, 1986). During ancient Roman times a man was allowed to chastise, divorce, or kill his wife for adultery, public drunkenness, or attending public games (Gelles & Cornell, 1990). English common law allowed for the physical “chastising” of a wife provided the stick was no thicker than his thumb—thus the “rule of thumb” was born (NiCarthy, 1986).

Men were given the right legally, by English common law, to rule their family, when a law was enacted making a Husband and Wife as one entity. Thus when a woman married, her very existence ceased before the law. Those laws and male “rights” were transported to the United States. Women’s voices such as Christine de Pizan of France decried of “harsh beatings” in 1405 and England’s Mary Wollstonecraft complained of “tyranny” in the eighteenth century; American women began complaining of male brutality in the United States with the help of the Women’s Movement and Susan B. Anthony in 1848 (Jones, 1994).

Passed in 1853 by Parliament, “Aggravated Assaults Upon Women and Children” became the first English law to address domestic violence. This allowed for a fine and prison term of up to six months for men convicted of beating their wives and children. Still, the idea of a husband’s right to “chastise” his wife persisted mainly because laws were not enforced. The laws provided a shield for the privacy of each man’s household from public and legal examination. In 1874,

the Supreme Court of North Carolina nullified the husband's right to chastise his wife "under any circumstances" but would later add: "If no permanent injury has been inflicted nor malice, cruelty, nor dangerous violence shown by the husband, it is better to draw the curtain, shut out the public gaze, and leave the parties to forgive and forget" (Jones, 1994, p.20). By 1880, most states had laws prohibiting the "right" of men to "chastise" their wives. Yet because these laws were rarely enforced, men went on claiming their ancient privilege of punishing their wives (Jones, 1994).

So for most of a century, the atrocious crimes inflicted upon women continued. The rise of the women's movement in the 1960s and the antirape movement in the early 1970s provided women the encouragement to speak about the violence in their lives. This led to women fleeing their homes for shelters with similar stories. They spoke of calling police officers only to be insulted, laughed at, ignored, or blamed for the abuse. Those who went to court were treated no better by prosecutors and judges, who merely instructed them to return to their abusers and mend relationships (Jones, 1994).

Jones (1994) states that the true extent of violence to women in their homes continued to be questioned and the few psychiatrists who published articles on wife beatings in the 1960s didn't see the problem as a social issue; rather the women were suggested to be frigid, masochistic or emasculating. Not to be denied, however, more and more abused women spoke up and as the numbers of

women across races and social classes suffering abuse increased into the millions, women began to act (Statman, 1990).

What has taken place since 1974 is a social reform movement by women for women in local communities worldwide. Women began to establish shelters and emergency telephone lines, to provide refuge, information, and advocacy for battered women (Jones, 1994). The first shelter created was in Chiswick, England by Erin Pizzey, who also wrote the first book on wife abuse entitled, "Scream Quietly or the Neighbors Will Hear" (Walker, 1979). Gelles & Cornell (1990) states that initially the shelter was set-up to meet the rising price of food but soon it was filled with women complaining of wife abuse. However, in three years the Women's Aid of Chiswick would become the model for shelters around the world. In the late 1970s, there were no more than five or six shelters in the U.S. but by 1990 the number had grown to over 1,000 shelters and the list continues to expand. Nearly every shelter has been established with volunteer effort and donations, with little government or foundation funding (Jones, 1994).

Jones (1994) describes the steps that battered women took to provide services for battered women around the country by establishing shelters and hotlines; they took up class actions suits against police departments and court officials; they lobbied Congress to hold hearings on "domestic violence" and to pass legislation to allocate funds to address abuse. The National Association of Chiefs of Police and the U.S. Attorney General were pressured to change law

enforcement policies and enact a mandatory arrest and prosecution of abusers. For battered women, support and educational groups were established to provide help with social service applications and court procedures. Education and training programs provided police, prosecutors, judges, and other public officials an awareness of the issues of battered women. "Domestic violence" awareness programs were initiated in schools for children. Coalitions were formed with hospitals and child protective services to treat mothers and children who were suffering abuse. Campaigns were waged to remove incompetent and sexist officials and judges who refused to enforce laws. Legal strategies were developed to aid battered women defending themselves and those who injured or killed their batterers. Support groups for women in prisons were initiated. Studies on the history, sociology, psychology, politics, law and personal experience of battering were produced along with self-help handbooks, films, videos, and reports of what did and didn't work. Programs were held nationwide to review policies and accomplishments (p. 9-10).

Jones (1994) says what took place was a grassroots movement in America's history, with crime victims seeking to protect themselves and other victims. Still the battle would have to be fought city by city with some localities remaining unchanged. Gelles & Cornell (1990) state that this was due to wife battering not gaining the same attention as child abuse in the public and professional minds. It took an additional 10 years after child abuse had been recognized as a social problem for wife abuse to gain the same recognition.

Recognition came but battered women described practical changes as minimal. They continued their fight and monumental victories would take place for the movement. One such victory for battered women, was that of Tracy Thurman, who won a civil suit against 29 police officers and the city of Torrington, Connecticut for failing to protect her from being physically abused by her ex-husband. She was eventually awarded 1.9 million dollars by a federal court but she also was badly injured and left partially paralyzed. The federal court ruled that "a man is not allowed to physically abuse or endanger a woman merely because he is her husband. Concomitantly, a police officer may not knowingly refrain from interference in such violence, and may not automatically decline to make an arrest simply because the assailant and the victim are married to each other" (Jones, 1994, p. 23).

So as battered women, feminists and advocates continued to battle the legal systems, there were some organizations formed to continue to fight the cause on the local and federal level. For example, in 1978, the National Coalition Against Domestic Violence (NCADV) was formed to serve as a voice for battered women on a national level (Wilson, 1997); in 1979, President Carter created the Office on Domestic Violence which would be closed the following year by President Reagan (Jones, 1994). In 1987, the NCADV established the first national toll-free domestic violence hotline; it too would eventually close in 1992 only to reopen in February of 1996 with the assistance of federal funding as the National Domestic Violence Hotline. In 1994, the Violence Against Women Act was passed by Congress to provide \$426,000 per state per year for six years

(Women's International Network News, 1996) and the Center for Disease Control & Prevention (CDC) received 7.5 million funds for the first time to investigate and reduce violence against women. The organizations listed above do not represent those organized federal or statewide due to the physical abuse women suffered. What they provide is a glimpse of what came about because of the hard work put forth by battered women, advocates, and feminists.

For all the work and effort of battered women over the past 20 years worldwide to draw attention to and to educate the public about domestic abuse, one case would truly propel domestic violence into the public consciousness worldwide, the O. J. Simpson trial in 1994. June of 1994, O. J. Simpson would be accused of slaying his estranged wife, Nicole Brown Simpson and her friend, Ronald Goldman. The televising of the O. J. Simpson trial allowed for a great deal of information on domestic violence to be placed into the homes of people worldwide (Jacobson & Gottman, 1998).

While the O. J. Simpson trial highlighted the issues of domestic violence, the acquittal of O. J. Simpson nearly divided a country by race and shed light on the problem of racism in the United States and amongst battered women fighting for the same cause. Schecter (1982) states that racism operates within the battered women's movement on many level just as it does within society as a whole. Most shelters and social service agencies are staffed predominately by white workers, who at times are not sensitive to the impact of racism on women's lives and the choices that they make. The issue of coping styles differing among black women versus white women gets ignored. Due to shelters constantly being underfunded

and understaffed, shelters are often unable to provide diverse services that women may need. This leads to women of color reluctantly using social services because they feel misunderstood, isolated or ostracized. African American women who have worked in the battered women's movement have complained of being assigned the task of enlightening white women about racism and providing all the services to their ethnic group. These same women often face hostility from their own communities due to lack of understanding about the difference of racism versus sexism. African American women feel as if the feminists in the battered women's movement don't respect their priorities, culture, or understand how important their families are in providing support to them.

As a result of these concerns, there were new organizations formed to deal with these issues, to educate those working with abused women, to empower women of color, and to share information such as the Women of Color Task Force and the Institute on Domestic Violence in the African American Community (Schecter, 1982). Despite the differences among ethnic groups for battered women, the overriding main purpose of these groups is to bring attention to the social problem of domestic violence for all battered women and fight for their absolute right to be free from bodily harm (Jones, 1994).

Defining Physical Abuse

Defining physical abuse has been as challenging as gaining the public's awareness of this issue. A problem which confuses society in general is exactly what physical abuse is and what terminology to use when describing it (Flitcraft, 1995). Through the years there have been many names used to describe the

physical abuse many battered women have suffered at the hands of their husbands and intimate partner.

One problem for those involved is that "physical abuse" is often used interchangeably with "domestic abuse". Domestic abuse within itself can be used to describe the violent relationships involving children, siblings, partners, spouses, and elders alike states Flitcraft (1995). Flitcraft believes that the usage of domestic abuse to describe the violence against women makes it invisible because the term is too broad. The experience of the women may become secondary to those for whom she cares - children, adolescents, siblings, elderly, and the disabled - making the violence she endures "just a part of life".

Another problem in the terminology is the term "wife beating". In the past this definition would only involve married couples while identifying only one piece of male violence against their victims and omitting unmarried couple. "Partner abuse" is used instead of spouse to remain neutral in terms of gender or sexual preference for those women suffering abuse in a homosexual relationship (Jones, 1994).

For most researchers, the most common definition of physical abuse has been physical violence resulting in bodily injury (Walker, 1979). Physical abuse usually involves repeated episodes of physical and/or sexual abuse, emotional abuse, degradation, limitation of freedom of movement, limitations on freedom of association, the destruction of property, threatened or real child abuse, stalking, retaliation, and isolation from family and friends coupled with coercive control all of which are at the center of these women's experience of domestic violence

(Flitcraft, 1995). Walker (1979) has defined physical abuse as the repeated forceful act of physical and psychological behavior by a man onto a woman which results in her doing something for him without regard for her own safety. This includes wives or women in an intimate relationship with a man.

Yet to only acknowledge the physical abuse without focusing on the psychological or sexual abuse, which is also involved, would not depict an accurate view of what women who are battered endure (Walker, 1979). In order for society to understand exactly what domestic violence means, involves defining and exploring the dynamics of these very violent intimate relationships (Flitcraft, 1995).

Cycle of Violence

Lenore Walker's "Cycle of Violence" will be used to explain the victimization of women and the development of helpless behavior. The battering cycle consists of three distinct phases which will vary in length and intensity within and between couples. The three phases are: the tension-building phase; the explosion or acute battering incident; and the calm, loving respite phase (Walker, 1979).

During Phase I, or the tension building phase, the prevailing atmosphere is of increasing tension, anger blaming and arguing. Minor incidents usually occur, resulting in the victim using different tactics to calm the batterer. The victim does not believe she deserves to be abused but instead believes that her behavior will prevent his anger from escalating (her denial suggests she can control his

behavior). These actions can give the illusion of her being an accomplice because she seems to assume some degree of responsibility for his abusive behavior. The focus of the victim is to prevent further harm to herself or her children or prevent the perpetrator from abandoning her. Thus denial, which is a cognitive avoidance strategy employed by the woman to avoid realistically thinking about the abuse, is used. The battered woman tends to discount the smaller isolated incidents because she knows the abuser is capable of much more brutality. This line of reasoning does not promote change, but postpones the second phase of the cycle.

Phase II, or the acute battering phase, is characterized by uncontrolled discharge of tension built during phase one. As the tension mounts, a violent eruption, in which there is physical abuse, sexual abuse and or verbal threats of abuse may occur. Women are often injured or even killed during a violent eruption. Both parties view the incidents as serious, uncontrollable, and at times brutal punishment for the victim. The batterer's behavior is out of control and, while he may initially justify his behavior, later he may deny or he may minimize what happened. The anger is extreme and the behavior is usually triggered by an external event or internal factors within the perpetrator. Phase II of the cycle is more brief than the others and can last anywhere from two to twenty-four hours. Shock, denial and disbelief on the part of the perpetrator and victim usually follow an acute attack. During this phase many women are injured; some are killed. The seriousness of the attacks are rationalized by both parties with the woman minimizing the seriousness of her injuries. The woman by minimizing how serious she has been injured employs the coping response, cognitive avoidance, which

allows her to escape the reality of the seriousness of her injuries. Victims withdraw socially and medical attention will often not be sought by the woman even when necessary. This isolation may last from the first twenty-four hours up to several days. If the police are called at all, they are most often called during this stage.

Phase III of the cycle, the respite phase, is welcomed by both parties and this completes the cycle of violence. This phase is characterized by calmness due to the release of tension from the previous two phases. The battered woman may discover how vulnerable and insecure the batterer is and he may display behavior which can be charming, loving, remorseful and begging of forgiveness after attacks. Sometimes suicidal threats are made by the batterer if the woman attempts to leave, leading to manipulation through guilt to keep the family together at all costs. The batterer may remind the victim of the positive aspects of their relationship and attempt to convince her that he will not repeat this behavior again. She is persuaded to stay in the relationship because of his promises and loving behavior; thus, their relationship reflects an "us against the world" mentality. Individuals attempting to assist battered women become most frustrated during phase three because the victims usually drop charges and back away from separation or divorce, while trying to mend the relationship. Eventually, the calm and sweet behavior of the batterer gives way to more battering incidents, tension-building recurs and a new cycle of violence begins (Walker, 1979).

Learned Helplessness

The second theory relevant to this study is the theory of learned helplessness which also contributes to our understanding of why battered women remain with their abusers. It provides an explanation to assist in understanding what happens when people lose the ability to predict whether their natural responses will protect them after they experience inescapable pain in what appears to be random and variable situations. With humans, the learned helplessness theory has three components: (i) demonstration of what will happen; (ii) cognitive representation of what will happen; and (iii) response (or lack there of) to what does happen (Walker, 1979).

Women in abusive relationships will sometimes exhibit learned helplessness. Walker (1989) states that the results of experiencing learned helplessness affects battered women in how they think, how they feel, and how they behave. Thus the woman's perceptions and beliefs of lack of control become more important than actual reality in terms of what control she actually possesses. Statman (1990) states that in some ways the woman is "brainwashed" and her reality becomes distorted. She lacks self-confidence and will eventually learn how to be helpless. The woman now believes that no matter what she does the outcome will be the same. She will question every action that she takes because they have not changed the batterer's behavior. Thus, she is unable to change her partner so she believes she is helpless to conduct her life as well.

Marital Rape or Sexual Abuse

It is difficult to describe physical abuse without including marital rape or sexual abuse. The legal definition of marital rape varies within the United States but can be defined as any unwanted intercourse or penetration (vaginal, anal, or oral) attained by force, threat of force, or when the wife is unable to consent. Sexual violence in physically abusive relationships is rampant. In the United States, approximately 10-14 percent of married women experience rape at the hands of their husbands. Women who are physically abused often suffer horrible sexual acts by their husbands or intimate partners. They are subjected to cruel and unusual acts which are not loving in nature. It was not until the 1970's that society acknowledged that rape in marriage could take place. Still little attention is given to this problem by social scientists, practitioners, the criminal justice system, and society as a whole (Bergen, 1999).

Intimacy in couples whereby women are abused is very confusing for battered women. This is because the man can be very romantic, affectionate, and loveable to the woman and without warning can become brutal and degrading in a manner designed to psychologically and physically destroy his victim while controlling her. She may be forced to have sex with other men, sell herself to other men for money, he may mutilate her, make her have sex with animals, take compromising photographs of her and later threaten to blackmail her with them if she attempts to leave. Sometimes these women are accused of having sexual affairs with other men or women. The batterer is jealous of anyone who shows kindness to the battered woman, including her father, brother, boss, male co-

workers, neighbor, etc. These accusations only increase the battered woman's isolation from others because of her fear of threats of what may be done to these individuals (Statman, 1990).

The physical effects of marital rape may include injuries to the vaginal and anal areas, lacerations, soreness, bruising, torn muscles, fatigue and vomiting (Bergen, 1999). Bergen lists other physical consequences as broken bones, black eyes, bloody noses and knife wounds that occur during the sexual violence.

Not until July 3, 1993 did marital rape become a crime in all 50 states. However, in 33 states there are still some exemptions given to husbands from rape prosecution. As with physical abuse, marital rape occurs in all types of marriages regardless of age, social class, race or ethnicity. Women who are raped by their husbands are likely to experience rape 20 times or more before they are able to end the violence. These women suffer severe and long-term psychological consequences resulting in flashbacks, sexual dysfunction, and emotional pain for years after the violence has ended (Bergen, 1999).

Myths Surrounding Physical Abuse

Walker (1979) states that the crime of battering women has been shrouded in myths. Some myths instilled the notion that physically abused women caused their own assaults, while other myths were created to protect those individuals who have been unsuccessful in stopping the abuse. Refuting of all myths regarding abused women is important for society as a whole to understand what takes place in abusive relationships and how to stop this behavior.

Jerris (1990) states one problem is that men often do not recognize the many forms of abuse due in part to the conception of what is feminine and what is masculine. Societal expectations, traditional male roles of breadwinner and decision maker and the assumption that the man must be "the strong one", make men victims, as well, in a sense.

Yet, our focus remains with women because domestic violence or physical abuse is largely committed by men against women and perpetuated by many myths and stereotypes throughout society at large (Jerris, 1990).

The myths involved can be categorized into four areas which focus on the mental make-up of the female; the focus of the batterer's mental and physical make-up; the focus of demographic variables and the focus of society at large.

Myths focusing on the woman's behavior and not the man imply that women are simply crazy or masochistic because women somehow cause the abuse or enjoy being abused. The myths also imply that battered women deserve to be beaten or if these women wanted the abuse to stop, then they could simply leave home. In actuality, the violence and lack of self control exhibited by the batterer is a result of his own internal problems and not because of what a woman may or may not do. At the same time these battered women may not always have the freedom to leave after an assault because she may not have a place to go and no means of supporting herself or her children (Walker, 1979).

Other myths suggest that women with a limited education are susceptible to being abused or that if she has been battered previously, she will be battered again. Yet it is societal views which teach women to please the men at all cost and

to change her behavior in order to do so. The woman's personality characteristic may be examined by society in an attempt to explain the batterering or to downplay the seriousness of the problem. The truth is that women from all careers are vulnerable to abuse at the hands of a family member. Women have been willing to compromise their careers if they thought it would stop the violence in their relationships. Many who have changed or given up jobs, found that it had no effect on their partner's behavior (Walker, 1979).

Still other myths focus on the batterer's behavior and personality thereby removing any responsibility from society for not becoming involved in the relationship between the batterer and the women. These myths say that drinking causes battering behaviors or that these men have psychopathic personalities. Also that once the batterer gets married, the violence will cease or that batterer's could be successful if he had more resources to cope with in the world. Still other myths attempt to explain the relationships which exist between the batterer and his loved ones. The abuser is enabled by society as a whole to continue his abusive behavior by accepting that other factors propel him to behave so violently at times. The reality is that patterns of abuse are established while couples date and most men who batter do so because he is allowed to and believes he has a right to dominate women.

There are myths created to focus on demographic variables which enable certain races and socioeconomic groups to avoid dealing with the realities of domestic violence. These myths are that battered woman syndrome affects only a small percentage of the population; minority group women are battered more

frequently than Caucasians; middle-class women do not get battered as frequently or as violently as do poorer women (Walker, 1979).

However, statistics regarding abuse are usually obtained from lower class families due to the services they use and their inability to afford private care. Also, the fear of social embarrassment and harming the abuser's career, keep women of middle and higher economic status from speaking to or seeking outside help. Still it is the issue that society does not want to accept that physical abuse takes place in all of society or that anyone they know could commit such violent crimes which perpetuates the existence of these myths.

Still there are additional myths involving external and internal factors such as religious faith will prevent battering; police can protect the battered woman and children need their father even if he is violent. The majority of women are born into Christian homes so when women are battered, she will likely bring her background and values as a Christian woman into the relationship. The experiences of violence in her family will be not only of physical or emotional crisis but also a spiritual crisis as well (Fortune, 1987). While only a small percentage of women abused will ever call the police because they do not believe protection can be gained, there are some who believe that the police presence escalate the assaults upon their leaving. Also, children may experience enormous relief when they no longer have to live in a violent home. If they are forced to continue living with violence, their chances of developing severe emotional and educational problems increases at an alarming rate (Walker, 1979).

Walker (1979) states that what these myths do is give the perception that women perpetuate their abuse, while at the same time protect women and men from embarrassment. The reality is that most physically abused women are from middle-class and higher income homes with the power of wealth controlled by husbands. Battered women include highly competent and successful career women and can be found among the professions of doctors, lawyers, corporate executives, nurses, secretaries, and full-time homemakers. Physically abused women are found amongst women of all ages, income levels, cultures, races, religions and sexual orientation (Kurkjian, 1999). Statman (1990) states that if you are a women, there is a 50 percent chance of being abused by a husband, boyfriend or lover.

The Dynamics of Abuse in African American Women

In the United States, African Americans are the largest minority group, comprising 12. percent of the population (Gray, 1997). Surveys conducted since 1985 state that African American women are twice as likely to be involved in domestic abuse. For African American females between the ages of 15 to 34, homicide at the hands of a husband or intimate partner is the leading cause of death (Browne, 1998). Physical abuse also contributes to half of the suicides attempted by African American women (Jones, 1994) while also contributing to the 34 percent of the women behind bars who admit to being physically abused before entering prison (Siegal, 1998). White (1994) believes it is important to understand that for African American women who are abused, they must also deal with racism

and sexism in an oppressive society. This is not just about their own image but that of African American men and the African American community.

Reasons Women Stay

Just as difficult to society is to understand the reasons women stay in their abusive relationships. The reasons are numerous and complex for all participants involved. There are many internal and external factors which contribute to women not leaving their abusive environments.

One such factor is women's perception that their life is not complete without the presence of a man. NiCarthy and Davidson (1989) state that women are not considered to be a whole person without a male partner. This tends to propel the women to do whatever is necessary so as not to lose him.

There also tends to be a fear of poverty for women due to most women earning lower pay than their husbands. Women often do not make enough to support themselves and their children so they are afraid to leave for fear of being poor. Those women having good jobs may still find it difficult after divorce or separation to meet their family needs on a reduced income (NiCarthy and Davidson, 1989).

Additional reasons as to why women stay is the psychological impact of fear and shame the abuse has upon physically abused women. Abused women fear being blamed and judged if the abuse is discovered. NiCarthy and Davidson (1989) state that the fear of violence escalating if women attempt to leave keep them with their abusers. Batterer's may threaten to kill women, their children or

parents if they leave. Often men will threaten to tract women down wherever she goes and perhaps he has done so before if she has attempted to leave previously (White, 1994). Women attempting to leave their abuser risk being killed at a rate of 75 percent versus those women choosing to stay (Kurkjian, 1999). Society has justified the batterer's violent behavior by saying that it is the woman's fault, not his (Walker, 1979).

A woman will also stay with the abuser because she doesn't want to break up the family along with her belief that the children should have a father despite the abuse that is taking place (NiCarthy & Davidson, 1989).

NiCarthy and Davidson (1989) state that women feel guilty and love their abuser which are other reasons that women will stay with their abuser. The abuser may beg for forgiveness after abusing her. He may use her feelings of love and concern for him to get another chance at making the relationship work by convincing her that he cannot make it without her.

Women in abusive relationships tend to accept blame for the abuser's actions. The batterer will often blame the woman for his abuse by convincing her that she is somehow at fault. A multitude of excuses such as: not having dinner on time; crying children; uncleaned laundry, are used to place blame on the victims. Eventually she will increasingly accept responsibility and believe that if she changes, this will alter his behavior (Wilson, 1979).

Religious beliefs may also keep women with their abuser because of her belief in the sanctity of the marriage or that the church will not accept divorce or separation (NiCarthy and Davidson, 1989). Domestic violence is found in families

practicing various religious beliefs. "Christian women are often instructed to be submissive to their husbands, while Jewish women have been taught that divorce just doesn't happen in their community. Muslim women are taught to devote themselves to their husbands and families" (Wilson, 1979, p.179).

Wilson (1979) states that women are isolated from family, friends and work to prevent them from leaving their abuser. The abuser may control what the woman does, who she is able to see and speak with and where she goes. Those battered women living in rural areas are challenged by lack of transportation, making access to neighbors, family and friends and social service agencies difficult. Also the availability of services for battered women in rural areas are limited compared to urban areas.

Walker (1979) states that the theory of "learned helplessness" again helps to explain why women endure this form of violence for extended periods of time. These women have much lower self-concepts and believe they cannot control what will happen to them. Thus, their belief of being unable to control what happens, propels them to use acceptance or resignation as a means to cope with the abuse in their lives. Yet, while they feel at times incapable of protecting themselves from further abuse or controlling what goes on around them, these women use many tactics to not only protect their children, family and friends but themselves as well. Again these women may use cognitive avoidance or acceptance or resignation coping strategies to counter the mental strain the physical abuse exerts in their lives. These cognitive attempts by women to either avoid the reality of their lives

or those that compels them to eventually resign or accept the abuse, does not prevent the abuse from taking place; instead it allows them to endure the abuse.

African American Women's Reasons for Staying

If questions abound as to why women stay, these questions are more complicated in attempting to understand the plight of African American women and the reasons they stay in abusive relationships. In recent years, there are increasing amounts of literature on battered women but the studies of African American battered women are limited (Coley & Beckett, 1988).

White (1994) believes it is important to understand that for African American women who are abused, they must also deal with racism and sexism in an oppressive society. This is not just about their own image but that of African American men and the African American community.

Where do Black women who are being physically abused turn when society cannot understand the realities of the hardships that go along with being Black and female? Images of African American women perpetuate myths and stereotypes which are both super- and sub-human state (White, 1994). The media has historically stereotyped African American women as strong and domineering and able to handle anything (McNair and Neville, 1996), an image that doesn't support seeking assistance. African American women also know that the same racist and oppressive society has historically viewed Black men as rapists, pimps, drug addicts, superstuds and superathletes while attempting to encourage Black women who are physically abused to call the Police (White, 1994). Unfortunately in the

African American community the Police is not regarded with much trust. The choice then must be made by these women between helping themselves and exposing someone they love to possible mistreatment or incarceration by the police or the criminal justice system (Wright, 1998). For those Black women who are physically abused, the challenge to use positive behavioral strategies during this tense problem solving process is difficult. Abused Black women are challenged to be silenced from within themselves, their families and the very communities which they live.

Still, it is because of the early deaths and high unemployment rate among Black men, the overwhelming number of Black men in prison, the increasing numbers of gay Black men and the increasing number of Black men choosing to be involved with women other than Blacks that confront Black women daily (White, 1994). White (1994) states that because of how Black women are raised to hold the family together at all costs, the dwindling pool of eligible Black men has increased the likelihood of Black women letting their children grow up with imperfect role models.

While women of color have been involved in the battered women's movement since the beginning, there are signs of deep race-based ambivalence toward the reasons and solutions to domestic violence. Black women wonder if support can be gained from White battered women's which will directly address the issues of domestic violence in the African American community (Women's Safe House, 1999).

Impact Physical Abuse Has on the Quality of Life

Domestic violence is a stressful experience for women. Clinical descriptions and research show that women in intimate relationships that are victimized by violence are at an increase risk for suffering psychological or emotional distress (Carlson, 1997). It is the psychological abuse by someone that these women love which may be the most devastating for them (Walker, 1979).

The slow emotional torture which produces invisible scars is as abusive as the quick sharp physical blows states Walker (1979, p.72). The results of this torture threatens the well-being of women and to overwhelm their existing resources (Carlson, 1997).

Studies show that women in intimate relationships with histories of abuse compromise their health, limit their problem-solving skills and social support systems. The consequences for these women vary and may result in multiple emotional, cognitive and behavioral responses such as: anger; fear and anxiety; depression; shame; risk of suicide; confusion; feelings of being overwhelmed; memory loss; poor concentration; physical problems; suspiciousness and paranoia (Carlson, 1997).

External and internal barriers interfere with a woman's ability to cope effectively with, end or recover from the violence and abuse in their lives. These external barriers may consist of a lack of support from family members; limited education or employment skills; lack of support from social service agencies and lack of affordable housing and child care. While internal barriers may consist of low self-esteem, passivity, poor coping skills, learned helplessness or depression,

factors which may have been pre-existing prior to the abuse (Carlson, 1997). Over time women who have been living with their batterers for many years learn a variety of coping styles which may prevent the abuse from escalating. However, the coping styles do not stop the abuse from taking place but they assist the women in staying alive (Walker, 1979).

Stages of Coping Abused Women May Experience

Abused women use various coping strategies to deal with the violence as they attempt to stay alive and the Coping Responses Inventory will be used to determine which coping responses are most often employed of women physically abused versus those women not abused. Carlson (1997) says that the first stage of coping may be called "It's My Fault" whereby women feel guilt or blame themselves for the abuse. Her beliefs are often fueled by the abuser's criticisms as to her performance or what kind of person she is. A woman may use a form of cognitive avoidance to cope at this stage by looking at the positive aspects of her relationship or using downward comparisons (a form of rationalization) by commenting that other women who are being abused have it much worse than she does.

Should the abuse continue despite the efforts of the woman to change, she may begin to realize that she is not responsible for the abuse but he needs her help. The woman realizes that she is not responsible but her use of cognitive avoidance to cope with the situation allows the continued belief that she is still needed by her abuser. This second stage may be called "It's Your Fault, But I'll Help You".

The woman may begin to use problem-focused strategies which are geared toward changing his behavior or use emotion focused coping skills which are designed to assist her with her own reactions to the abuse (Carlson, 1997).

During the third stage if the types of coping the woman has been using has not been effective in eliminating the abuse, then the woman may begin to recognize that the man alone is responsible for his behavior and that there is nothing she can do to change him. This stage is called "It's Your Fault, and I Hope You'll Change", finds the woman primarily using her emotions. By this point she may feel trapped, depressed, anxious, overwhelmed and frightened. Her coping skills of avoidance may increase as well as her belief that she is a victim. The woman may temporarily leave or she may have the abuser arrested (Carlson, 1997).

If all of these coping strategies are not successful, then the woman will arrive at the final stage of her abuse "Despair". She finally realizes that the abuser is totally responsible for the abuse and that he will not change. The realization is that there is nothing remaining of the relationship and that the only way to end her suffering is to terminate the relationship. Her desperate attempts may lead her to suicide or homicide during this stage (Carlson, 1997). The emotional discharge by the woman is an attempt to reduce the tension felt from negative feelings as a result of the physical abuse inflicted by the abuser.

While these stages of coping may be experienced by women from all races, African American women along with their culture and the history of racism in this

country, may seek alternative sources to assist them when traumatic events take place in their lives (Davis, 1997).

Additional Coping Styles African American Women May Employ

Religion

For many African Americans the church and religion has played a predominant role in their lives. It is the belief of a deep and abiding faith which has enabled Blacks to endure through many traumatic and painful experiences in their lives (White, 1994). So for many African American women, their strong religious beliefs began in early childhood. In the black church, the congregation is usually made up of 70 percent black women (White, 1994; Wilson, 1997).

There are significant spiritual practices which are unique to the Black church experience that offer positive mental health support for Black women which are the articulation of suffering, the location of persecutors, the provision of asylum for "acting out", and the validation of life experiences (Eugene, 1995). The support, guidance, and socializing of church members enable Black women to seek guidance and support or seek alternative rewards within the church without fear of embarrassment or shame as these women attempt to cope with the abuse in their lives. The Black church provides care and support in the form of a social organization which is important to the self esteem of African American women.

African American women use spirituals (religious songs of their slave ancestors) and gospel music to praise God, protest their faith and seek their civil freedom. This form of coping allows today's African American women to express

their heritage, demand respect, justice, human freedom and dignity. The songs allow for expression of suffering through music and speech which appears to be therapeutic within the Black community. Prayer allows Black women to discuss their suffering in their lives and ask for prayer from other members to alleviate the suffering in their lives (Eugene, 1995).

Locating the Persecutors (p.64) Black women are provided therapeutic services through the Black church by allowing them to discuss their troubles about their husbands, partners and other family members. Collective support and change through prayer from church members enable these women to endure their personal problem while seeking change in the behavior of the perpetrator. While these practices may not decrease the incident, they help to alleviate the personal disorganization from these occurrences and prevent the women from suffering alone (Eugene, 1995).

There are few places in America which allow anyone to discuss their personal trouble and for those of the lower socio-economic status, resources are limited. Therapy can be expensive for Black women and at the same time be shameful. So the Black church provides therapeutic assistance, refuge and shelter for the Black women to act-out whatever is troubling them, encourage their feelings and protect them from danger (Eugene, 1995).

Eugene (1995) states that society at large does not share nor understand the suffering and persecution that Black women feel as a result of everyday normal racism. The Black church allows Black women to maintain a sense of reality while

continuously dealing with the racism, sexism and the feelings of suffering which affects their daily lives.

While it is true that churches have long provided support for Black people since slavery, caution must be used when turning to clergy members for assistance. Due to the social stigma involved with domestic violence, Black clergies have not truly been informed to the severity of domestic violence states White (1994).

The pastor may minimize domestic violence within the congregation by using silence or deny that it exist within “good Christian families”. Thus the pastor promotes the usage of cognitive avoidance or acceptance or resignation as coping strategies by women who may be members of the congregation suffering physical abuse. Black clergies because of the position held in Black communities may be reluctant to admit that domestic violence exist within the congregation because this might reflect badly on the pastor’s word and leadership ability. Women may be told to forgive and forget the sins of their abusive partner or to read Ephesians 5:21 “Wives, submit yourselves unto your own husbands” or make the ultimate sacrifice for family. This suggest to battered women to use cognitive avoidance or acceptance or resignation as a means to cope with the abuse that is taking place in their lives. So while there is strength in the Black church to be of resource within the community, Black women must remember that scriptures may be interpreted many ways and that the “good” family the victim is being urged to save does not exist as long as violence permeates it (White, 1994). It is only recent that clergy members have begun to receive training on domestic violence issues

Kinship Ties

African American women have within their own family and community, individuals who play significant roles in their upbringing. This extended family system may consist of friends, family, and “play” mothers, fathers, sisters, brothers and cousins who are not related to them by blood. This extended family allows women to seek guidance and support from these individuals in an attempt to stop the abuse in their lives. Despite the lack of blood relation, these individuals are considered as real as blood aunts, uncles, and grandparents. This support system allows for nurturing and enrichment within the lives, of African American women (White, 1994).

The socialization process in black families is important for understanding the identity of abused women. Often loyalty to extended family members, strong vows of privacy and respect for the family unit cannot be overlooked. This unit may provide an enriched support system within the Black community but it can also prove to be detrimental for these women. When Black women approach family or friends about the abuse in their lives often loyalties become divided (Wilson, 1997).

Often the very family and friends that Black women seek for support about their partner’s abusive behavior are also his family and friends too. They may listen but not want to become involved for fear of interfering in a personal and private matter between a couple. Family and friends may want to see couples as still being happy, so discussing the abuse with them may not be taken seriously (White, 1994).

White (1994) cautions women of those family and friends who jump right in and insist women leave immediately, call the police or want to confront him. What this form of behavior from family and friends does is push women into problem solving strategies when they are not ready or prepared to make such changes. This form of support may be just as complicating because the woman is not being allowed to deal with her problems the way she sees fit.

While it is good to be able to turn to family and friends for support, the truth is they have not been educated to detect or understand all the dynamics of domestic violence. They may find it difficult to believe that the person they know has been putting up with abuse. The lack of information and myths about domestic violence may make family and friends at times ineffective as resources to assist women in stopping the violence in their lives (White, 1994).

Substance Abuse

Numbers indicate that a large proportion of African American women lives are shaped by early life traumas and their ability to cope with these daily challenges are constantly challenged by stereotypes and myths of society. The perception of being able to handle everything while feeling misunderstood by those in social service agencies may lead these women to seek alternative sources of gratification to cope, all of which are not positive or may have unfavorable consequences (McNair and Neville, 1996). Since the late 1970s and early 1980s little attention has been given to African American women and the so-called war on drugs. For many African American women early life trauma plays a critical role in how and

why they fall victim to the ravages of substance abuse (Davis, 1997) while they disproportionately represent those who suffer from abuse of alcohol or other drugs (Jackson, 1995). These women may attempt to avoid realistically thinking about their lives or just resign or accept that their lives will not change despite their efforts to end the abuse in their lives so alternatives are sought.

More than one third of alcoholics are women while 38 percent are represented by African American women in the United States (Davis, 1997). Recent statistics show that African American women are more likely to be involved with dangerous drugs (Curtis-Boles & Jenkins-Monroe, 2000) and the use of crack cocaine is far more common among African American women with HIV/AIDS increasing with the use of substance abuse (Davis, 1997).

Researchers describe the purpose of these illicit drugs and alcohol as a means of self-medication to deal with painful feelings of anxiety and stress as a result of physical or psychic trauma (Roberts, 1999). Curtis Boles and Jenkins-Monroe (2000) state that African American women use substance abuse to counter the negative affect and that women are more likely to begin using drugs after a traumatic life experience such as physical and sexual abuse or death of a loved one. Again these events may cause women to seek alternative rewards which may provide and create sources of pleasure that are counterproductive. Women reported feeling powerful over these conflict and thus the anxieties were reduced when drugs or alcohol were taken (Roberts, 1999).

Summary of Research

The review of the literature has offered many definitions for domestic violence while using different terminology to label domestic violence. Many explanations were highlighted as to the reasons why this violence has occurred and reasons for its continued existence presently.

For African American women, the literature highlighted that not much research has focused specifically on domestic violence with regard to African American women. The literature agreed that domestic violence takes place with women from all races, religion, age, socioeconomic status, educational level and occupational status. Yet, the difference may lie within the cultural views of African American women and that they must deal with domestic violence within a sexist, racist and oppressive context.

The hypothesis for this study is that there is a statistically significant difference in coping styles of women experiencing physical abuse versus those who have not. Measures used in research were the Coping Responses Inventory Adult-Form and a demographic questionnaire. The literature suggests that those women who have experienced physical abuse are more likely to adopt coping styles such as avoidance or denial, minimizing the results of the abuse, and acceptance or resignation of the abuse in her life. These coping strategies do not end the physical abuse that women endure but it allows them to survive while protecting themselves and loved ones. However, there is a lack of research regarding African American women subjected to physical abuse along with what methods of coping styles this group of women may use.

Chapter 3

Methodology

Subjects

The population from which the sample was drawn was that of African American women living in St. Louis City and St. Louis County of Missouri. The average income for the sample averaged between \$20,000 to \$31, 000 a year.

A convenient volunteer sampling method was used. Subjects were obtained from two community agencies serving the needs of low income families, a unisex hair salon, a law firm and a center for women experiencing physical and sexual abuse. The final sample was comprised of 60 African American women of whom 50 percent had not experienced abuse and 50 percent had experienced abuse.

Table 1 shows the demographic profile of the sample by abused women versus non-abused categories.

Table 1. Frequency Distribution of Sample by Demographic Variables.

Demographic Variables	Abused (N=30)		Non-Abused (N=30)	
	Frequency	%	Frequency	%
<u>Age</u>				
18-24	2	6.7	2	6.7
25-32	10	33.0	5	16.7
33-42	6	20.0	6	20.0
43-50	9	30.0	5	16.7
51-60	-	-	7	23.0
61 & Above	2	6.7	3	10.0
Missing	1	3.3	2	6.7

Table 1 (continued)

<u>Marital Status</u>				
Single	13	43.3	5	16.7
Married	10	33.3	13	43.3
Divorced	4	13.3	6	20.0
Widowed	-	-	3	10.0
Separated	1	3.3	2	6.7
Cohabiting	2	6.7	1	3.3
<u>Educational Level</u>				
12 th Grade or Less	17	60.7	11	36.7
GED	2	7.1	-	-
Some College	3	10.7	9	30.0
BA/BWS	4	14.3	6	20.0
Masters	2	7.1	4	13.3
<u>Yearly Income</u>				
Less than \$11,999	3	10.7	1	3.4
\$12,000-\$19,999	2	7.1	2	6.9
\$20,000-\$31,999	14	50.0	13	44.8
\$32,000-\$39,999	3	10.7	5	17.2
\$40,000 and above	6	21.4	8	27.6
Missing	2	6.7	1	3.3
<u>Living Arrangements</u>				
Own Home	12	40.0	15	51.7
Rent	14	46.7	12	41.4
Other	4	13.3		
<u>Practice a Religion</u>				
No	3	10.0	4	13.3
Yes	27	90.0	26	86.7
<u>Substance Abuse</u>				
No	29	96.7	30	100
Yes	-	-	-	-
Missing	1	3.3		
<u>Sought Mental Health Asst.</u>				
No	9	32.1	22	73.3
Yes	19	67.9	8	26.7
Missing	2			

Table 1 (continued)Number of Children

0	7	24.1	6	20.0
1	4	13.8	4	13.3
2	2	27.6	10	33.3
3	5	17.2	3	10.0
4	2	6.9	5	16.7
5	2	6.9	1	3.3
7	1	3.4	1	3.3
Missing	1	3.3		

The women's ages for the non-abused group had 23 percent between 51 to 60 years of age and 20 percent between 33 to 42. Women between the ages of 25 to 32 and 33 to 42 represented 33.4 percent of the non-abused sample with five women in each age bracket. While 6.7 percent of the women were between the age of 18 to 24 and those women over 61 years of age was 10 percent (two women did not respond). The abused women had 33 percent of their sample between the ages of 25 to 32 and 30 percent between the age of 43 to 50. Twenty percent of the abused women were between the age of 33 to 42 years of age, while 6.7 percent were between the ages of 18 to 24 and 61 and above age bracket (one woman did not respond).

For the women participating in the study, 38 percent were married, 30 percent were single, and 17 percent of the women were divorced; while 15 percent of the women were either separated, widowed or living with someone. Abused women were more likely to be single (43.3 percent) compared to their non-abused counterparts (16.7 percent).

About 36.7 percent of the women not experiencing abuse had at least a high school diploma, while 30 percent had done some college work; 20 percent had at least a 4-year bachelor's degree and 13.3 percent had a masters degree. The abused women were less well-educated with 56.7 percent of the women completing the 12th grade or less; 6.7 percent had a GED; 10 percent had done some college work; 13.3 percent had a bachelor's degree and 6.7 percent had masters degree.

Women owning their homes represented 45 percent of the sample, while those renting represented 43 percent and six percent of the women had other living arrangements (one person did not respond to the question). There was no major difference between the two groups in terms of religion involvement with approximately 88 percent of the subjects practicing a religion. Nearly 74 percent of the women who had not experienced abuse, had not sought the assistance of someone in the mental health field while approximately 64 percent of the abused women had received assistance from someone in the mental health field.

Instruments

The instruments used in this study were the Coping Responses Inventory (CRI-Adult Form) (Moos, 1993) and a demographic questionnaire.

The Coping Responses Inventory (CRI) was developed in five stages: In the 1st stage, data was obtained from alcoholic patients and normal controls to identify coping domains and to develop the initial 19-item version of the CRI. The inventory was expanded to include 32-items with data obtained from a sample of

depressed patients and normal controls in the 2nd stage. The 3rd stage involved the addition of coping dimensions. The data obtained in the 4th stage was from alcoholic and depressed patients, arthritic patients and healthy adults allowing for revision of the inventory once again within the field trial. The 5th stage and final field trial version of the inventory was administered to more than 1,800 adults, some of whom had drinking problems. Of this group, 1,100 included men and 700 were women of which 90 % were Caucasians with an average age of 61 years. The analysis of the respondent's responses led to the current 48-item version of the CRI-Adult version (Moos, 1983).

The Coping Responses Inventory (CRI) is administered and used to measure eight different coping responses related to traumatic or stressful life events. There are 48 items on both the Adult and Youth Forms of the CRI. The first 10 items of the inventory are not involved in the scoring process of the clients. Instead, they are used to provide information as to whether the stressor has occurred previously, if the stressor was expected and whether the individual viewed the stressor as a challenge or a threat.

Eight dimensions or scales make-up the inventory with each composed of six items. The scales are measured are as follows (Moos, 1983, p.15):

1. Local Analysis (LA) - Cognitive attempts to understand and prepare mentally for a stressor and its consequences.
2. Positive Reappraisal (PA) - Cognitive attempts to construe and restructure a problem in a positive way while still accepting the reality of the situation.

3. Seeking Guidance and Support (SG) - Behavioral attempts to seek information, guidance, or support.
4. Problem Solving (PS) - Behavioral attempts to take action to deal directly with the problem.
5. Cognitive Avoidance (CA) - Cognitive attempts to avoid thinking realistically about a problem.
6. Acceptance or Resignation (AR) - Cognitive attempts to react to the problem by accepting it.
7. Seeking Alternative Rewards (SR) - Behavioral attempts to get involved in substitute activities and create new sources of satisfaction.
8. Emotional Discharge (ED) - Behavioral attempts to reduce tension by expressing negative feelings.

The first set of four scales measures approach coping and the second set of four scales measures avoidance coping. The first two scales in each set reflect cognitive coping strategies, while the third and fourth scales in each set reflect behavioral coping strategies (Moos, 1983)

The CRI has two forms, the CRI-A-Adult measures individuals 18 and up and the CRI-Y-Youth is appropriate for youth between 12 and 18. The CRI-A may be used with adults that are healthy, psychiatric patients and medical patients. The CRI-Y may also be used to measure healthy youths, youths who are psychiatric or medical patients and youths with behavior problems or conduct disorders. There is an Ideal Version of the CRI-Adult which allows the individual

to answer how they believe would be the best way to handle a specific stressful situation. This form allows for comparison between the client's actual coping style and their preferred coping style. This may be used to assist the clinician in interventions with the client.

Completing the form takes 15 minutes or less for participants and little time is required of the administrator for scoring. The interview format takes approximately 15-30 minutes and allows the administrator to use the instrument with those whose reading and comprehension skills are below sixth grade level. Scoring the instrument can be done by hand or computer using the scoring keys available from the publisher.

The manual called for participant's raw scores to be converted to T scores ($M=50$; $SD=10$) and then plotted on the profile area of the answer sheet to obtain participants' coping response.

Content and face validity were built into each form of the CRI by defining the domains and preparing items to fit those construct definitions. Also, items were selected that demonstrated a conceptual relationship to each domain. To increase clarity and decrease redundancy each item was placed in only one domain. During the revision process of the inventory, two conceptual criteria (item meaningfulness and comparability) and three empirical criteria (item distribution, item interrelatedness and subscale independence) were used.

The Adult Form scales have moderate to high internal consistency (average alpha = .65 for women and .67 for men) and moderately intercorrelated (average $r = .25$ for women and .29 for men). The scales show minimal association with age,

education, marital status, and ethnic background. The Youth Form scales have moderate to high internal consistency (average alpha = .69 for girls and .68 for boys) and moderately intercorrelated (average $\rho = .31$ for girls and .37 for boys). This scale also shows minimal association with age, education, ethnicity, family size and socioeconomic status.

Reviewers suggest that the inventory can be used to depict a person's current coping strategies and allow for tracking coping over a period of time. This information can be helpful to a counselor deciding when to intervene and how to intervene. This inventory can be used to compare various groups, to monitor interventions intended to enhance coping skills and to examine relationships among stressful life circumstances.

The Demographic Questionnaire

The demographic questionnaire was designed to provide background information on the women participating in the study. The questionnaire was developed after reviewing several previously developed questionnaires, which had been used in other studies. The questionnaire consists of 17 questions. Questions 1 through 9 request personal information. Questions 10 through 13 ask the participants if they received any mental health assistance, if the participants have any form of chemical or drug addiction and whether the participants' mother or father had abused drugs or alcohol. Questions 14 through 17 require the participants to answer questions regarding the abuse, the perpetrator and the length of the abuse. In order to exclude ambiguities and to provide pertinent

information about participants, the questionnaire was reviewed and revised several times by a psychologist, a social worker and a licensed professional counselor who has worked 12 years with physically abused women.

Procedures

Prior to the study being conducted, a letter requesting permission to conduct the study at the various sites and facilities was provided to administrators in charge of the facilities. As each person entered the establishments to use the services, participants were presented with a letter explaining the purpose of the study, a copy of The Coping Response Inventory, Demographic Sheet, and an envelope to return the completed measures. Those wishing to mail the instrument and demographic sheet to the researcher were provided a self addressed stamped envelope, while the women at the unisex hair salon and the women's shelter were asked to put their completed instrument and demographic sheet into the envelope provided and seal it. Secured containers were provided for the sealed envelopes at each establishment to ensure confidentiality of materials. The questionnaires were distributed until 30 participants were obtained for each group.

Design

The design of the current study is causal-comparative. The purposes of this study were to explore the coping styles of African American women and determine if different coping styles exist between those women who have experienced abuse versus those who have no. Hence, the independent variable,

which is non-manipulated is abuse, while the dependent variable in this study are the eight coping responses. The prediction is that there is a statistically significant difference in the coping styles of women abused versus women who have not been abused.

A causal-comparative model was employed for this study to determine a reason for preexisting differences between these two groups of African-American women. This model was chosen because the independent variables, physical and sexual abuse, are variables which cannot ethically be manipulated.

There are potential threats to validity that exist in this study such as lack of randomization and lack of control of all the sources. It is not possible to randomly assign participants due to site locations chosen and volunteers status of participants. Women participating from The Women's Fortress Center have already experienced physical or sexual abuse.

Data Analysis

The analysis of data included the examination of means and frequencies and the utilization of t-tests. Mean scores were determined for each coping responses scale. Independent sample t-tests were employed to determine if a significance difference existed between those women abused and those without a history of abuse as reported by the respondents, based upon the mean scores on the eight different coping responses. Results were analyzed using a two tailed test allowing for the chance that a difference may take place in either direction or that one group's mean may be higher than the other group.

Chapter 4

Results

The descriptive statistics for the history of abuse, including number of occasions the abuse and the length of the abuse are presented on Table 2.

Table 2 Data of physically abused subject

Number of Occasions	Frequency	Percent
Once	3	10.0
2 - 5	6	20.0
5 - 10	6	13.3
10 or more	8	26.7
Ongoing	9	30.0

Length of Abuse	Frequency	Percent
1 - 6 months	6	20.0
6 months - 1 year	2	6.7
1 year or more	14	46.7
Whole Adult Life	8	26.6

N=27: 3 were removed from subsequent analysis.

In the study 30 percent of the abused women said that they were still in an ongoing abusive relationship and 27 percent of the women stated that their abuse had taken place at least 10 times or more. Women who had been abused at least

twice represented 20 percent of the sample, while 13 percent of the women admitted to being abused anywhere from five to 10 times. Three of the women participating in the study were removed from subsequent analysis because they had indicated they had been abused only once. This was based up the definition of a battered woman by Lenore Walker (1979) stating a woman must repeat the Cycle of Violence at least twice with the same man to be considered abused.

On the length of time the abuse occurred, at least 46 percent of the women said the abuse went on one year or more. There were eight women in the group, representing 26.6 percent of the population, who said they had been abused their entire lives. Twenty percent of the abused women said the abuse had taken place between one to six months while 6.7 percent of the women said that they had been abused from six months to a year.

Descriptive statistics were computed for both physically abused (N=27) and non-physically abused group (N=30) on the 8 subscales of the Coping Responses Inventory. Since the norms provided were comprised of 90 percent Caucasians with 1,100 of those being males and 700 females, the researcher decided to use the participants raw scores instead of converting to T scores. With the lack of African Americans in the final field trial and the current study entirely comprised of African American women, the researcher believed that a reasonable comparison could not be drawn from the scales used for the normative group. These are reported in Table 3.

Table 3: Descriptive Statistics

Subscales		N	Mean	Std. Dev.	t	p
Logical Analysis	Abused (27)	11.29	3.58	.984	.329	
	N-Abuse (30)	10.20	4.68			
Positive Reappraisal	Abused (27)	11.88	3.34	.679	.500	
	N-Abuse (30)	11.13	4.97			
Seeking Guidance & Support	Abused (27)	10.62	2.76	1.156	.253	
	N-Abuse (30)	9.50	4.34			
Problem Solving	Abused (27)	11.44	3.05	.984	.330	
	N-Abuse (30)	10.33	5.10			
Cognitive Avoidance	Abused (27)	10.66	4.32	3.104	.003*	
	N-Abuse (30)	7.20	4.10			
Acceptance or Resignation	Abused (27)	9.25	3.62	2.218	.031*	
	N-Abuse (30)	7.00	4.02			
Seeking Alternative Rewards	Abused (27)	7.18	4.06	.108	.914	
	N-Abuse (30)	7.06	4.17			
Emotional Discharge	Abused (27)	7.18	4.81	1.161	.251	
	N-Abuse (30)	5.83	3.97			

*p less than 0.05

Analysis of the data for the current study of the eight scales yielded statistical significant difference in only two coping areas between the abused women and the non-abused women. Based on an alpha level of 0.05, the two coping responses yielding a significant difference were Cognitive Avoidance ($p<.003$) and Acceptance or Resignation ($p<.031$). Those who were victims of

abuse scored significantly higher on the Cognitive Avoidance subscale ($M=10.66$, $SD=4.32$) relative to those who were not victims of abuse ($M=7.2$, $SD=4.10$).

Similarly, victims of abuse reported a higher degree of Acceptance or Resignation ($m=9.25$, $SD=3.62$) relative to those who were not abused ($m=7.00$, $SD=4.02$).

Chapter 5

Discussion

The purpose of the study was to examine the problem of domestic violence among African American women, to explore coping styles of these women and determine if different coping styles exist between those women who have experienced abuse versus those who have not. The Coping Responses Inventory was employed to measure coping responses and a demographic questionnaire was used to record the demographic data from the women. The hypothesis was partially supported in the current study and findings. While only two of the coping responses (Cognitive Avoidance and Acceptance or Resignation) yielded any statistical difference, it is important to note the findings in comparison to Carlson (1997).

Carlson (1997) stated that women experiencing abuse go through stages of coping. The first stage of coping is where the women often blame themselves or use downward comparisons in relationship to other abused women, often commenting that their relationship is not as bad off as other abused women. This would be another form of avoidance from reality of what is actually taking place in their lives.

During the third stage of coping, Carlson (1997) states that woman may arrive at a point where they realize that there is nothing they can do and just accept

what is taking place in their lives. This study supports the statistical difference between the two groups of women on Acceptance or Resignation coping.

Because of the limited minorities used in the design of The Coping Responses Inventory, comparisons of the final norm group and the current study would not be comparable. The norm group was comprised of 1800 participants of which 90 percent were Caucasians with 1100 of those individuals being male. The current study consisted totally of African American women. Despite differences occurring in only two of the coping responses and the six other coping responses yielding similar results, the findings are important enough to do additional research to provide further information. Studies suggest examining race and culture to determine what role it plays in the coping responses employed by abused women.

The literature suggests that Black women seek sources other than those used by mainstream America such as Black churches and extended families. This allows the abused women to use the coping strategy seeking guidance and support from these two sources which may lead to positive responses and problem solving strategies within their own communities. They are then able to express themselves without fear of being judged or blamed for the abuse which is ongoing in their lives. This is important because violent physical abuse afflicts African American women in large numbers and they are at a greater risk than any other group for suffering rape, sexual abuse, and spousal abuse (Davis, 1997).

In order to understand the social realities that shape these women individually and collectively, it is important to examine how their framework of social experiences are influenced by race and class (McNair and Neville, 1996).

Studies suggest that various forms of qualitative studies would allow professionals to gain a better perspective on African American women's coping abilities in the face of extreme adversity with minimal resources such as ethnometodolgy or a phenomenology.

Limitations of the Current Study

The limitations of this study result from the self-reporting nature of the surveys and the fact that some of the women are in a shelter for abused women. The bias may arise due to selection of the sample and the fact that the respondent will be relied upon to provide accurate and truthful responses. This is a convenient and volunteer sample so again bias may arise. The size of the sample also will limit the generalization of the study. The study consist of only urban participants so there can be no comparison of women living in rural areas.

Implications of Findings

The public's awareness of physical abuse as a problem gained attention in 1970 and the awareness that this crime exists across all socioeconomic, racial, ethnic, and gender group continue to heighten (McNair & Neville, 1996). Despite this knowledge little research has been geared toward African American women and the impact domestic violence has on their daily living.

Studies show that women who are abused are more likely to rely on coping skills that do not necessarily bring about change but allow them to endure the physical abuse taking place in their lives. These abused women are more likely to

rely on cognitive avoidance or acceptance/resignation as a means of coping. This coping strategy enables the woman to not think about the abuse that is taking place in her life. While the abuse continues to escalate and her attempts fall short the woman may decide to accept that there is nothing she can do to stop the abuse, so she gives up hope of finding a solution to ending the abuse and just accepts it.

The research shows that in order for abusive relationships to end changes must take place internally and externally. There needs to be change in how the legal system and the police deal with men who commit these abusive acts. Support in providing affordable housing and child care for women attempting to leave their abusers need to increase while assistance for those women who may need job skills or lack sufficient education would assist women in building their self esteem and self worth. Women may need assistance through counseling services to decide if and when to leave an abusive relationship as well to facilitate the changes which will occur in their lives.

Those working in social service agencies, women shelters, the legal system and police departments must work hard to address the issues of racism, sexism, and cultural differences within these agencies in order to assist minorities in the area of domestic violence and also to educate society at large.

Appendix A

DEMOGRAPHIC SHEET

Please read and answer all the questions listed below to the best of your knowledge by placing a check mark on the blank space provided. If there is a question which does not pertain to you, please put (N/A) in the space which follows.

Marital Status: Single _____ Married _____ Divorced _____
 Widowed _____ Separated _____
 Living With Someone _____

Age: 18-24 _____ 25-32 _____ 33-42 _____
 43-50 _____ 51-60 _____ 61 & Above _____

Number of Children(s) _____ None _____
Age of Each Child: _____

Race: African-American _____ Caucasian _____ Asian _____
 Hispanic _____ Other _____
 If checking other, specify: _____

EDUCATIONAL LEVEL:

Highest Grade Completed _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th

GED Received: _____ Yes _____ No _____

Highest Degree Received _____

Major: _____

Yearly Income:

\$12,000 and under _____ \$12,000 ----- \$20,000 _____

\$20,000 ----- \$32,0000 _____ \$32,000 ----- \$40,000 _____

\$40,000 and above _____

DEMOGRAPHIC SHEET

Do you receive assistance from any of the following? TANF (Welfare) _____
 SSI _____ SSD _____

Do you practice a religion? Yes _____ No _____

If you answered yes to the above question, what denomination?

What are your living arrangements? Own your home _____
 Rent _____
 Other _____

If Other, Specify: _____

Check if you have ever received any mental health assistance from any of the professionals listed below:

Counselor	_____	Psychiatrist/Psychologist	_____
EAP	_____	Social Worker	_____
Pastor	_____	Family Doctor	_____

Do you have any form of chemical dependency, drug use other than prescription medication? _____ Yes _____ No

If yes, describe: _____

Did either of your parents abuse drugs or alcohol? _____ Yes _____ No

CHECK WHICH FORM(S) OF ABUSE YOU HAVE EXPERIENCED:

PHYSICAL	_____
SEXUAL	_____
VERBAL	_____
EMOTIONAL	_____
ECONOMIC ABUSE	_____
NONE OF THE ABOVE	_____

DEMOGRAPHIC SHEET**Who abused you?**

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Father | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Husband | <input type="checkbox"/> Boyfriend |
| <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Friend of the Family |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Other |

If you answered other to the above question, please describe:

On how many occasions were you abused?

- Once 1 -5 5 - 10 10 or more Ongoing

How long did the abuse last?

- 1 month - 6 month 6 months - 1 yr.
 1 yr. or more All my adult life

Appendix B

xxx xxxxxx
St. Louis, MO 63130

Dear Participant:

I ask that you take a moment of your time to be in a study which I am conducting with African-American women. My study explores the many different coping styles of African-American women who have or have not experienced physical or sexual abuse. Both forms of abuse have devastating and long-term scars on women in their personal lives. By doing this study, my hope is to shed light on the problems that are faced by women in the African-American community who experience physical abuse.

This is where your help is needed. Your participation in this study will allow me to evaluate how to best help African American women individually and collectively deal with these distressing events in their lives.

As a student who hopes to become a professional counselor dealing with these problems, I need your help to give voice to women who have suffered from abuse, or who are currently being abused. I want to understand how women with these experiences are similar to and different from women who have not experienced abuse. This is one way to address a problem that may not get better until we can understand it more.

Because of the nature of my study, I know that there will be some who are afraid to participate due to the shame, fear, or prejudice involved. I do not need to have names in this study so your answers will remain anonymous and confidential; however, I need you to complete all materials involved in the study. I realize that your time is valuable but I hope that you will give up a small amount of your time to help us understand this issue better.

Allow me to thank you in advance for your willingness to participate in my study. If you have any questions about the study, you can contact me at (314) xxx-xxxx.

Yours truly,

Pamela L. Huntspon
Graduate Student

Appendix C

The Coping Responses Inventory

Please Note

No portion of the Coping Response Inventory may be reproduced without the author's approval. It is available for purchase from PAR (Psychological Assessment Resources, Inc.

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