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FACTORS THAT CONTRIBUTE TO RESILIENCE FOR YOUNG ADULT BLACK WOMEN WITH HISTORIES OF INTIMATE PARTNER VIOLENCE

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Abstract

The purpose of this study was to identify factors that contribute to resilience for young adult Black women who have histories of intimate partner violence. This study aimed to understand how trauma exposure, spirituality, and social support contribute to resilience. Black-feminist theory and cultural betrayal trauma theory were used to situate this study, and to center the experiences of young adult Black women with histories of intimate partner violence. A quantitatively led mixed-methods study, including three hierarchical regression models that measured resilience, and two aspects of resilience, including adaptability and self-efficacy. Sequential transformative analyses were used to expand and elaborate factors that contribute to resilience for young adult Black women with histories of intimate partner violence. Computerized survey data, and semi-structured follow-up interviews were used to explore levels of resilience, perceptions of resilience, and contributors to resilience for young adult Black women with histories of intimate partner violence (N=108). Quantitative results revealed that social support was a statistically significant factor in explaining the variance in overall resilience scores, as measured by the CD-RISC-10 scale, and the adaptability and self-efficacy aspects of resilience, as measured by the CD-RISC-ADAPT and CD-RISC-SE subscales. The addition of a spiritually-ascribed orientation to spirituality was also statistically significant in explaining the variance in the adaptability and self-efficacy aspects of resilience. Reflective interviews included survey participants who indicated interests in participating in a brief follow-up interview were scheduled, and conducted without use of video in order to maintain anonymity. Qualitative findings illuminated the means by which young adult Black women used spirituality and social support to foster resilience,

as well as how fighting back, victimhood, survivorship, and definitions that differed from commonly accepted descriptors related to access to resources, barriers, and formal support. Implications for training, practice, and future research are shared.

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Chapter One: Introduction

Background

Accounts dating back as far as the 1400s describe women having been subjected to physical abuse by intimate partners with impunity (Fields, 1978). Similar accounts have been recorded in recent times, but there are now efforts to combat violence against women (CDC, 2018; NCADV, 2018; WHO, 2017). Prior to the 1960s, intimate partner violence (IPV) was seen as an isolated issue by many, which was often assumed to be solely linked to poverty (Clark, 2011). The work of many feminists, through consciousness raising and grassroots level advocacy in the United States, has resulted in a more widely shared understanding of IPV as an execution of violence and use of power over women (Clark, 2011). As such, IPV is used to gain or sustain power and control over another person within an intimate relationship. Today, intimate partner violence is commonly defined as a pattern of abuse used by one intimate partner to exert and maintain power and control over the other partner (CDC, 2017; NCADV, 2018; PCADV, 2018).

While many protections have been enacted in an effort to increase the safety of women that have experienced intimate partner violence (IPV; VAWA, 2013), the number of women who are victimized by their intimate partners continues to be high, with an estimated average of 25% - 37.3% of women experiencing intimate partner violence in their lifetimes (CDC, 2017; CDC, 2018; NCADV, 2018; WAA, 2016; WHO, 2017). The Bureau of Justice Statistics estimates that the number of reported cases of IPV was but a small subset of the actual rate of perpetration of violence against women in the United States, as IPV is largely underreported (BJS, 2017; Iyenger, & Sabik, 2009). Based on

reported incidences of intimate partner violence, at least one in four women in the US will become or have been a victim intimate relationship violence in their lifetimes (BJS, 2017; CDC, 2017; NCADV, 2017). This estimation of under reporting does not account for differential responses to IPV calls for support from women in communities of color, or in lower income communities (BJS, 2017). Since the arrival of enslaved African women in the United States, Black women have been at heightened risk of violent victimization from a myriad of sources, including from plantation owners (King, 2014). Black women are more than twice as likely to experience IPV victimization, and they are at higher risk for IPV-related homicide than women from other groups (Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; Women of Color Network, 2017). This heightened risk has been reported to be related to both Black women's status within a "minoritized" group (Bent-Goodley, 2007; Burman, Smailes, & Chantler, 2004), and lower access to basic economic resources (PEW, 2018).

In the United States, at 400 years since the arrival of the first ships transporting enslaved Africans, race and socioeconomic status continue to be linked, resulting in continued economic challenges for people of African descent (Chetty, Hendren, Porter, 2018). Black families continue to experience one of the highest rates of poverty, with the rate of poverty hovering between 33 - 38% for Black family units (Census, 2017a; PEW, 2015; Reeves, Rodrigue, & Kneebone, 2016). The poverty rate for individual people within the Black community is 21.7%, higher than the national average, at 12.3%, and higher than that of any other racial group (Census, 2017a). While the rate of poverty has decreased since 2010 it continues to be the highest for people who identified as Black or African American in the most recent United States Census (2017a).

While poverty alone presents risks, including lower access to healthcare, lower access to nutritious foods, and quality education, it also serves as a burden that reduces the likelihood of individuals to have access to ongoing safety (PEW, 2018). Poverty has been shown to be linked to decreased access to safe and suitable housing (PEW, 2018), and higher rates of intimate partner violence occurrence (Bonomi, Trabert, Anderson, Kernic, & Holt, 2014). For Black women, this higher incidence of IPV victimization also includes higher rates of fatality than for any other group of women victims of relationship violence (Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017).

Black women, in comparison to women of other races face increased rates of mortality at the hands of their intimate partners (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2014; Petrosky et al., 2017). Black women are more likely to be abused by their intimate partners than women of other groups, and they are also at greater risk of being killed than White women by their abusers (Petrosky et al., 2017). The Centers for Disease Control reported that more than half of women victims of homicide were killed by an intimate partner, and Black women were more than twice as likely to be killed than White women by their abusers (Petrosky et al., 2017). While the rate of mortality for Black women as a result of violence from their intimate partners, is alarmingly high across the nation, the highest rate continues to be in the southern region of the United States (Davidov, Larrabee, & Davis, 2015; NCADV, 2018). This southern region's rate of mortality may partially be attributed to the fact that the majority of Black people in the United States continue to live in the southern states (Census, 2011).

The CDC reports that 37.3% of women will or have already experienced intimate partner violence in their lifetimes (CDC, 2017), with the risk of IPV exposure for Black

women being much higher, with 45.1% of Black women reporting having had experienced IPV in their lifetimes (CDC, 2017). The response to requests for help by Black women victims continues to be unequal, and the number of incidences of abuse are largely underreported. The incidence numbers may be most evident to emergency responders, as medical providers are beginning to inquire about the presence of IPV in relation to injuries, and as a part of the screening protocol (Davidov et al., 2015).

About 40% of women who sought emergency medical care sought medical treatment related to IPV victimization (Bent-Goodley, 2007), and IPV related homicide continue to be one of the leading causes of death for women under the age of 45 (CDC, 2017). This rate is especially high for Black women, and the rates span across socioeconomic status groups, with higher numbers for women with lower economic resources. While researchers such as Bent-Goodley have documented the relationship between race and socioeconomic status being weakened when socioeconomic status is controlled for (Bent-Goodley, 2007), the US Census presents data that highlight the heightened rate of poverty for members of the Black community in comparison to other communities (US Census, 2017a). The generational impact of limited access to resources, including but not limited to safe housing, adequate education, and access to equitable finances is demonstrated in the continually high rates of poverty in the Black community (Census, 2017a) and the decreased likelihood for Black people to escape poverty than other groups (Winship, Reeves, & Guyot, 2018).

There are many examples of Black people working to improve their chances at survival, safety, stability, and access to the necessary resources, including several million Black people who left the South during the great migration in search of a better life

(Smith, 2000; Wilkerson, 2010). In recent years, the number of Black people in the south has begun to increase, from 54% to 56% due to what is described as a reversal of the Great Migration (Census, 2011). The remining 43% of Black people live across the Midwest (18%), the Northeast (17%), and the Western regions of the United States (9%; US Census, 2011). Many of the Black individuals and families that migrated to the areas outside of the Southern region of the US did so during the Great Migration (Wilkerson, 2010). Between 1916 and 1970, Black southerners arrived in cities like Seattle, Portland, the bay area of Southern California, New York, Boston, Chicago, Cleveland, and Philadelphia to fill available positions across the region, and to escape Jim Crow laws (Census, 2011; Smith, 2019; Wilkerson, 2010). The numerical impact of the great migration is still seen today, as places like Philadelphia, Chicago, Los Angeles, and Mississippi are still home to a large number of Black communities today (Census, 2010; Census, 2017b; DuBois, 1917; Hine, 1989; Johnson, 2017; Tolnay, 2003).

Philadelphia is home to more than 690,000 Black people (US Census, 2017b). In addition, Philadelphia houses only 26% of the Northeast population, but houses over 50% of individuals who fall below the poverty threshold (PEW, 2017a). The largest populations of people in Philadelphia who live below the nation's poverty threshold are people of color, with 30.8% of the poorest people in the city identifying as Black (Redcay, Lance, Johnson, & Delavega, 2017). The largest number of people who live below the poverty guidelines in Philadelphia are Latino people, at 38%, (Redcay et al., 2017), which also includes an Afro-Latino population. Black people are amongst the communities with the greatest number of people who report lower economic resources (Census, 2017a; PEW, 2015; Redcay et al., 2017). Coupled with the overrepresentation

of the region's poor across races and cultures within Philadelphia, community resources continue to be strained. This strain is also felt across Philadelphia's crisis service provider locations, as well as within cities across the country that hold similar characteristics. This lack of resources directly impacts women's access to resources, individual safety, family safety, and the availability of those limited resources when they are needed most.

Philadelphia boasts more than one third of the Northeast region's Black population, with the remaining 28% of the Black population who live within the northeast region residing in large metropolitan areas like New York and Massachusetts (PEW, 2017a). Black people also reside in towns, cities, and communities across the northeast, impacting the culture and vibrant histories across areas as far northeast as Maine. In addition to the growth of the Black population in cities across the northeastern region, Philadelphia has been home to Black and African people directly from the African continent or through the different ports in the Caribbean since the beginning of American slavery (Nash, 1973). One researcher described the earliest Black people in the Philadelphia area as enslaved Africans who functioned in servitude to affluent White Philadelphians within the Quaker city before working alongside them (Nash, 1973).

Philadelphia held a predominately White population for many years. Until the 1990s, Philadelphia's White population accounted for 92% of the city's residents (PEW, 2011). In more recent years, Philadelphia's population comprised of over 870,000 people of color, representing 55.2% of the population (Census, 2017b). Almost half, or 43.9% of the city's population defined themselves as Black in the most recent US Census, 14.8% defined themselves as Latino or Hispanic, 7.7% Asian, less than 1% Pacific

Islanders (0.2%), less than 1% Native Americans (0.8%), and 2.7% of people reporting two or more races (US Census, 2017b). The Black population in Philadelphia is representative of a little less than half of the overall population in the city (Census, 2017b), consisting of Black people across the diaspora, including Black people of Caribbean decent, Black people who have arrived more recently from the continent of Africa, and U.S. born Black people who have survived the legacy of American slavery. While there are cultural differences between and across specific Black population, within the Philadelphia area, the lines that segregate tend to be along lines of racial identity (Massey, 2016), with Philadelphia having had been described as the fourth most segregated large city in the United States. Only, Chicago, Atlanta, and Milwaukee rank higher than Philadelphia in segregation, leaving Philadelphia to hold the rank of the most segregated large city in the Northeast. Philadelphia's segregation serves to create combined Black communities across the city; with continued notable differences between specific ethnic groups within those communities. This segregation and reduced economic opportunity serves to concentrate the dearth of resources available amongst and across separate communities of color in the city.

With an overrepresentation of the region's poor population within the city limits, Philadelphia simultaneously struggles with many of the challenges that financially strapped metropolitan cities have, while adorning the appearance of having an abundance of available crisis community resources (PEW, 2017b). With an estimated population of over 1.5 million people, more than half of the city's population are women (Census, 2017a). Resources designed to meet the needs of women in the city include Women Against Abuse, Inc., the city's only emergency shelter available for women seeking

safety after fleeing intimate partner violence, described having had to turn away over 15,000 requests for services (WAA, 2018). Domestic Violence Advocates are aware of the need for expanded availability of emergency services, but resources, including requested counseling services are limited across the country (Iyenger, & Sabik, 2009).

Similar reports of reduced resources have been reported by agencies that serve women who have been impacted by intimate partner violence in the Midwest, where more than 33% of women report having had experienced IPV in their lifetimes (Census, 2017; ILCADV, 2018). In states like Illinois, the percentage of women who report having had experienced intimate partner violence is much higher, with 42% of women reporting IPV victimization (Buitrago, Rynell, & Tuttle, 2017; Census, 2017). In the state of Illinois, 29.3% of women who are victimized by a current or past intimate partner identify as Black women (Buitrago et al., 2017). Black people represent only 14.3% of the state of Illinois' population, with a little more than half being women (Census, 2017). About 31.3% of Chicago residents identify as Black, with slightly more than 51% identifying as women. Of women in Chicago who reported IPV victimization, 41.3% who report IPV victimization are Black women (Buitrago et al, 2017).

Women who seek crisis services across the United States may experience a similarity in the lack of available resources necessary to assist each person who is victimized to access safety (NCADV, 2019). In a 2017 report, O'Brien noted the disparate availability of services for IPV survivors in places like the southside of Chicago, noting that many agencies are situated in predominately white and middle-class communities (O'Brien, 2017). While the services are located in spaces that might be central to white and economically advantaged residents, accessing those services

continues to be a challenge for women seeking safety. A snapshot of a day in 2011 revealed that over 700 women seeking crisis services related to IPV on one day in the state of Illinois were turned away due to continually limited resources available for agencies that serve this population (ILCADV, 2011). While the prevalence of IPV is highest in cities like Chicago, the services may not be easily accessible in this area. The potential distance to access services for Black women in places like Chicago is further complicated by the choices that they are left to make if they were to choose to accept services away from their homes (O'Brien, 2017). Black women who accept services away from their homes, risk challenges to maintaining employment, connections to support systems, and are left to grapple with hopes of long-term safe and suitable housing options after crisis shelter placement.

Leaving home, established support systems, and employment furthers the economic disadvantages that Black women experience. As a result, a decision between safety from an intimate partner, and the potential for safety needs outside of the home must be made. These decisions are reminiscent of the choices that Black women who migrated to midwestern states were left to make before, during, and after the great migration (Hine, 1989). While W. E. B. DuBois (1917) contextualized the great migration as being a result of flooding, boll weevil infestation, discriminatory Jim Crow laws, and an increase in employment opportunities in northern, midwestern, and western regions of the United States, Hine highlights the safety that many Black women sought when fleeing the south during the era (1989). While Black women continued to be relegated to largely domestic roles, for many, leaving the south was an effort attain safety from sexual abuse within their intimate relationships as well (Hine, 1989). Black men

and women left property, employment, relatives in the south, in an effort to seek safety from increasing lynching, and other forms of state-sanctioned violence against Black people (Tolnay, & Beck, 1990). Hine (1989) posits that Black women also fled ongoing race- and gender-based victimization within their own families and relationships.

The conditions and choices that Black women experienced that may have impacted their decisions to leave the south during the great migration, continue today. Of the over six million Black people who migrated from the south, more than 760,000 migrated to western states like California (Frey, 2015; Gregory, 2019). Southerners from states including Texas, Louisiana, and Oklahoma moved west to cities in California like Los Angeles (Gregory, 2019). Southern Black people were met by a large Black-mestizo population, including Mexican people who claimed African heritage, pre-dating slavery, and Black people who fled to the state during slavery to find freedom (Menchaca, 2007). Today, Black people make up 6.2% of California's population , and this number does not include Mexican people who report African heritage (Census, 2018). In Los Angeles, Black people represent 9.6% of the population, with about 50% identifying as women (Census, 2018). While 48.5% of Los Angeles' population identify as Hispanic or Latino, and 28.7% identify as White, 24.2% of people living at or below poverty identify as Black in the city (Census, 2010). The overall rate of poverty for Black people in the state of California rests at 24.2% in comparison to 10% of White people (Johnson, 2017; US Census, 2010).

Coupled with the high rate of poverty, more than 33% of women in California report having had experienced IPV in their lifetimes (US Census, 2017). The impact of funding, and stretched resources was most evident in a one-day snapshot survey that

showed that 53% of women who sought IPV crisis-related services were turned away due to limited resources in California (CPEDV, 2011). Relatedly, the US Department of Housing and Urban Development (HUD) reported that 24% of the state's homeless population were without safe and suitable housing due to IPV victimization (2017). Distance, funding, and access create insurmountable boundaries for women seeking safety from their abusers. These hurdles often multiply the risk of death for women.

In a 2013 fatality report of individuals killed by a current or former intimate partner, over 90% of the deceased sought support from their loved ones before their deaths (WSCADV). Research has highlighted the likelihood that a fair percentage of women who were killed by an intimate partner were women who attempted to leave their partners (Berman, 2016; Fisber, Mayberry, Shinn, & Khadduri, 2014; Rakoviec-Felser, 2014; Thomas et al., 2015). Decreasing funding to already limited crisis resources for women may directly contribute to this trend.

Intimate Partner Violence Services across the Country

As with many agencies that serve victims of intimate partner violence, area-specific domestic violence agencies are often a part of a vast network of sister agencies that aim to serve women impacted by gender-based violence (i.e., city or statewide coalitions; WAA, 2018). These agencies work together to provide crisis services across the country, including emergency shelter that may be used to temporarily house individual women and their children who are fleeing intimate partner violence (NCADV, 2018). This means that a woman with four children would need five of the available beds. In light of intimate partner violence advocates' best efforts, and agencies' pooled resources, the Substance Abuse and Mental Health Services Administration estimates that

women victims of gender-based violence continue to be underserved (SAMHSA, 2018). This resource scarcity adds to the barriers that women who are seeking safety experience.

Women seeking safety from intimate partner violence often gain information about safety planning, or crisis services in the community through peers, billboards, medical professionals, radio ads, online searches, or through front line responders (i.e. medical professionals, or the police; NCADV, 2018). Across the country, this support is necessary, as it allows women to utilize services, and supports that might otherwise be unavailable to her; such as police accompaniment, protection orders, and emergency transportation. Even in light of the benefits and safety measures that access to crisis services allows, women who choose to leave face dangerous risks (Rakoviec-Felser, 2014). Planning to leave, or actually leaving the relationship requires a woman to make many tradeoffs, including risking her own death (Berman, 2016; Fisber, Mayberry, Shinn, & Khadduri, 2014; Rakoviec-Felser, 2014; Thomas et al., 2015).

Dangers of Leaving Abusive Relationships

More than half of the fatalities related to domestic violence occur after a woman makes the decision to leave, implicitly or explicitly, known to her abuser (NCADV, 2018; Rakoviec-Felser, 2014; Thomas, Goodman & Putnins, 2015). The risks related to leaving are especially present for Black Women who are mothers, or who are from lower socioeconomic backgrounds (Bonomi et al., 2014; Breiding et al., 2014; CDC, 2010; Petrosky et al., 2017; Rakoviec-Felser, 2014; Sancho-Rossignol, Schillinger, Cordero, Serpa, Epiney, Hüppi, Ansermet, & Schechter, 2018). Black women are not only twice as likely to be victimized by an intimate partner, but the rate of fatality at the hands of an intimate partner for this population is much higher both before and after leaving the

relationship (Azzizz-Baumgartner, McKeown, Melvin, Dang, & Reed, 2011; Bonomi et al., 2014; Petrosky et al., 2017). This heightened risk has been documented by Black Feminist theorists since the early days of grassroots organizing and consciousness raising to combat domestic violence in the 1960s (hooks, 1984). When Black women choose to leave, they must navigate the possibility of being denied the protections that other women are provided by front line responders, such as the police (Gillum, 2008; Robinson, & Chandek, 2000). This issue is compounded when Black women who are also mothers choose to leave, as issues related to child safety must also be considered.

Considerations related to child safety are not limited to the Black woman's mortality when making decisions about if or when to leave an abuser; Black women must also navigate potential child protective service involvement (Zeoli, Rivera, Sullivan, & Kubiak, 2013). Women have described concerns related to child safety, custody agreements, and child protective service intervention as necessary considerations when determining the risks related to leaving their abusive partners (Zeoli, Rivera, Sullivan, & Kubiak, 2013). For some women, concerns about their children might overshadow her own safety concerns within the abusive relationship. Throughout recent history, Black families have been overrepresented in child protective service reports (Children's Bureau, 2016), and this knowledge is often considered when Black women make choices about safety. Women are left to consider the potential for an abuser to use their children as tools to further antagonize or to coerce them to return after separation (Morrison, 2015; NCADV, 2018; Zeoli et al., 2013). The decision must be made in light of the woman's own risk, the potential for both formal and informal support, and perceptions of child safety (Crenshaw, 1995). In addition to potential risks related to shared custody, Black

women are much more likely to lose custody of their children when the legal system is involved (Crenshaw, 1995; Kokaliari, Roy, & Taylor, 2019).

Women describe concerns about abuse directed toward their children (Zeoli et al., 2013), and these are also considered in tandem with potential pressures from child protective service agencies which often results in loss of custody for Black women in comparison to women from other groups (Children's Bureau, 2016; Crenshaw, 1995; Kokaliari et al., 2019). Child protective service workers may present ultimatums as women work to seek safety. These ultimatums leave women to secure a safe place for herself and her child or risk losing custody of her child due to family violence related child safety concerns. These recommendations are not always made in light of limited shelter availability, inappropriate IPV crisis service response, or the risk that a woman might still be seen as being incapable of maintaining safety for her children after leaving (Crenshaw, 1995).

Within a society that has not traditionally responded with compassion to her victimization, Black women are left to navigate on their own to find safety while considering more imminent risks within the home with her abuser (Donovan, & Williams, 2002). The potential for her own vilification based on these decisions if there are children in the home, continues as an additional and concrete concern for Black women as they work to find safety amongst limited emergency resources (Donovan, & Williams, 2002). Beyond the first steps of leaving, researchers and intimate partner violence service agencies have noted the difficulty in meeting the needs for space in shelter, resulting in many women being turned away (Baker, Billhardt, Warren, Rollins, & Glass, 2010; WAA, 2018). Women who are successfully accepted into crisis shelters

are usually granted a maximum 30 – 60 day's stay (Baker et al., 2010; Berman, 2016; CCWRC, 2014; Congreso, Fisber et al., 2014; 2005; WAA, 2018). It can be expected that time spent in shelter after fleeing abuse can feel quite rapid or chaotic. Women navigating the limited stay in a crisis shelter must also navigate expectations for finding housing within that time period, along with the need to attain the necessary income to cover expenses upon shelter discharge (CCWRC, 2014). While many women report positive experiences with crisis shelter staff, mothers who choose to leave potentially fatal violence must consider the realities of limited access to resources to sustain her safety after the completion of her shelter stay (Baker et al., 2010; Berman, 2016; Riger, George, Byrnes, Durst-Lee, & Sigurvinsdottir, 2016).

For Black women fleeing may be harder, as both intimate partner violence and poverty have been shown to negatively impact housing stability (Zeoli, 2013). The relationship between poverty and the Black community complicates the effectiveness of service delivery, as service models that provide limited shelter stays may communicate an expectation that women might have access to financial reserves. The relationship between race and class girds the challenges in place that limit necessary financial resources that might result in more long-term safety for Black women in ways that exceed those experiences for many other women from other racial groups (Reeves et al., 2016). Underfunded services, overcrowded crisis shelters, and heightened risks for abuse in the lives of Black women, leaves many mothers in a double-bind. She must work to find safety, minimize the related potential for her own criminalization, and the potential for loss of rights (Robinson & Chandek, 2000).

Due to recent, and historical funding cuts to agencies that provide IPV crisis services, many women and their children were not able to access services (WAA, 2018). Upon connection to services Black women are left to navigate a larger system that does not consider their needs, that may include the complicating factors such as poverty, experiences of racism, and gender-based oppression (Collins, 2000). The compounding nature of the differing sources of individual and combined oppression adds to the burden of experiences that Black women are faced with as they work to access safety (Collins, 2000).

Intimate partner violence serves as a pervasive multiplier of the impact of already present stressors, and it is rooted in the oppression of Black women whose identities intersect across more than one marginalized group. Many women in abusive relationships will also have had grown up in homes where they witnessed interpersonal violence within their parent's relationships. Sancho-Rossignol and colleagues (2018) describe the role that witnessing intimate partner violence in early childhood has on women's increased likelihood of being a part of a violent relationship herself in adulthood. This early witnessing may contribute to increased risk of adult victimization, and/or perpetration (Sancho-Rossignol et al., 2018). The combination of these experiences for Black women who are now navigating their own abusive relationships further amplifies the need for culturally responsive care. For many Black women, victimization carries the additional burden of determining the utility of seeking emergency police support, and services that reflect a concern for her needs as a Black woman (Crenshaw, Gotanda, Peller, & Thomas, 1995; Robinson, & Chandek, 2000).

Young adults between the ages of 18 and 25, often fall in between services gaps, as they may have aged out of services that are appropriate for children, but continue to struggle with services that are designed to meet the needs of older adults (Osgood, Foster, & Courtney, 2010; SAMHSA: NREPP, 2016). Individuals who were already vulnerable, often struggle to remain or reconnect to human services (McMahon, 2014). Transition from child services to services designed to reach the needs of adults is not a smooth process for many Black women with minimal financial or concrete supports within the community (McMahon, 2014; Osgood, Foster, & Courtney, 2010). Many people in transition-age fall through 'the cracks' (Osgood, Foster, & Courtney, 2010; SAMHSA: NREPP, 2016) as they have aged out of secondary education, and are not quite established as adults. The process of accessing services outside of school-based settings, and community resources providers that are designed to meet the needs of a younger population proves difficult to rebound from for young adult Black mothers who might already face a multitude of pressures (Prescod & Daire, 2013).

The majority of emergency shelters require adults to be at least 18 years of age, and to be able to adhere to the guidelines set forth by the shelter, such as curfews, housekeeping, counseling, and engagement in case management (CCWRC, 2014; DV-4, 2005). For higher income earning individuals within this age group, this process might be made easier through the availability of family support, as middle-class families describe providing considerable amounts of financial support for their children up until their mid to late twenties (Setterson, & Ray, 2010). For lower-income young adult women, the process of seeking, finding, and maintaining safety after an abusive relationship could result in actually slipping through the cracks of service systems'

appropriateness. There is also a higher likelihood of being asked to leave shelter before the necessary resources are accumulated. Many of these unexpected departures from crisis shelter are related to women's difficulty with adhering to curfew, and behavioral expectations. This means that shelters may not consider the developmental needs, or norms for younger Black women. This trend may be most evident in the national data documenting the ages of women who receive services, including emergency shelter, as more than 50% of women who receive services are over the age of 35 years of age (ILCADV, 2018).

Within the context of historical oppression, an omission of the specific needs of Black women within a phenomenon that shows fatal risks for all women, and more than double the risk for Black women, poses the danger of a deepening sense of failure for Black women as they seek safety from abuse. Current thinking aligns with researchers' appraisals (i.e., Matsen, 2001) that are akin to this sense of failure, attributing parental housing choices and community safety to a measure of parental competence. Robinson and Chandek state that Black women are not simply impacted by the burden of racism and sexism together, but by the intersections at which those identities place them (2000; Crenshaw, 1991). Women who have also had histories of witnessing intimate partner violence in childhood may struggle to tap into the resilience, or the ability to rebound (Matsen, 2001; Smith, Tooley, Christopher, & Kay, 2010), though many women show signs of resilience. Black women have demonstrated strength to navigate a society that can be dangerous to their physical, social, psychological, and moral safety; while also continuing to lead the charge for rights across their communities for women, Black people at large, and their families.

Statement of the Problem

Young adult Black women who have had histories of intimate partner violence are often left to navigate lower self-concept (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998), limited resources, increased depressive symptoms, and higher rates of suicidality (Taha, Zhang, Snead, Jones, Blackmon, Bryant, Siegelman, & Kaslow, 2015). The consequences of intimate partner violence as a form of trauma and factors that contribute to resilience are well documented (i.e. Becker-Bleese, & Freyd, 2005; Bloom, 1992; Hein et al., 2005; Herman, 1997; Matsen, 2001; McMahon et al., 2014; Meshberg et al., 2016; Osgood et al., 2010; Price et al., 2014; SAMHSA, 2016; Ullman et al., 2013). There is a dearth of research available related to the ways in which specific factors that have been shown to contribute to resilience for young adult Black women are used.

Trauma responses are individual, and while many women have shown evidence of resilience in spite of traumatic experiences, including intimate partner violence; there is a dearth of literature related to the factors that predict or contribute to resilience for young adult Black women. Across the literature, there has been research that has contributed to our understanding of the negative outcomes associated with trauma (Huh et al., 2014; Cichetti, 2013; Cichetti et al., 2013, McMahon, 2014). There is also a growing body of research that explores the concept of resilience for individuals who have experienced different forms of trauma (Matsen, 2001; Torteya et al., 2009). Less is known about how these factors contribute to resilience for young adult Black women

Much of what is known about intimate partner violence more broadly, including appropriate responses, interventions to address violence against women, and resilience

building is based upon the experiences of White, middle-class women and students (Gillum, 2009; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). While young adult Black women may share identities related to gender, race, socioeconomic status, parental status, and other factors, their experiences and needs may quite different. Less is known about the experiences about how factors such as spirituality and social supports are used to contribute to resilience for Black women whose identities are placed at the intersection of at least two oppressed groups (Collins, 2016). Black women who live at the intersection of race, gender, and class are not well represented in the literature. While evidence exists that some Black women are able to be successful; there are many who continue to struggle to tap into sources that may serve to build their resilience (Lacey, West, Matusko, & Jackson, 2016). Stability and re-establishment of safety are markers of what counselors describe as important tools in providing trauma-informed care that builds resilience (SAMHSA, 2016). Many of the factors that have been shown to contribute to resilience also include the use of social supports, positive self-concept, and a sense of control (Ahmad, Rai, Petrovic, Erickson, & Stewart, 2013; Anderson, Renner, & Danis, 2012; Brown, 2008; DeWeever, 2009; Howell, Thurston, Schwartz, Jamison, & Hasselle, 2018; Singh, Garnett, & Williams, 2012). Delivery of services that might strengthen or support the development of these factors are often absent when service providers, including counseling professionals, lack an awareness of how these factors are used for this population (Gillum, 2008).

Purpose of the Study

The purpose of this study is to identify the factors that contribute to resilience for young adult Black women who have histories of intimate partner violence. More

specifically, this study aims to understand how exposure to trauma, spirituality, social supports, and economic resources contribute to resilience for young adult Black women. These findings will allow for more appropriate mental health service delivery that might serve to facilitate the development of factors that have been shown to contribute to resilience, increase what we know related to appropriate and culturally sensitive service delivery, trauma-informed care, and effective approaches to service delivery for young adult Black women.

Research Questions

In this study, I hypothesized that social support and spirituality would positively influence resilience for young adult Black women with histories of intimate partner violence in spite of exposure to trauma. According to the literature, both internal and external factors contribute to resilience, including high self-confidence, an ability to trust in one's instincts, adaptability, a sense of control over one's life, and spirituality (Matsen, 2000). Similarly, research has shown that social supports, and spirituality have been used in a variety of ways to support resilience for several groups of women of color across the globe (Bryant-Davis et al., 2010; Shanthakumari et al., 2014; Stephens-Watkins, 2014; Stevenson et al., 2009). While the literature shows similarities between resilience factors that are employed for Black women and other women of color, the ways in which overlapping factors such as spirituality and social supports are used for young adult Black women is not explored. Also, I hypothesized that spirituality might be used in different ways to increase resilience for young adult Black women with histories of intimate partner violence (IPV). The factors that will be examined in this study are exposure to trauma, spirituality, and social supports, after controlling for economic resources as

measured by socioeconomic status (SES) and education level. More specifically, the following research questions will be addressed:

RQ1: What relationship exists between exposure to trauma and resilience for young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ2: What relationships exists between exposure to trauma, social support, and the resilience of young adult Black women who have experienced IPV?

RQ3: To what extent do exposure to trauma, social support, and spirituality relate to resilience of young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ4: What are the perceptions and experiences of young adult Black women who have experienced intimate partner violence?

In this study, overall resilience is measured as well as two additional facets of resilience, adaptability and self-efficacy. Using three hierarchical regression models, resilience is measured using the Connor-Davidson Resilience 10 scale (CD-RISC-10; Scali, Gandubert, Ritchie, Soulier, Ancelin, & Chaudieu, 2012), the Connor-Davidson-Resilience Adaptability subscale (CD-RISC-ADAPT; Green, Hayward, Williams, Dennis, Bryan, & Taber, 2014), and the Connor-Davidson Resilience Self-Efficacy Subscale (CD-RISC-SE; Green et al., 2014). The CD-RISC Adaptability subscale measures an individual's adaptability in the face of adversity, and the CD-RISC Self-Efficacy subscale measures self-efficacy (Green et al., 2014).

Research Question Rationale

RQ1 was selected to obtain an understanding of relationships between the exposure to trauma and resilience. Specifically, the current study was interested in understanding the relationship between trauma experiences and resilience for young adult Black women. Similarly, RQ2 was selected to obtain an understanding of what relationships might exist between exposure to trauma, social supports, and resilience for young adult Black women. This question sought to explore whether or not the presence of social supports may positively influence resilience scores. RQ3 was selected to obtain an understanding of the extent to which the presence of social supports, and spirituality might effect resilience for young adult Black women. RQ4 was selected to gain an understanding of the perceptions and experiences of young adult Black women. This question sought to understand the perspectives of young Black women about participating in the survey, their perspectives about themselves as represented in the findings of the quantitative analyses, their own understandings of resilience, and their knowledge related to what contributes to resilience for this group.

Significance of the Study

The current study fills a gap in the literature that contributes to what we know about the relationships between spirituality, and social support in contributing to resilience for Black women with histories of intimate partner violence (IPV), and how spirituality might be used to support resilience. This research adds to what we understand about supporting young adult Black women with histories of IPV in ways that foster resilience. This study aims to support the strengthening of counseling services for young adult Black women with histories of IPV trauma through the utility of culturally

relevant tools and approaches that include spirituality, and healthy social supports based on the experiences of young adult Black.

Understanding what factors contribute to resilience, and how those factors may possibly influence resilience aids in the utility and development of strengths-based services for young adult Black women. In addition, this knowledge might bolster current trauma-informed counseling approaches to include factors that Black women have identified as contributors to their own resilience in ways that are culturally relevant. This approach might also result in greater access to culturally relevant and trauma-informed counseling services that young adult Black women might define as effective.

This study used the Trauma History Questionnaire (THQ; Hooper, Stockton, Krupnick & Green, 2011) to measure exposure to trauma in the lives of young adult Black women who report histories of IPV, and other sources of trauma. The Connor-Davidson Resilience Scale 10 (CD-RISC 10; Davidson, & Connor, 2018), the Connor Davidson Resilience Adaptability subscale (CD-RISC-ADAPT; Green, Dennis, William, & Bryan, 2014), and the Connor-Davidson Resilience Self-Efficacy subscale (CD-RISC-SE; Green et al., 2014) were used to better understand young adult Black women's perceptions of their own resilience, as well as the factors that they might identify as contributing to their resilience. This study also used the Spirituality Scale (Jagers, & Smith, 1996), an Afro-cultural spirituality scale that measures three aspects of spirituality: a higher power, a material-focused, and a spiritual-ascribed orientation to spirituality. Lastly, this study used reflexivity interviews to invite participants to provide feedback related to their experiences in completing the surveys, and to share their insight related to the survey's effectiveness in capturing their experiences. Women were also

invited to critique the experience overall, to define what they believed contributed to their resilience, and to share their perspectives about whether or not the quantitative findings reflected their stories and experiences. The results of this study might highlight findings about how spirituality, and the presence of social supports contribute to resilience for young adult Black women who report recent histories of IPV. This study will also provide insight related to participant's perceptions of the effectiveness of the surveys, what might be needed to improve measures, continued needs, and service recommendations.

Understanding the relationship between trauma and resilience for young adult Black will broaden what we know about trauma and resilience for Black women between the ages of 18 and 39. It will also broaden the current research related to Black women, women of color, and women who might have lower economic resources. Further, this research will expand thinking beyond deficits related to IPV trauma, and explore the presence of resilience, strengths, and present knowing for many Black women. This endeavor could challenge clinicians to consider the experiences and needs of underserved women of color more broadly, and opportunities to build upon strengths and historic resilience for Black women. Understanding the experiences of young adult Black women seeking trauma counseling and crisis services could lead to more counseling and community-based services that reflect cultural relevance, and a trauma-informed response to the needs of young adult Black women. This knowledge could further inform counselor training programs to support students about identifying, and building upon strengths to address the needs of young adult Black women who might seek community counseling, counseling on college campuses, or through community service agencies. In

addition, this knowledge will broaden our understanding of the tools currently utilized by a group of women who are underserved, under resourced, and continue to show signs of resilience. This study's findings could serve as to support counselor training programs to adequately respond to the CACREP charge to provide training related to trauma-informed care (CACREP, 2016) through the integration of trauma-informed and culturally sensitive counseling, trauma-informed pedagogy, and trauma-informed counselor trainee supervision models. Counselors would be able to more adequately provide both culturally responsive and trauma-competent services to young adult Black women. Additionally, the data that shows the relationship between spirituality, social supports, and resilience for Black women could provide insight that could be used to create evidence-based, culturally specific treatment for trauma survivors.

Limitations of the Study

Due to the vulnerability of this sample, and the state of crisis that many women experience while navigating intimate partner violence services, many women were unable to respond while working to establish stability, access services, and quickly identify more permanent housing. As such, this sample may be representative of the experiences of young adult Black women across the United States. In addition, the Connor-Davidson Resilience Scale, the Trauma History Questionnaire, and the Spirituality Scale are self-report surveys. This study may include self-report bias as participants are asked to share traumatic experiences, including very personal experiences. Participants may have been reluctant to disclose certain types of trauma and the severity or the severity of their traumas. Additionally, participants may have been reluctant to disclose or answer questions related to experiences that may have been

perceived to have been related to their upbringing. Additionally, participants may have responded negatively to questions about traumatic experiences that they may not be able or willing to recall due to the retrospective nature of the study, and the potential for pain related to traumatic experiences.

Participants in the reflexivity interviews shared conflicts in the ways that they described their experiences with IPV in comparison to the formal definition of IPV. As a result, cultural variations in definitions related to intimate partner violence, domestic violence, and victimization may have impacted participants' responses within the surveys. These definitions, and perspectives were explored within the interviews.

Definition of Terms

Trauma

Trauma is defined as an experience that may cause intense mental and physical distress reactions. It threatens an individual's overall sense of safety, it creates the potential for serious injury, fear, a sense of hopelessness, or loss of life, and it exceeds an individual's capacity to cope (APA, 2008; APA 2013; Bloom, 1998; SAMHSA, 2014; van der Kolk, 1989).

Complex Trauma

In comparison to a single incident trauma that may occurs once, and be interpersonal in nature, complex trauma may be the result of a chronic trauma stressor that may have increasing or ongoing effect of repeated or recurrent traumas (Curtois, & Ford, 2013; Terr, 1991).

Historical Trauma

Historical traumas are sources of adversity that have a long-term impact an entire culture, generation, or larger society (SAMHSA, 2014) that may continue to effect current functioning for individual members of the impacted group for generations (Gone, 2009; Mohatt, Thompson, Thai, & Tebes, 2014).

Adverse Child Experiences

Developmental traumas, often referred to as adverse child experiences, impact later developmental processes and health. Adverse child experiences (ACES) may include any incident of abuse, neglect, parental heath issue, family violence, or divorce (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998).

Intimate Partner Violence

Intimate partner violence is a form of trauma that occurs between two individuals within an intimate relationship, in which one partner exerts power and control over the other through the use of violence intimidation, threats, or psychological abuse (Holt, Buckley, & Whelan, 2008; NCADV, 2017; NCADV, 2018; SAMHSA, 2014).

Child Witnessing of Intimate Partner Violence

A child's experience of hearing, seeing, or experiencing the aftermath of violence between two adults, involving at least one caregiver (Edelson, 1999; Evans, Davies, & DiLillo, 2008).

Trauma-Informed Care

Trauma informed-care is an approach to treatment that acknowledges the potential for trauma, and questions the impact of life stressors on client's current functioning in

contrast to a deficit orientation; it demonstrates an awareness of the prevalence, and impact of trauma, as well as symptomology of trauma (SAMHSA, 2014).

Intersectionality

Intersectionality acknowledges, and provides a lens that views the interplay between race, class, gender, nationality, and sexual orientation (Delgado, & Stefancic, 2001; Else-Quest, & Hyde, 2016), and takes into account, the disadvantages that each identity may present, while countering the erasure of specific experiences involved in the act of prioritizing one identity over another in addressing individual issues (Anderson, & Collins, 2015; Crenshaw, 1991; Crenshaw, Gotanda, Peller, & Thomas, 1995; Delgado, & Stefancic, 2001; Else-Quest, & Hyde, 2016).

Young Adults

Young adults are defined as individuals between the ages of 18 and 39. This range includes women between the ages of 18 – 25, who are commonly described as emerging adults, as well as young adults between the ages are 26 – 39 years of age (Arnett, 2000; Fasciano, Souza, Braun, & Trevino, 2015; Quinn, Gonçalves, Sehovac, Bowman, & Reed, 2015; Warner, Kent, Trevino, Parsons, Zebrack, & Kirchoff, 2016). While this description includes developmental stages, the age range of 18 - 39 allows for a wider consideration of the developmental processes, including the spiritual development, of African descended people (Ochse, & Plug, 1986; Wheeler, Ampadu, & Wangeri, 2002).

Summary:

Chapter one presented a broad overview of the challenges faced by young adult Black women seeking intimate partner violence services. This overview framed the experiences

of young adult Black women within the context of the United States, across the Northeast, Midwest, West, and Southern regions.

Chapter Two: Literature Review

Chapter two will serve as an overview of the literature related to the contextual history of Black women's experiences in the United States in relation to racial, gender, and economic stressors and their resilience within a historical context. In addition, chapter two will outline the current research related to risk factors for IPV for Black women, the impact of IPV trauma, and factors that have been identified as contributors to resilience for young adult Black women. Chapter two also aims to highlight the factors that Black women, and other women of color, around the globe have identified as contributors to their own resilience.

Worldwide, about one in three, or 35% of women have experienced intimate partner violence in their lifetimes (WHO, 2017). In the United States, about 25 to more than 37% of women report experiencing intimate partner violence (CDC, 2017a; NCADV, 2019; WHO, 2017). Exposure to IPV increases the likelihood of later IPV victimization, anxiety, depression, suicidality, post-traumatic stress symptomology, and physical health symptoms (CDC, 2017a). In addition to psychological, and physical symptoms, the consequences of IPV victimization may include lost economic resources due to lost productivity, missed work, and isolation (WHO, 2017). In addition to the physical gravity, the economic cost of IPV related injuries is estimated to cost women over $100,000 in their lifetime (CDC, 2018) including medical bills, lost earnings, and related expenses. IPV costs the United States over $3.6 trillion, including medical costs related to IPV related treatment, lost wages, criminal justice related expenses, and the cost of property damage (CDC, 2018). Only 2% of this cost is related to the criminal justice system. These expenses and associated costs may not be equally distributed

across all women in the United States, as women Black and other minoritized women have higher rates of IPV victimization (CDC, 2018; Davila, Johnson, & Postmus, 2017; Stockman, Hayashi, Campbell, 2014).

Intimate partner violence overwhelmingly effects women from minority groups, including Black and Latina women, but Black and Latina women are much less likely to have access to appropriate crisis services, emergency shelter, or medical services (Stockman et al., 2014). Access has been shown to be further hampered by location, with Black women in both rural and urban areas having higher incidences of intimate partner violence than other women in similar areas (Lanier, & Maume, 2009). This higher incidence of IPV victimization is worsened by even lower access to intimate partner violence crisis services in rural areas (Lanier, & Maume, 2009). More specifically, young adult Black women are much more likely to be victimized by their intimate partners than any other group, but they continue to face barriers to access to services (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2011; Hampton, 2015; IDVAAC, 2015; IWPR, 2017; NCADV, 2018).

Young adult Black women who seek access to counseling that is both trauma-informed and reflective of their specific needs, face a myriad of challenges as a result of service design that is not reflective of their existence (Bent-Goodley, 2004; Lacey, & Mouzon, 2016; Leiner, Compton, Houry, & Kaslow, 2008). Additionally, many Black women describe not fitting the profile of what a victim of intimate partner violence should look like (Meyer, 2016). While Black women are more than twice as likely to experience intimate partner violence, or to be killed by an intimate partner (CDC, 2018; IDVAAC, 2015; NISVS, 2016), available services may not be reflective of their specific

needs. While some of the services may be inaccessible due to limited funding, or differing definitions of intimate partner violence victimization, many women fall through the net of being eligibility due to agency-related restrictions (Gillum, 2008; Iyger, & Sabik, 2009; Meyer, 2016; Riger, George, Byrnes, Durst-Lee, & Sigurvinsdottir, 2016).

Black women must traverse a historically rooted pattern of exclusion that also contributes to current lower access to financial resources within their communities, underfunded crisis services, and related challenges to coping. This historical context is bracketed by the assigning of blame to Black women for her matriarchal role in the Black family and community (Davis, 1971; Jones, 1949). This pattern of blaming and dishonoring of Black women adds to the weight that Black women are left to carry when they are explicitly or implicitly informed that they do not fit a profile that affords other women victims of intimate partner violence greater access to services and supports from service providers. Black women are challenged to access and receive adequate supports with a knowledge that service providers may not understand their specific experiences or needs (Gillum, 2008; Iyger, & Sabik, 2009; Riger, George, Byrnes, Durst-Lee, & Sigurvinsdottir, 2016). Yet, this awareness of the lack of specific cultural understanding may only be afforded to women who are able to successfully access services, as the nuances of continuing need are most evident through experience with women who are currently being served. For Black women who are not able to access services, there continues to be a great need for an expansion of understanding of their diverse experiences of victimization, and a need for additional IPV crisis services.

This deficit in service response to young adult Black women is also evident in the dearth of counselors who are prepared to respond to women's experiences of intimate

partner violence, or means to build upon the tools that women might already utilize in the building of their own resilience (Yoshimura, & Campbell, 2016). While existent research illustrates factors that contribute to resilience for college students, and women of color across the globe; limited data exists that illuminates the relationship between the presence of social supports, and the ways that spirituality is used to contribute to resilience for young adult Black women (Bloom, 1997; Cichetti, 2013; Covington, 2006; Stevens-Watkins, Perry, Harp, & Oser, 2012; Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014).

In an examination of the 2009 civil rights data collection, Evans-Winters (2014) noted a gaping level of underrepresentation for Black female students in gifted education, in comparison to an overrepresentation of White female students, despite evidence of their academic success and academic resilience. Instead, Black female students are faced with additional barriers that increase the likelihood of drop out. Drawing from evidence of school resilience, Evans-Winters (2014) describes the high-risk classification that Black female students receive as they work to traverse factors that increase their likelihood to drop out of school before high school, and early pregnancy, amongst other factors that are rooted in the systematic limitations that women and girls experience within their schools. These drop out factors are also associated with increased risks for IPV victimization (CDC, 2018). For Black female students, those challenges are especially difficult to traverse due to low economic resources, decreased available supports, and a larger system that expects Black female students to fail, including race-, gender, and socioeconomic-based oppressors (Evans-Winters, 2014). Many Black female students do not receive the necessary supports to avoid the attrition pitfalls. Black

girls who have been able to be resilient have been reported to find strength in their use of spirituality, positive family relationships, and a strong racial/ ethnic identity (Jones-DeWeever, 2009).

Similarly, Black women have reported finding strength through spirituality, and social supports within their own communities (Barringer, Hunter, Salina, & Jason, 2017). In a phenomenological study including ten African American women, Singh, Garnett, and Williams found that women's ability to name their trauma symptoms, having a means to contextualize their IPV victimization within racism and sexism, and any internalized oppression helped to foster Black women's resilience (2012). Women reported using acts of resistance that contributed to their resilience, such as journaling, support from other women, and spirituality (Singh et al., 2012). In contrast, ideals related to the "superwoman" trope further inhibited women's successful recovery (Singh et al., 2012). Women described using connections that already existed, and feeling empowered by the experience of resisting societal patterns that may not honor their experiences or being.

In 1971, Davis noted that Black women are often blamed for the problems in the Black community, citing the matriarchal role as the root of ongoing problems. Davis argued that this blaming disregards the continued evidence of the perseverance, resilience, and continued spirit of community advocacy and freedom that Black women have embodied across time (1971). With limited access to resources, Black women continue to work to circumvent risks that may serve to thwart their access to sustained safety due to the historical roots of these challenges.

The challenges that Black women face related to economic hardship, are historically rooted in systems of oppression related to both their race, gender, and class identities (Collins, 2000; Crenshaw, 1991; Crenshaw, Gotanda, Peller, & Thomas, 1995). In W.E.B. Dubois' 1967 study entitled *The Philadelphia Negro*, he makes it a point to note the rifts between the White and Black community within the city limits (1967). White men refused to work with Black men whose pay would be equal to their own (Dubois, 1967). This conflict between the two communities continued to grow as the Black population continued to rise within the city, resulting in formerly integrated communities, services, and schools becoming starkly more segregated by the early 1900s (Dubois, 1967). The changes in community structure are still evident today, as Philadelphia holds the rank of the fourth most segregated large city in the United States, and the most segregated large city in the entire Northeast region (Massey, 2016). Similarly, the shadow of the formerly industrious factories continue to loom heavily over the Philadelphia landscape, but workers seeking employment in factories are now tasked with traveling long distances to reach their suburban peers along routes with minimal public transportation, in order to access still less than livable wages. Many of those former domestic workers were Black people, and the reverberations of the increase in segregation, and removal of readily available work continue to negatively impact their economic well-being within the broader community.

The steady removal of accessible employment contributes to today's unemployment levels within communities of color, and for women of color, with Philadelphia continuing to hold the highest levels of unemployment within the surrounding metropolitan areas (BLS, 2018a). Philadelphia is not unlike other large

cities or areas whose populations include larger numbers of Black people. Of the city's unemployed, women represented a larger share of the unemployed population for 2018, and the rate of unemployment for Black residents overall was almost double the city's total rate (BLS, 2018b). Researchers have described the relationship between lower economic resources for women and the increased risk for both intimate partner violence and homicide (Aizer, 2010; Bonomi, Trabert, Anderson, Kernie, & Holt, 2014; Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; Lacey, West, Matusko, & Jackson, 2016).

Intimate partner violence serves as one of many lynchpins of inequality, as it serves to strengthen factors that increase Black women's vulnerability, such as lower income, parental status, and the oft cyclical relationship between economic and psychological distress (Aizer, 2010; Bonomi et al., 2014;). Intimate partner violence worsens risk-factors that had already been present for Black women, which increases the likelihood of further victimization. Intimate partner violence perpetuated against young adult Black women also furthers the impact of sexism, classism, and racism that Black women also experience outside of their homes. IPV serves as a cog within a cycle that further minimizes already bleak opportunities for access to economic resources. This cog is supported through culturally and historically rooted systems that impact women's access to resources, safety, and long-term wellness.

Young Adults

Young adults are defined as individuals between the ages of 18 and 39. This range includes women between the ages of 18 – 25, who have been defined as emerging adults, as well as young adults between the ages are 26 – 39 years of age (Arnett, 2000; Fasciano, Souza, Braun, & Trevino, 2015; Quinn, Gonçalves, Sehovac, Bowman, &

Reed, 2015; Warner, Kent, Trevino, Parsons, Zebrack, & Kirchoff, 2016). This population has been found to be at greater risk of mental health disorders (SAMHSA, 2014) related to the manifestation of trauma symptoms associated with adverse child experiences (Huh, & Kim, 2014), and intimate partner violence (IDVAAC, 2015). Black women between the ages of 18 and 39 are much more likely to be victims of intimate partner violence, and are also less likely to access intimate partner violence services (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). Before the age that many individuals might graduate high school, many may begin to live semi-autonomously, but lower-income young adults face additional economic challenges that may impact this process (NREPP, 2016). These challenges are multiplied for young adult Black women, as the challenges may have begun before they completed primary education (Evans-Winters, 2015).

Arnett's description of emerging adults in the United States often includes the experiences of upper middle class, white, college bound youth between the ages of 18 and 29 (Arnett, 2000). For less privileged populations, this process may appear different (Berzin, & Marco, 2009; Lee & Waithaka, 2016). As many of the characteristics of emerging adulthood include feelings of being in-between adolescence, while not quite feeling like an adult (Arnett, 2000). It has been noted that both employment, identity as it relates to marginalization, and access to financial support allow this period of in-betweenness to feel extended (Lee & Waithaka, 2016; Padilla-Walker, Nelson, & Carroll, 2012; Setterson and Ray, 2010), potentially allowing for individuals with greater access to resources to have more time to flounder through this process. Individuals within similar ages are described as being in transition ages. Young adult women will be used

within this study to allow for variances with economic resources for young adult Black women between the ages of 18 and 39.

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes individuals between the ages of 16 and 25 as "transition-aged youth," and notes the transitioning needs related to their movement from child-oriented needs, and adult needs (NREPP, 2016). Transition ages includes young adults between the ages of 18 and 25, and young adulthood includes ages 18 – 39, allowing for an understanding of the transition across time that young women experience (Fasciano et al., 2015; Quinn et al., 2015; Warner et al., 2016. In contrast to Arnett's description of emerging adults, SAMHSA's description includes the youth who might fall outside of privileged categories, and who might also have less access to resources. Transition-aged youth are described as being at greater risk for mental health disorders, coupled with the vulnerability associated with the transitioning processes that this population makes between compulsory education and steps toward employment, quests for independent housing, higher education, and other roles. This process also incapsulates young adults.

Young adults with experiences of childhood trauma are at an increased risk of experiencing symptoms related to childhood exposure and challenges related to interpersonal relationships begin to peak during the transition years (Bloom, 1997; Hu, Kim, Yu, & Chae, 2014; Stevens-Watkins, et al, 2014; van Vugt, Lanctot, Pacquette, Collin-Vézina, & Lemieux, 2014). Further, researchers such as Cichetti, McMahon, Goldstein, and colleagues have noted that trauma experienced during childhood has the potential to negatively impact an individual's ability to move through the process toward adulthood with the potential for additional challenges to daily functioning (Cichetti,

2013; Goldstein, Henriksen, Davidov, Kimber, Pitre, & Afifi, 2013; McMahon, 2014). Young adult Black women often lack the types of girding and support made available to the individuals that Arnett describes, and may enter this part of their lives with greater levels of past trauma, as well as great amounts of resilience. While trauma in the life histories of young adult Black women increases risks for later trauma (Lacey, West, Matusko, & Jackson, 2016), means that allow for resistance that are already known to Black women have been shown to support the building of resilience (Howell et al., 2018; Singh et al., 2012).

In a cross-cultural examination of the validity of Erikson's theory of human development, Ochse and Plug found that both gender and context challenged the resolution of Erikson's stage model and similar models of development (1986). Further, Wheeler, Ampadu, and Wangeri's highlighted the inappropriateness of fit for the stages when applied to the experiences of individuals of African descent (2002). Wheeler and colleagues posit that many African descended people, across the diaspora, possess a general sense of spirituality (Wheeler, Ampadu, & Wangeri, 2002). Dissimilar to Erikson's model, Wheeler and colleagues highlight the function of developmental stage models in furthering oppression, through culturally laden formulations of what is normal (2002), resulting in a tendency to pathologize individuals who fall outside of the included stages. Wheeler and colleagues note the strengths associated with the sense of spiritual peace earlier, and throughout life as a means to withstand systematic oppression (Wheeler, Ampadu, & Wangeri, 2002). Medical professionals have found similarities across this age group in relation to resilience and trauma as well (Quinn et al., 2015; Warner et al., 2016). With this in mind, the description of young adult to include

individuals between the ages of 18 and 39, will be used to describe the participants in this study.

Intimate Partner Violence and Trauma

Intimate Partner Violence (IPV) is a form of domestic violence that occurs within the confines of an intimate relationship (PCADV, 2018). A relationship that includes IPV involves at least one intimate partner that uses power and control over the other partner, and it may include physical, sexual, psychological, or financial abuse (Congreso, 2005; NCADV, 2018; PCADV, 2018). IPV is a form of trauma that may cause intense mental and physical distress reactions that threatens a person's sense of safety, serious injury, or death (APA, 2008; SAMHSA, 2014). Bessel van der Kolk describes this stress reaction as one that exceeds an individual's internal and external resources, and that results in extreme fear, a sense of hopelessness, and/ or impending death (1989; APA, 2008). A traumatic response could be the result of one, several, or recurrent threatening experiences that have lasting effects on the individual's physical, moral, social, or psychological safety (Bloom, 1999; SAMHSA, 2012). Researchers (i.e. American Psychological Association, 2008 and Covington, 2008) have reported that between 66 – 85% of individuals report having had a traumatic experience by the time that they reach adulthood, with nearly two-thirds of adults reporting having had experienced a traumatic experience by the age of 17 (Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016). The American Psychological Association also contends that people of color are more likely to be exposed to trauma in the United States (2008), citing discrimination as one of the contributors to this heightened exposure (APA, 2008; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008).

A traumatic experience may directly impact the processes by which a person moves through life, and manages interpersonal relationships after the trauma (Bloom, 1997; Cichetti, 2013; Goldstein, Henriksen, Davidov, Kimber, Pitre, & Afifi, 2013; McMahon, 2014). Black women who have histories of trauma have reportedly higher rates of trauma symptomology than men, as a result of factors that contribute to increased vulnerability, including safety within their own bodies as young Black women, and access to helpful resources (Becker-Blease, & Freyd, 2005; Hein, Cohen, & Campbell, 2005; Meshberg, Cohen, Pressau, Thacker, Hefner, & Svickis, 2016; Price, Davidson, Ruggierio, Acierno, & Resnick 2014; Ullman, Relyea, Peter-Hagene, &Vasquez, 2013).

Intimate partner violence (IPV) affects women's relationships to the world, themselves, and others (NCADV, 2018). This form of abuse has been shown to have a direct and potentially negative impact on the parenting relationship, attachment, and appropriate parental authority (Holt et al., 2008). Early exposure to IPV has also been shown to result in an increased likelihood for continued intergenerational familial violence, including the increased risk for IPV in children who witness the violence to also have IPV in their own future intimate relationships (Holt, Buckley, & Whelan, 2008). At least 30% of women will experience IPV in their lives (NCADV, 2018), and in at least 80% of the incidences of domestic violence, children are present (Fantuzzo, & Fusco, 2007).

History of Witnessing Interpersonal Violence

A history of witnessing interpersonal violence has been shown to have a similar impact to that of other forms of trauma (Covington, 2006). The 5th edition of the Diagnostic and Statistical Manual of Mental Health Disorders describes trauma exposure

to include witnessing or learning of the violent or accidental trauma of a close relative or friend. The American Psychological Association (APA) and the Substance Abuse and Mental Health Service Administration (SAMHSA) report that about 80% of individuals report having had experienced a traumatic event by the time that they reach adulthood (APA, 2008; SAMHSA, 2016). The APA also reports that youth and people of color are at increased risk for trauma exposure (2008), and youth who are also ethnic minorities remain overrepresented within the definition of vulnerable populations (Osgood, Foster, & Courtney, 2010; SAMHSA, 2017). Treatment providers have demonstrated an understanding of the high likelihood of trauma exposure in the lives of transition-aged youth and young women who seek substance abuse treatment services (Schafer, & Najavits, 2007; SAMHSA, 2014). Nicholas and colleagues report that minority women are less likely to seek help, yet have higher rates of posttraumatic symptoms due to their increased vulnerability as a result of lower access to resources (2016).

Trauma Histories in Young Adults

While many researchers have shown the effectiveness of treatment and interventions for individuals who are navigating trauma symptomology to include approaches that support the reestablishment of safety, and the establishment of healthy relationships (Bloom, 1997, Herman, 1992; Lieberman, Padrón, van Horn, & Harris, 2005), developmentally appropriate service availability has proven difficult to access (McMahon, 2014; Osgood, Foster, & Courtney, 2010) for young adults. Young adult Black women in face a combination of challenges related to identity in the United States (Crenshaw, Gotanda, Peller, & Thomas, 1995), and these challenges are multiplied when they are faced with the scarcity of services designed for individuals who fall in between

services appropriate for children and services designed for older adults (Osgood, Foster, & Courtney, 2010; SAMHSA: NREPP, 2016). Children who were already vulnerable, often struggle to remain or reconnect to human services, as the transition from child services to services designed to reach the needs of adults, much like the transition through adulthood, is not a smooth process for this population (McMahon, 2014; Osgood, Foster, & Courtney, 2010). Many transition-aged youth may fall through 'the cracks' (Osgood, Foster, & Courtney, 2010; SAMHSA: NREPP, 2016) as they age out of primary and secondary education. The process of accessing services outside of school-based offerings, and community resources designed to meet the needs of younger children may prove difficult to rebound from for young adult Black women who might already face a multitude of pressures.

Data from the National Intimate Partner and Sexual Violence Survey (NIPSVS), conducted via telephone, including over 14,000 interviews involving noninstitutionalized US citizens over the age of 18, revealed that an overwhelming majority of victims of both intimate partner violence and sexual violence had first been victimized before the age of 25 (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2011). The NIPSVS also noted a link between victimization in late adolescence, and early adulthood with increased risk of ongoing victimization (Breiding et al., 2011). These findings are consistent with what is known about risks of intimate partner victimization among young adults.

Intimate Partner Violence in the Lives of Black Women

Black women are at greater risk of being abused by an intimate partner, and subsequently killed than other groups in the United States (Armstrong, Gleckman-Krut, & Johnson, 2018). Intimate partner violence serves as a continuation of already

established oppression rooted on the interplay between race, class, and gender in the United States (Collins, 2000). This system of oppression informs the subservient and disposable status that many women more broadly, and Black women more specifically, have been expected to play (Collins, 2000). This expectation is most prominently noticeable when considering the roles that Black women victims of intimate partner violence are expected to fulfill. In a study examining the role of pregnancy for young adult women, Barber and colleagues found that women in relationships that involved intimate partner violence were much more likely to be mothers, as perpetrators used pregnancy and parenting as another tool of control to maintain connection to the victim (2018).

Service Delivery Needs of Young Adult Mothers

Black mothers' racial and gender identities increase the likelihood that they will be challenged by both the police and child protective service agencies (Robinson, & Chandek, 2000; Crenshaw, 1995). Young adult Black mothers are left to grapple with the safety of their own lives and those of their children's lives while also being much less likely to have access to the necessary financial resources that would result in opportunities to create sustainable safety. With daunting odds, some Black women are able to tap into a reserve of resilience that allows them to establish the necessary safety in order to continue to move forward in life. The current research related to trauma for individuals within this age group focuses primarily on the experiences of higher resourced college students (i.e. Arnett, 2000; Huh et al., 2014; Cichetti, 2013; Cichetti et al., 2013; McMahon, 2014), less is known about the intersecting needs of young adult Black women.

Similarly, much of what is known about intimate partner violence more broadly, including appropriate service responses, including counseling and other crisis services, is based upon the experiences of White, middle-class women and students (Taft et al., 2009. As a testament to resilience, there is evidence that some Black women are able to be successful through the utilization of a variety of sources of support, including spirituality, strong ethnic identity, and family support (Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2013; Stevens-Watkins, Perry, Pullen, Jewell, & and Oser, 2014). Stability and re-establishment of safety are markers of what counselors describe as important tools in providing trauma-informed care (SAMHSA, 2016). In order to provide services that are reflective of our knowledge and expertise in rendering counseling services that reflect a trauma-informed perspective, cultural competence, and an appreciation for diversity, especially in settings where the underserved population is overrepresented in crisis.

Trauma-informed care actively resists re-traumatization, it is collaborative, and empowering, and it engages in the process toward the re-establishment of safety (Bloom, 1997; Herman, 1992; SAMHSA, 2014). This type of care considers the cultural, historical, and gender contexts of clients (Substance Abuse and Mental Health Services Administration (SAMHSA; TIP 57, 2014), while avoiding the potential to pathologize clients as a result of the symptoms related to past trauma exposure. Trauma-informed care asks about the cause of current conditions, versus assuming an internal deficit, while being sensitive to coping abilities, and using shared language in treatment (Bloom, 1999). It will expand our Through this study, it is my hope that conclusions can be drawn related to the cultural influences and support needs of young adult Black women with histories of trauma. This research will also explore the limitations of treatment modalities that do not

consider the developmental needs of emerging adults, or individuals with trauma histories, with an appreciation for the location at which young adult Black women are located in the intersection of their identities. This research will acknowledge African-American women's location at the intersection of their identities as Black, women, trauma survivors, who may be between the ages of 18 and 39. This research will also further highlight the need for trauma-informed care in the training of Counselors, Child Protective Service Workers, and other front-line responders.

Selma Freiberg describes the phenomenon of 'ghosts in the nursery' (Freiberg, Adelson, & Shapiro, 1975) as experiences that challenge mothers with histories of trauma during childhood to consistently fulfill basic, daily, parenting roles. Freiberg's research examines the impact that trauma exposure during childhood has on the fulfillment of parental tasks, but there is less known about the contributing factors that lead to resilience for young adult Black mothers who have experienced or witnessed personal traumas and are able to later avoid these challenges. Research conducted by Lieberman and colleagues further supported the positive effect that factors that contribute toward resilience for mothers with trauma histories has on countering 'ghosts in the nursery,' and in their ability to create 'Angels in the Nursery' (Lieberman, Padrón, van Horn, & Harris, 2005). This resilience may contribute to the breaking of trauma cycles, stronger parent-child relationships, and trauma prevention.

While the consequences of early trauma exposure are well documented (i.e. Bloom, 1992; Herman, 1997, SAMHSA, 2016; Meshberg et al., 2016; Price et al., 2014; Becker-Bleese, & Freyd, 2005; Ullman et al., 2013; Hein et al., 2005; McMahon et al., 2014; Osgood et al., 2010), young adult women continue to show signs of resilience, in

spite of trauma histories. There has been much research about the experiences of individuals in transition ages more broadly (i.e. Arnett, 2000; Huh et al., 2014; Cichetti, 2013; McMahon, 2014), and more recently, related to the experiences of individuals who are less wealthy youth, and youth of color (i.e. Cichetti, 2013; Cichetti et al., 2013). While parenting has been noted as but one of the markers of adulthood, for young adults with histories of trauma, there is little known about the impact of trauma on this life stage for individuals with early experiences of trauma. There is even less known about how young adult Black women fare in this developmental stage, and how their experiences of witnessing trauma impacts their experiences. Selma Freiberg describes the phenomenon of 'ghosts in the nursery' (Freiberg, Adelson, & Shapiro, 1975) as experiences that challenge mothers with histories of trauma during childhood to consistently fulfill basic, daily, parenting roles. Freiberg's research examines the impact that trauma exposure during childhood has on the fulfillment of parental tasks, but there is less known about the contributing factors that lead to resilience for young adult Black mothers who have experienced or witnessed personal traumas and are able to later avoid these challenges. Research conducted by Lieberman and colleagues further supported the positive effect that factors that contribute toward resilience for individuals with trauma histories has on countering 'ghosts in the nursery,' and in their ability to create 'Angels in the Nursery' (Lieberman, Padrón, van Horn, & Harris, 2005). This resilience may contribute to the breaking of trauma cycles, and more positive outcomes.

There is a wealth of evidence that demonstrates there being a higher lifetime incidence of trauma for Black women, which also includes race and gender-based traumas (Bryant-Davis, Chung, & Tillman, 2009; Dressler, Oths, & Gravlee, 2005;

(Hampton, & Gillota, 2006; Myers, Wyatt, Ullman, Loeb, Chin, Prause, Zhang, Williams, Slavich, & Liu, 2015; Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014) and adds credence to the need for population specific service delivery. The lack of understanding of this experience for young adult Black people, and the factors that contribute to resilience for this population beckons our need to illuminate the voices of those individuals who have traversed similar hardships and have later been successful. In the face of forces that have been shown to negatively impact the process of human development, there are maltreated individuals who show signs of resilience in spite of their maltreatment experiences (Cichetti, 2013; Alshawi, & Lafta, 2014).

Trauma Treatment and Service Delivery

History of Trauma Treatment.

Early theorists, including Jean-Martin Charcot, Sigmund Freud, and Pierre Janet explored what we now understand to be the deleterious effects of trauma in the lives of women (Center for Substance Abuse Treatment, 2014; Herman, 1992). In many respects, it is partially through Freud's work of examining the origins of hysteria, that the process of understanding trauma continued (Micale, 1989; Herman, 1997). The work of these early theorists temporarily provided a deeper look into the experiences of women showing signs of hysteria, but the treatment community seemed to have forgotten about trauma for more than two decades (Herman, 1997). This phenomenon was not more fully engaged in ways that might have positively contributed to the appropriate treatment of individuals whose traumatic experiences resulted in more long-term negative outcomes in their lives until around the time of World War I (Becker-Blease & Freyd, 2005; Friedman, 2007; Lasiuk, & Hegadoren, 2006).

While trauma has historically occurred across the population, it was not until the experiences of soldiers returning from war that trauma symptoms began to be examined again (Herman, 1997; Lasiuk, & Hegadoren, 2006; Micale, 1989). Traumas related to wars were still relegated to soldiers missing home life (Herman, 1997; Lasiuk, & Hegadoren, 2006). During World War II, soldiers who exhibited signs of trauma were classified as having had internal defects resulting in their reactions to traumatic events (Lasiuk, & Hegadoren, 2006), and it was not until the Department of Veteran's Affairs began to provide counseling for what we now know to be post-traumatic stress disorder (PTSD) that new and more effective treatments began to take hold (Center for Substance Abuse Treatments, 2014). Reactions to stress that occurred after trauma were not included in the ICD-9, Revised, until 1978, and it was listed in the DSM-3 in 1980 (Center for Substance Abuse Treatment, 2014; Herman, 1997; Nicholas, Wheatley, & Guillaume, 2015). Greater exploration of the experiences of Vietnam war veterans led to opportunities that have allowed practitioners to identify similarities in the experiences of women who showed evidence of ongoing traumatic responses (Herman, 1997) that negatively impacted their lives.

We now have what has been coined the 'first generation' of trauma treatment, which included individual treatment of trauma symptoms, with the goal of integrating the trauma symptomology into the individual's life in a way that decreased distress (Center for Substance Abuse Treatment, 2014). By the 1970's the 'second generation' of trauma treatment included the popular group format, which worked to provide psycho-education and empowerment for impacted individuals to access internal strengths (Herman, 1997), in conjunction with individual counseling (Center for Substance Abuse Treatment, 2014).

More recently, there has been a paradigm shift in practitioner's approach to trauma treatment, in what may be described as the 'third generation' of treatment for trauma, which embodies trauma-informed treatment approaches (Center for Substance Abuse Treatment, 2014). Trauma-informed care works to shift away from the early assumptions about the source of trauma as an internal defect, to an appreciation for the symptoms of trauma as evidence to the impact of trauma on the lives of individuals (Bloom, 1992; Herman, 1997; Center for Substance Abuse Treatment, 2014; SAMHSA, 2016). Trauma-informed care works to integrate all available tools in the treatment of trauma symptoms, while working from an empowerment model that addresses the impact of trauma from multiple levels (Bloom, 1992; Center for Substance Abuse Treatment, 2014; SAMHSA, 2016).

The cyclical trajectory that began with the observation and treatment of women by early theorists now provides treatment providers with a greater understanding of the definition of trauma, and the role that trauma plays in the lives of individuals whose coping is overwhelmed by traumatic experiences. Several researchers, including Judith Herman, Sandra Bloom, and Bessel van der Kolk, have provided an updated framing of what trauma is, and serve as reminders of its overwhelming impact (Bloom, 1992; Herman, 1997; van der Kolk, 1989). The Substance Abuse and Mental Health Service Administration provides evidence of the benefits for the integration of the administration of care that takes trauma symptomology into account when considering the potential sources of an individual's behaviors (2014; 2016). Trauma-Informed care challenges practitioners to consider the impact that trauma may have on an individual’s life, and as a

result implores us to consider what might be viewed as challenging behaviors, as a potential reaction to a trauma (SAMHSA, 2016).

Today, between 66% and 80% of individuals in seeking for mental health services report having a history of trauma (APA, 2008; Covington, 2008; Hien, Cohen, Miele, Litt, & Capstick, 2004), and at least two-thirds of adults retrospectively report having had experienced a traumatic by the age of seventeen (Perfect et al., 2016). Many of those experiences go unreported (Committee on Child Maltreatment Research, 2014; DCADV, 2017; Luce, Schrager, & Gilchrist ,2010; PCAR, 2017; RAINN, 2017), especially when the trauma is related to witnessing a loved one be harmed (Committee on Child Maltreatment Research, 2014). Sandra Bloom describes trauma as a violation of trust, and safety (1999). For many individuals with histories of trauma, the experiences will have had occurred at the hands of someone who is close to them (Bloom, 1999: Becker-Blease, & Freyd, 2005; Ullman, Relyea, Peter-Hagene, &Vasquez, 2013). This pattern of trauma exposure has been historically consistent, but the ways in which we approach treatment for trauma symptoms has evolved over time.

Status of IPV Crisis Services.

Emergency services (i.e. general emergency shelter, emergency rental assistance, housing, and housing resources) available to residents in many large cities are underfunded (Berman, 2016; PEW, 2017a). In a 2014-15 snapshot of Philadelphia's emergency services available to victims of gender-based violence, Fred Berman described city agencies having to make decisions about providing more comprehensive services or simpler services that may not adequately meet the needs of a survivor, in order to be able to serve a larger swath of the population in need (Berman, 2016).

Ideally, women are connected to more long-term transitional housing throughout the city. Berman goes on to describe the choices that women often make about the level of safety of returning to their abusers in comparison to being homeless (2016). There is a wealth of research that identifies financial insecurity, and related homelessness as one of the key factors that contributes to women choosing not to leave their abusers at all, or returning in hopes of stability (Armstrong et al., 2018; Lacey et al., 2016). In response to the lower tax base in the area, many agencies are challenged to make choices that will determine both their longevity and the comprehensive nature of their service delivery.

Cris Sullivan, the Director of the Research Consortium on Gender-based Violence, described the goal of domestic violence programs to reduce factors that contribute to risks while primarily focusing on the enhancement of protective factors that promote well-being for domestic violence survivors (2012). Domestic violence programs aim to facilitate overall well-being while working to increase access to resources, and adding to interpersonal resources as survivors work to regain resources lost through trauma (Sullivan, 2012).

Conceptual Framework

The theoretical frameworks guiding the present study are Intracultural Trauma Theory (Gomez, 2018) and Black Feminist Theory (Collins, 2000). These frameworks work as a guide to illuminate the ways in which identity, lack of equity, and within cultural group trauma intersect to further reinforce barriers to access, and to impact resilience for young adult Black women. Both intracultural trauma theory and Black Feminist theory help to interrogate the roots of current resource imbalances, the historical issues that affect Black women and families currently, and to guide in the understanding

of the relationship between intimate partner violence as a form of trauma, and factors that contribute to resilience in the lives of young adult Black women.

More broadly, trauma is defined as directly witnessed or experienced event that causes intense mental and physical distress reactions (APA, 2013; SAMHSA, 2014). An individual may perceive the experience a threat to serious injury, death, or an individual's sense of overall safety (APA, 2008). The individual's reaction to this perceived threat is defined as a traumatic stress reaction, and it often exceeds an individual's internal or external reserves to cope (van der Kolk, 1989), resulting in extreme fear, a sense of hopelessness, and/or fear of impending death (APA, 2008). A traumatic response could be the result one, several, or recurrent threatening experiences that has lasting effects on the individual's sense of safety within their own body, assumed competence to make one's own decisions, safety around others, or psychological safety (Bloom, 1998; SAMHSA, 2012). Trauma disrupts the connections that human beings are hard-wired to maintain (Bloom, 1998). Intracultural trauma challenges Black women who are often seen as guardians or protectors of the community, and may trouble them through reinforcing of internalized oppression, and questioning of negative stereotypes about their own groups (Gomez, 2018).

Intimate partner violence not only serves to disrupt the connections and relationships that women have with their families, friends, co-workers, or other support networks, it may also threaten a woman's sense of connectedness to herself (Covington, 2006). IPV from intracultural sources may challenge a woman's perceptions of her community, and of herself more deeply. The use of power and control tactics, as they are used within intimate partner violence, may include physical, emotional, or economic

abuse, amongst other methods to exert or maintain control (NCADV, 2018; WAA, 2018). Perpetuation of intimate partner violence is a form of trauma, as the use abuse in the exertion of power and control over an intimate partner may result in fear of death, serious bodily harm, psychological distress, actual bodily harm or death.

Trauma is widespread, and prevalent (SAMHSA, 2016). It challenges individuals coping reserves, and the impact of early childhood exposure may continue to reverberate into adulthood (Huh et al., 2014).

Cultural Betrayal Trauma Theory

Cultural betrayal trauma theory builds on what we know about trauma theory, and illuminates the experiences of individuals who are victimized from perpetrators who might have a shared identity (i.e., Black identity; Gomez, 2018). General trauma theory posits that fear inducing life events that result in negative psychological consequences has the potential to cause long-term changes to cognitive functioning, memory acquisition, self-concept, physical health, relationship quality, and worldviews (APA, 2013; Bloom, 1999; Felitti et al., 1998; Herman, 1992). As a result of intracultural pressures, cultural betrayal trauma theory may result in an additional internal sequelae that includes questioning of one's own group, questioning of the validity of stereotypes, and of oneself (Gomez, 2018). Bloom and Herman highlight the challenge that trauma presents in disrupting an individual's sense of safety (Bloom, 1999; Herman, 1992), and within group trauma may further challenge safety across domains. The impact that trauma has changes as individuals age and mature, longevity of the trauma, and with the level of recurrence (Bloom, 1997; Herman, 1992; Stevens-Watkins, Perry, Pullen, Jewell, and Oser, 2014). Trauma impacts self-regulation, and connectedness (Bloom, 1997;

Bloom, 1999, Herman, 1992). Trauma that is perpetrated from a person who shares a minoritized culture may violate trust or a sense of loyalty felt within the cultural group by the person who has been victimized (Gomez, 2018).

Sue and colleagues (2007) further describe the role of ongoing oppressive experiences to similarly foster mistrust, disconnectedness, negatively impact coping, and to worsen the effects of new trauma for ethnic minority trauma survivors (Bryant-Davis et al., 2009). Recurrent trauma challenges individuals' abilities to reestablish safety or to reengage the world in ways that exemplify beliefs that the world is safe. Our safety is challenged in ways that include psychological safety, physical safety, social safety, and moral safety (e.g. an individuals' ability to adhere to their own personal values; Bloom, 1999). Ultimately, trauma may not only present a threat to an individual's sense of safety in the world, but it challenges the ability to self-regulate, to reconnect (Bloom, 1999; Hien, Cohen, & Campbell, 2005; Khantzian & Albanese, 2008) and for individuals to feel safe within themselves.

The literature is replete with evidence that trauma symptoms, or ongoing psychological distress are not the only outcome for individuals who experience trauma, as some individuals demonstrate an ability to rebound from a trauma through resilience (Matsen, 2000; Smith, Tooley, Christopher, & Kay, 2010). Trauma theory outlines the impact of trauma and adversity across various forms of safety, including psychological, physical, social, and moral safety (Bloom, 1998). While trauma theory does not clearly describe process of resilience, trauma researchers have noted the presence of resilience in the lives of individuals impacted by various forms of trauma (Bonanno, Westphal, & Mancini, 2011; Windle, 2011).

Resilience is described as the process or outcome by which an individuals is able to adapt to adversity and trauma (Matsen, 2000; Smith et al., 2011). Resilience is facilitated by the presence of both internal and external characteristics, such as self-confidence, an ability to trust in one's instincts, adaptability, a sense of control over one's life, and a positive spirituality (Karaırmak, 2010). Together, the presence of these characteristics contribute to an individual's ability to return to equilibrium after adversity. Similarly, Connor and Davidson's Resilience Scale utilizes these tenets to measure factors associated with resilience, such as tenacity; self-trust, stress tolerance, adaptability, social support, and spirituality (Windle, Bennett & Noyes, 2011.

Black Feminist Theory

Black feminist theory honors the location that Black women exist within the context of their race, gender, and socioeconomic status by actively working to resist the tendency toward viewing Black women through a singular identity lens (Collins, 2001; Few, 2007; hooks, 1984). Black feminist theory contextualizes the experiences of trauma survivors within the context of social identity, culture, and history. This theory encompasses a view that promotes intersectionality as it works to honor the multiple streams of consciousness that Black women may hold amongst members of groups that she may share some or many of her identities with (Collins, 2000; Few, 2007; hooks, 1984). Though connections across race are not a matter of fact, Patterson and colleagues note that societal pressures serve to both oppress and reinforce kindred identities among Black women (Patterson, Kinloch, Burkhard, Randall, & Howard, 2016). A critical analysis of the multiple layers of the systems that Black women live within is considered, along with the relationships between multiple systems of oppression and Black women's

well-being (Few, 2007). Few describes Black feminist theory as a critical expansion of Bronfenbrenner's ecological theory model which acknowledges that changes at any level of an individual's ecosystem may have an effect on all other layers (2007). Black feminist theory can be used to navigate and create space for the nuances across cultures represented within the identities that Black women may hold (Patterson et al., 2016). This theory serves a lens that is especially helpful to illuminate the specific needs and experiences of Black women, while working to avoid further omission of Black women, or erasure of their experiences, each layer of the system is examined within the context of history, race, gender, and socioeconomic status. In addition to highlighting the challenges faced by Black women across multiple contexts, it also serves to highlight the experiences of Black women, allowing for an illumination of culturally relevant strengths. This study will also examine each system with regard to the ways in which each system is impacted by the experiences of intimate partner violence.

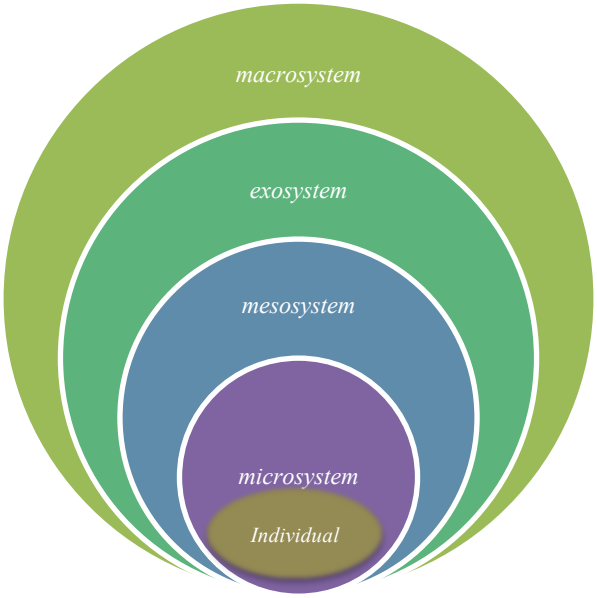

Figure 1: Individual within the system, including community, societal, and person-oriented impact, such as racism, sexism, and gendered-violence.

Lindsay-Dennis argues that Black women and girls continue to be an under researched population, unless they are used as the comparison group in studies examining the experiences of other groups that they might share singular identities, such as race or gender (Lindsay-Dennis, 2015). In as such, research utilizing Black feminist theory counters the global minimizing of Black women (Collins, 2000), and works to center their experiences in ways that are informed by their perspectives through past research, qualitative data collection, or as an expansion of what is currently known about a specific phenomenon (Lindsay-Dennis, 2015). Black feminist theory provides a critical lens by which to view Black women's identities in context to the larger society, and to view both challenges and resilience factors in ways that are reflective of past research participants' experiences as Black women. This study will explore the factors that contribute to resilience for young adult Black women within the context of socioeconomic status,

intimate partner violence, and mothering. The variables that will be examined within this study will be informed past qualitative data examining protective factors and resilience in the lives of Black women (Bryant-Davis et al., 2010; Donovan, & Williams, 2002; Hall, 2018; Mitchell et al., 2006; Taylor, 2004; Smyth, & Sweetman, 2015; Thomas, Witherspoon, & Speight, 2007).

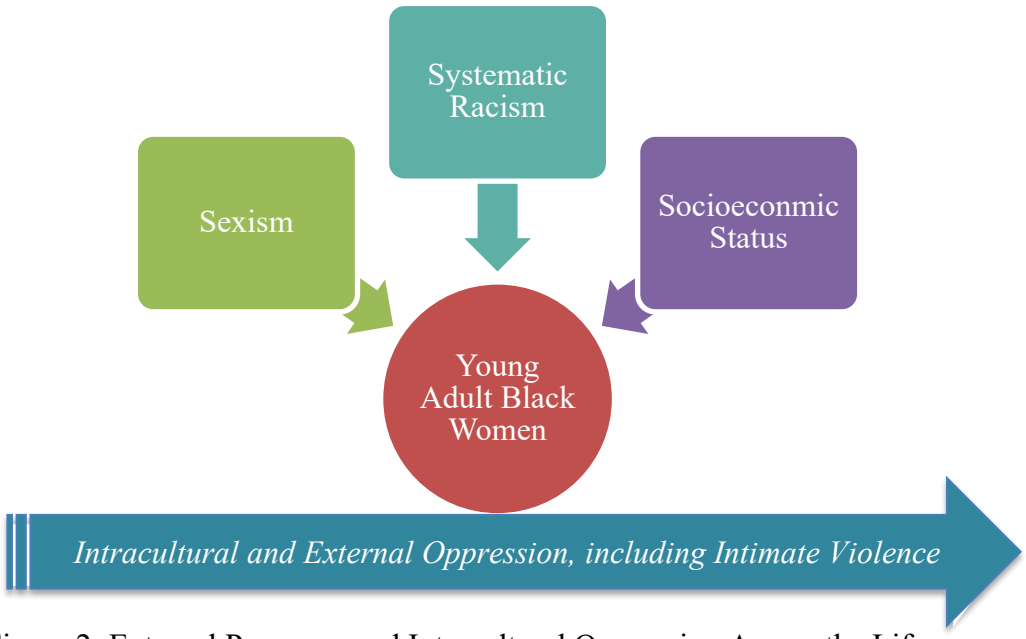

Figure 2: External Pressures and Intracultural Oppression Across the Lifespan.

Both intimate partner violence as a form of intracultural oppression, and societal oppression, including sexism, racism, and classism serve as a boundary for Black women to access counseling services, crisis services, economic resources, and sustained safety for herself. Gomez posits that these sources of oppression create additionally harmful effects for minoritized women (2018). The cycle of abuse is strengthened for young adult Black women, resulting in lower access to resources, options, and support. Black women are left to create acts of resistance to sustain their own existence, and are also left to fall outside of the context of who is eligible for services.

Figure 3: Intracultural Intimate Partner Violence as a Barrier to Services for Young Adult Black women.

Resilience

Historically, Black women have used spirituality, positive family supports, and support from other women to foster their own resilience (Bent-Goodley, 2004; Eugene, 1995; Jones-DeWeever, 2009; Singh et al., 2012; Sullivan, & Virden, 2017). These acts of resilience are within the scope of women's ability to respond, but they are often devoid of formal service supports. As a result, this act of self-preservation may also result in empowerment.

Matsen describes resilience as being within the range of human beings' ability to adapt in extraordinary situations (2001). It differs from post-traumatic growth in that resilience does not require a challenge to an individual's worldview (Calhoun, & Tedeschi, 2014). An ability to adapt, tolerate stressors, and to return to equilibrium are

characteristics of resilience (Matsen, 2001). Resilience is described as both a process, and an outcome that contributes to positive outcomes in spite of adversity that may threaten human development. Protective factors that have been shown to contribute to resilience include positive self-concept, healthy relationships, stress tolerance, self-trust, and spirituality (Matsen, 2001), including personal and social characteristics. Conversely, risk factors that challenge resilience might include genetic predisposition, environment, health, access to resources, family stability, and adverse experiences (Matsen, 2001). Parental competence serves as a protective factor. Matsen highlights that parents who demonstrate competence might include those who live in neighborhoods with low crime rates and good community resources (2001).

While this understanding of contributors to parental competence negates factors that might contribute to parent's living conditions, including historical constructs such as redlining, neighborhood segregation, and other oppressive factors (Massey, 2015; Rothstein, 2015), Matsen's definition of resilience serves as a relevant marker of characteristics that Black women have ascribed to their own resilience (Mitchell et al., 2006; Stanton-Tindall et al., 2013; Taylor, 2004). In contrast, Matsen's work also highlights the presence of resilience and competence as a result of an achievement perspective versus a developmentally associated task completion perspective or absence of psychopathology (Matsen, 2001). Parental competence is extended to describe evidence of resilience through the support of scaffolding provided by connections to loved-ones, self-efficacy, and an overall sense of well-being to contribute to parental competence (Matsen, 2001).

Researchers such as Wong and Wong (2006), Bloom (1997), Baker and colleagues (1998) describe contributors to resilience to also include the presence of safe relationships, humor, meaning assigned to adverse experiences, and connections to individuals and systems that reinforce strengths, such as faith-based systems, culture, the community, and a positive employment environment (Baker & Gippenreiter, 1998 Bloom, 1997; Holt, Buckley, & Whelan, 2008; Wong & Wong, 2006). These expanded definitions of resilience allow greater space for cultural variations and strengths across diverse populations. Additionally, Bloom notes that the meaning that an individual makes about the trauma contributes to how the trauma, or violation of safety, is processed (1997).

An ability to maintain emotional control, as well as high intelligence, and positive self-concept have been shown to contribute to higher levels of resilience for emerging adults who have been exposed to trauma in childhood (Matsen, 2001; Toth, & Cichetti, 2013). Beeble, Bybee, Sullivan, and Adams' research found that in addition to those factors, the existence of positive peer supports, including a positive relationship with a nonviolent adult is an additional contributing factor to lower psychological distress in individuals in transition ages who have trauma histories (2009; Lieberman et al., 2005). This data points the importance of resources that support the maintenance of positive relationships, interpersonal skill development, and risk reduction in relation to trauma exposure. Street, Harris-Britt, and Walker-Barnes found that adolescents who had a strong sense of ethnic identity, and more family climate stability over time showed lower levels of psychological distress (2009), similar results for found for adolescents with trauma histories (Stevens-Watkins, Perry, Harp, & Oser, 2012). These finding further the

importance of services that address the needs of individuals with less stability due to trauma exposure, the role of culture as a protective factor, and it highlights the value of consistency over time that many young adult Black women were not afforded. Many Black women have practiced resistance in pursuit of their own healing, and safety when access to other resources have not been accessible (Singh et al., 2012).

Factors that Contribute to Resilience for Women

There is consistence amongst researchers in relation to characteristics that contribute to resilience for women who have experienced trauma, such as the presence of positive social support, self-determination, spirituality, and community (Bryant-Davis et al., 2010; Erez, Adelman, & Gregory, 2009; Howell et al., 2018; Shanthakumari, Chandra, Razantseva, & Steward, 2014; Taylor, 2004). In a study including 2,959 female respondents, in a large community-level survey in Chicago, researchers examined the role of neighborhood-level supports on well-being in women victims of intimate partner violence (Wright, Pinchevsky, Benson, & Radatz, 2015). Through the use of a large, multi-level, multi-site dataset, the researchers examined the responses of the women participants. Wright and colleagues (2015) found that while the community could negatively impact intimate partner violence outcomes, community-level supports did not mitigate mental health challenges for women who had experienced intimate partner violence. However, social supports from women's family and friends did show a positive effect on women survivors' well-being (Wright et al., 2015). While Black women experienced similar challenges, and at higher incidence rates, through the use of informal supports, including social supports from other Black women, may have contributed to lower levels of distress (Bryant-Davis et al., 2010). Studies examining the role of social

support for other women of color have shown similar findings (Bryant-Davis et al., 2010; Erez et al., 2009; Shanthakumari et al., 2014; Stevenson et al., 2009; Taylor, 2004; Thomas et al., 2008; Williams et al., 2010), but less is known about how those factors work to build resilience for Black women.

Women of color, across the globe, have noted the importance of self-concept, and family supports in the role of building resilience (Zimmerman, Darnell, Rhew, Lee, & Khaysen, 2015). In a study including 843 sexual minority women, Zimmerman, Darnell, Rhew, Lee, & Khaysen (2015) found that self-concept, and family support was positively correlated to resilience. In addition, adversity experienced by sexual minority women as a result of rejection from family members, followed by help-seeking from community supports was also related to increased resilience (Zimmerman et al., 2015). While community supports has not consistently shown a relationship to resilience for women facing adversity, Zimmerman and colleagues (2015) study posits that help-seeking as a coping mechanism when familial supports are not available had a positive effect on resilience scores. This study did not examine the relationship between the individual's decision to seek help in impacting resilience scores.

Researchers reported an inverse relationship between the practice of self-expression inhibition and resilience in a study including 792 primarily African American women trauma survivors (Dale, Cohen, Kelso, Cruise, Weber, Watson, Burke-Miller, & Brody, 2014). Researchers found that women who practiced self-expression inhibition, or self-silencing, had lower levels of resilience as measured using the CD-RISC (Dale et al., 2014). Researchers also described the potential relationship between self-silencing, and depressive symptoms (Dale et al., 2014). Inhibition of self-expression, or self-

silencing may be viewed as passivity or submissiveness, and it has been shown to have a relationship to depressive symptoms in response to adversity (Dale et al., 2014). In contrast, Dale and colleagues, posited that self-advocacy had been shown to be a factor that contributed to resilience, and a potential mitigator of depressive symptoms (Dale et al., 2014). Self-advocacy has also been described as a potential factor related to resilience in Black women with histories of intimate partner violence.

Amongst a sample of 21 African-American women with histories of intimate partner violence within their own adult relationships, researchers examined factors that contributed to resilience and thriving (Taylor, 2004). Using a womanist framework, the researcher worked to view intimate partner violence within a sociocultural context, and to anchor the women's experience within their experiences as outsiders of dominant culture (Taylor, 2004). The participants included 21 women, aged 24-70 who self-identified as survivors of intimate partner violence. More than half of the women also identified as having experienced abuse in childhood (Taylor, 2004). Taylor (2004) reported the women's descriptions of protective factors to include sharing in community, self-definition, spirituality, a sense of hope, advocacy, and a sense of dignity amongst others.

A sense of dignity within the community was also determined to be a contributor to resilience in a qualitative study involving 16 self-identified resilient, East Indian women experiencing interpersonal violence (Shanthakumari et al., 2014). Researchers inquired about the personal characteristics, and perceptions of external supports that the women saw as most impactful to their resilience. The women reported factors that fit into categories related to self-efficacy, social support, access to employment, self-confidence, and a sense of dignity amongst peers. The women described support from women who

had similar trauma experiences and from non-offending male relatives as being the strongest contributors to their resilience. They described male familial support as a source of strength that allowed them to maintain the relationships with hopes of the violence ultimately ending.

Similarly, Bryant-Davis found that amongst a sample of African-American sexual assault survivors, spirituality, and social support served as protective factors, and appeared to lower rates of suicidality (Bryant-Davis, Ullman, Tsung, Tillman, & Smith, 2010). In contrast, the lack of access to community services, and limited social supports were shown to have a negative effect on resilience amongst a sample of immigrant women victims of intimate partner violence (Erez, Adelman, & Gregory, 2009). In addition to the challenges presented as a result of intimate partner violence victimization, immigrant women without citizenship are often threatened with deportation, or taught to fear connection to law enforcement services (Erez et al., 2009; HIAS, 2018). The challenges faced by immigrant women who are not citizens are further exacerbated by the isolation that many victims of intimate partner violence describe, and limited access to economic resources (Ting, 2009).

Ting found that women's prescribed value to marriage, and fears of how they might be perceived amongst their peers served as a barrier to leaving violent relationships (Ting, & Panchanadeswaran, 2009). Fear of community perception was also shown to be a concern amongst some women who described spirituality as a source of coping. In a metasynthesis of data examining the role of culturally diverse survivors of intimate partner violence, Yick (2008) found that spirituality had been shown to serve as both a coping strategy for intimate partner violence victims, and a method of reinforcement of

women's roles within abusive relationships. Spirituality as a mechanism to reinforce worthiness had been shown to be associated with more positive outcomes amongst a sample of women seeking sobriety from substance use, while spirituality that could be viewed as less worthiness or less mercy spirituality had been shown to be associated with greater challenges to achieving sobriety (Stanton-Tindall et al., 2013).

Several researchers (i.e., Alshawi, & Lafta, 2014; Herrenkohl et all, 2008) cite the role of several factors, including a positive self-concept, intellectual prowess, a determination to create a life that is different than the perpetrator(s) of abuse, the presence of healthy relationships with an adult, positive peer connections, and a connection to a faith community as contributors to resilience. In an earlier study completed by Stevens-Watkins and colleagues, examining the impact of racism on later substance use in Black women, strong ethnic identity, and connection to a faith tradition prior to the start of illicit drug use served as a protective factor (Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014). A wealth of studies have highlighted the role of spirituality as a protective factor for Black people (Howell et al., 2018; Mitchell et al., 2006; Stanton-Tindall et al, 2013; Stevens-Watkins et al., 2014), but the ways in which Black women view their relationship to spirituality and faith as a factor that contributes to resilience continues to be unclear.

Lower access to resources, including financial resources, and services that Black women intimate partner violence survivors experience as being welcoming continue to function as barriers to safety (Stevenson et al., 2009; Thomas et al., 2008). In an examination of the experiences of Black American, and Caribbean American women, Lacey and colleagues found that increased access to resources for women resulted in

lower incidences of intimate partner violence, with the greatest evidence of this for Black Caribbean women (Lacey, West, Matusko, & Jackson, 2016). Economic challenges in addition to the lack of evidence that clearly describes the factors that contribute to resilience for young adult Black women with IPV histories pose a risk that challenges the safety of this population. Indeed, limited research exists that examines the ways in which Black women utilize spirituality, and the specific types of social supports that contribute toward resilience for Black women. Spirituality continues to be an important coping style amongst Black populations, and this includes both formal religious engagement, and informal personal engagement with a higher power (Stevens-Watkins, 2014). Further, while the literature related to social support as a protective factor for women experiencing intimate partner violence, children facing adversity, and individuals facing trauma is plentiful (Bryant-Davis et al., 2010; Shanthakumari et al., 2014; Stevenson et al., 2009; Taylor, 2004; Thomas et al., 2008; Williams et al., 2010), less is known about the sources of social support that Black women define as most effective.

Summary and Conclusions

This study aims to further illuminate the factors that contribute to resilience for Black women with histories intimate partner violence. Within the resilience literature, there is evidence of a positive relationship between social supports, positive self-concept, hope, self-trust, and tenacity in the face of stressors (Howell, 2018; Matsen, 2001). There is less known about the ways that specific factors build resilience for young adult Black women. Black women have described the utility of spirituality, social supports, and journaling, but there is little research about how those resources are used to foster

resilience, and even less about how to use this knowledge to improve current services (Eugene, 1995; Jones, 1949; Ucko, 1994).

This study highlights the importance of including SAHMSA's recommendation for trauma-informed care (2014), that includes a realization of the overwhelming presence of trauma, recognizes the symptoms of trauma in client service populations, appropriately responds through our knowledge of trauma, and actively works to avoid re-traumatization (Bloom, 1997; SAMHSA, 2015). This study bridges the research gap between what is known about needs of young adults, underserved populations, current approaches to trauma treatment, and the specific mental health needs of young adult Black women who have had trauma experiences. In addition, this study may serve as a potential connecting point between the body of knowledge within clinical mental health related to the deleterious effects of early trauma exposure, the developmental needs of young adults, and the community-based programs that often serve as the front-line responders. This study connects the data that shows the differential coping strategies and styles used by African American women with trauma histories and life stressors (Staton-Tindall et al., 2013: Stevens-Watkins et al., 2012), the service needs of young adults who have experienced trauma in early childhood (Arnett, 2000; McMahon, 2014), and the benefits of trauma-informed care (Bloom, 1997; SAMHSA, 2014; SAMHSA, 2016). Little is known about the ways in which the beneficial components that each of these factors might have on prevention, and treatment of this population. This study might also serve to highlight a population that sits at one of the many intersections that has not historically been lauded for their strengths or resilience. As a result, this may lead to further strengths-based counseling for practitioners working with this population.

This research might impact policy, and practice as it spurs increased knowledge for future program design, treatment approaches, collaboration between community based-service centers and mental health practitioners, resulting in greater client success. As highlighted in the work of Najavits and Hien, there is great importance in considering the interplay between symptoms related to trauma, gender (2013), culture (Stevens-Watkins et al., 2012), and developmental stage (Cichetti, 2013) in effectively meeting the needs of the client populations that we serve.

Research has highlighted the role of within cultural influence on coping styles (Stevens-Watkins et al., 2013), the impact of positive relationships, and connection to a faith community on resilience for individuals with histories of trauma (Alshaw, & Lafta, 2014; Bloom, 1997; Herman, 1996; Stevens-Watkins et al., 2013).

Chapter Three: Methodology

The purpose of this study is to identify the factors that contribute to resilience for young adult Black women who have histories of intimate partner violence. More specifically, this study aimed to understand how exposure to trauma, spirituality, social supports, and economic resources contribute to resilience for young adult Black women. This study may allow for the development of more appropriate mental health service delivery that serve to facilitate the development of factors that have been shown to contribute to resilience for Black women. The previous chapters focused on the existing literature on intimate partner violence, resilience, and the experiences of Black women who report experiences of intimate partner violence. This chapter discusses the research design, data collection methods, the sample, measures, and the data analyses used to better understand the participants' experiences.

Research Design

The present study used quantitatively led mixed-methods, including survey research methods to assess factors that influence resilience, followed by brief follow-up interviews. Participants between the ages of 18 and 39 years of age, who identified as Black, African-American, Afro-Caribbean, Afro-Latina, or African; and having had a recent experience of intimate partner violence were invited to participate in an online survey. Participants who completed the survey were also invited to participate in a brief follow-up interview to allow for a deeper exploration of specific factors that were found to contribute to resilience, as identified in the quantitative analysis of this study. The data attained from the follow-up interviews was used to compare to the quantitative findings,

and to illuminate the experiences and knowledge that young adult Black women who have experienced IPV already hold.

Quantitative Design

Women between the ages of 18 and 39, who reported recent histories of intimate partner violence were invited to participate in an online survey using the Qualtrics software. Participants were informed of the purpose of the study, the confidential nature of their responses, and potential risks. The researcher shared contact information with participants and agencies that may have had questions about the survey, including the researcher's email address, and contact information for the Institutional Review Board. In the online survey, participant responses were requested related to recent intimate partner violence victimization, racial-cultural identity, trauma history, resilience, and spirituality. Upon completion of the survey, each participant was invited to enter a raffle to receive a gift card to a large nationwide store.

Participants who indicated an interest in participating in follow-up interviews were invited to provide their email addresses to receive an invitation to participate in a brief interview using the Zoom software's audio function, without video. The researcher sought feedback from the participants related to their perceptions of the survey, their experiences with intimate partner violence, their perceptions of resilience, and their knowledge about what contributes to resilience.

Qualitative Design

Each of the surveys used within the study have reported cultural adaptability, and have been used to understand the experiences of a variety of individuals, including Black women, victims of intimate partner violence, adolescents, and adults (Dale, Cohen,

Weber, Cruise, Kelso, & Brody, 2014; Connor, & Davidson, 2003; Hooper, 2011; Jagers, Smith, Mock, & Dill, 1997; Most, 2018; SAMHSA, 2014). While the surveys used within this study have been used to assess the experiences of similar populations, this study also used follow-up interviews to better understand the participants' experiences about the effectiveness of the surveys in capturing their experiences and knowledge related to factors that contribute to their resilience. The follow-up interviews were also used to better understand factors that contributed to the participants' resilience, which the surveys may not have ascertained. The quantitative data may be impacted by the limitations related to cultural adaptability of widely used questionnaires, and interpretations that are based on dominant culture. In order to gain a deeper understanding of women's experiences, and perspectives in relation to the surveys and their own understanding of what has contributed to their own experiences, interviews were conducted.

In addition, the accuracy of the data collected may have been impacted by participants' cautiousness related to disclosure of trauma, self-silencing, and basic need attainment in relation to the trauma. There have been numerous studies highlighting the tendency for Black communities to be cautious of researchers (i.e.: George, Duran & Norris, 2014 and Nicolaidis, Timmons, Thomas, Waters, Wahab, Mejia, & Mitchell, 2010). This cautiousness is valid, especially as it relates to the sharing of information about trauma, current functioning, and sensitive family information. In addition, Black communities have faced challenges in accessing appropriate services due to lack of culturally responsive service options, low economic resources, their age range, and the funding issues for community service agencies. These challenges are coupled with the

duplicity of racism and sexism together working as external pressures in their lives (Robinson, & Chandek, 2000). The findings of this study may serve as a strong undergirding to highlight the need for further analysis of how we currently define intimate partner violence, and related services; as the participants involved in this study are simultaneously overrepresented in intimate partner violence trauma statistics, and underrepresented in receipt of appropriate services.

A quantitatively-driven mixed-methods design, including self-report surveys and follow-up interviews, was used to answer the following research questions:

RQ1: What relationship exists between exposure to trauma and resilience for young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ2: What relationships exist between exposure to trauma, social support, and the resilience of young adult Black women who have experienced IPV?

RQ3: To what extent do exposure to trauma, social support, and spirituality relate to resilience of young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ4: What are the perceptions and experiences of young adult Black women who have experienced intimate partner violence?

Participants

Quantitative Participants

The participants for this study were initially recruited through domestic violence agencies in Philadelphia and surrounding areas. Emailed invitations including the purpose of the research and a copy of the research flyer were sent out to Executive Directors of each domestic violence agency in the city of Philadelphia, the counties surrounding Philadelphia county, and to the Executive Director of the Pennsylvania Coalition Against Domestic Violence. The Executive Director of the Pennsylvania Coalition Against Domestic Violence provided contact information for the Women of Color Caucus, and an email invitation to share the research flyer was sent to the leaders of this group. Each agency, and the Women of Color Caucus agreed to share the survey with clients who were currently receiving services through their agencies. Each contact also agreed to invite eligible participants to share the flyer with other potential participants. Young adult Black women, between the ages of 18 and 39, who reported a history intimate partner violence were invited to participate in a study aimed to increase what is known about factors that influence resilience.

The researcher offered to schedule meetings via zoom, Skype, or telephone with agency contacts to discuss the research study within and around the Philadelphia area. Throughout the data collection process, the researcher was reminded by Case Managers, Counseling Directors, and Executive Directors of the transient nature, and the state, of crises that many clients experience while in shelter or while receiving other crisis IPV services. Since many women enter shelters and seek intimate partner violence services in crisis, and receive services over a very short period of time (one week to sixty days),

snowball sampling was used to allow participants who completed the survey to share the research flyer with other potential participants. Participants shared the research flyer with women outside of the Philadelphia area. Through knowledge gained from executive directors and case managers across the state of Pennsylvania, the study was expanded to include agencies across the country, including the District of Columbia, and Puerto Rico. The survey was broadened to include young adult Black women's experiences of recent intimate partner violence across the United States. The online survey was updated to include questions related to participants' state, city, and town.

This study examined the factors that contribute to resilience for young adult Black women, who might also be connected to trauma related services, domestic violence outreach care, or emergency shelter. This study examined the factors that the women note as having contributed to their sense of inner strength, resilience, and hope, including spirituality. There were 144 responses to the Qualtrics survey, including 108 participants who completed the entire survey. The analytic sample comprised the 108 young adult Black women who completed the entire survey and who reported intimate partner violence in their most recent relationships. Of the included participants, each person consented to participate in the study, confirmed having experienced intimate partner violence in their most recent adult relationship, identified as Black (i.e. Black, African-American, African, Black-Caribbean, or Afro-Latina), and were between the ages of 18 and 39 years.

The participants' ages ranged from 18 to 39 years of age, and the mean age range was within 26 to 29 years of age range. Participants identified as African-American, Black, African, Black-Caribbean, or Afro-Latina, with 28.7% of the participants who

identified as African-American, 34.3% as Black, 3.7% as African, 16.7% as Black-Caribbean, 0.9% as Afro-Latina, 10.2% as African-American/Black, 1.9% as Black/Black-Caribbean, 1.9% as Black/Afro-Latina, 0.9% as African-American/Black-Caribbean, and 0.9% as African-American/Black/African. Almost all of the participants identified as being citizens of the United States, with 99.1% of the participants having had identified as citizens, and 0.9% identified as non-citizen of the United States. Of the participants that identified as citizens of the United States, 32.4% identified as first-generation citizens, and 66.7% as non-first-generation citizens. Participants included 55.6% who identified as single or never married, 25.9% as married or partnered, 13.0% as divorced, 3.7% as separated, and 1.9% as widowed.

Participants identified varying levels of education, and income status. More specifically, 4.6% had less than a high school diploma, 42.6% had a high school diploma or equivalent, 37.0% had taken some college courses, and 15.7% had a college degree. Income ranged from less than $12,000 per year to $50,000 per year, with 16.7% of the participants reporting earning less than $12,000 per year, 14.8% between $12,001 and $16,000 per year, 16.7% between $16,001 and $20,000 per year, 11.1% between 20,001 and 25,000 per year, 5.6% between $25,001 and $29,000 per year, 5.6% between $29,001 and $33,000 per year, 10.2% between $33,001 and $38,000, 4.6% between $38,001 and $42,000 per year, 5.6% between $42,001 and $46,000 per year, and 9.3% between $46,001 and $50,000 per year.

Less than a third of women identified as being home owners, with 19.4% of the participants reported owning a home, and 80.6% reported not owning a home. Participants were from 24 states, including five northeastern states (i.e., Pennsylvania,

Connecticut, Massachusetts, New Jersey, and New York), two western states (i.e., California, and Nevada), five midwestern states (i.e., Ohio, Michigan, Kansas, Indiana, and Illinois), and 12 southern states (i.e., Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Texas, Virginia, and Washington, DC). While space was allotted for participants to identify their city or town names, many participants did not provide this information, as this question did not require a response. Of the 108 participants in this study, 72 (70.6%) identified as living in 38 cities or towns across the United States. More than half (53.7%) identified as living in the Northeast region of the United States, 36.1% identified living in the Southern region, 6.5% identified living in the Midwestern region, and 3.7% identified living in the Western region of the United States. Of the indicated cities and town, one of the towns was identified as a potentially rural area, as indicated by the Health Resources and Services Administration (HRSA) Eligible Census Tract County-Rural Index (2016). As such, 0.9% of the participants who identified their city or towns reported living within an area that may be identified as rural, 71.3% reported living in an area that was not rural, and 27.8% did not indicate the name of their city or town.

Upon completion of the online survey, participants were invited to participate in a brief follow-up interview. Of those women who indicated interest in participating in the follow-up interviews, six women completed the interviews.

Qualitative Participants

Participants who completed the online surveys, and also indicated an interest in participating in the follow-up interviews were invited to provide email addresses so that they might be contacted to schedule an anonymous follow-up interview. The email

addresses of women who indicated interest in participating in the follow-up surveys were collected within a separate survey link using Qualtrics, in order to separate survey responses from identifiable information that may have been made available through an email user name. Sixteen participants indicated interest in participating in the follow-up interviews. Of the participants who indicated an interest in participating in the follow-up interviews, six women were selected. Each participant that indicated interest in participating in the interviews was contacted via email to schedule the brief follow-up interview. All participants were informed that the follow-up interviews would involve between twenty and thirty minutes of their time. Participants who responded and were available to coordinate an interview date and time were provided with a Zoom link to be used with audio only. Two women who indicated interest in participating in the follow-up interview, and who coordinated an interview time and date, were not included in the interviews due to personal crisis, or familial loss. The two participants that were not included informed the researcher of their being unavailable. The researcher provided crisis contact information, and information related to safety planning to one participant. Six women participated in the follow-up interviews

The six women who participated in the follow-up interviews provided verbal consent for the researcher to audio record the interviews. The six interviewees included four women who reported being single or never married, one woman who reported being married, and one woman who reported being divorced. Each participant received a pseudonym, and their names were not used or recorded during the interviews. Of the interview participants, 50% reported residing in the northeastern region of the United States, 33% reported residing in the southern region of the United States, and 16.7%

reported living in the midwestern region of the United States. The women fell into several age ranges, including one woman who fell within the 21 to 25 age range, two women who fell within the 26 to 29 age range, one woman who fell between the 30 to 35 age range, and two women who fell within the 36 to 39 age range. The women's educational experiences were varied, including two women who did not hold a high school diploma, two women who held a high school diploma, and two women who reported having completed some college courses.

Instruments

Quantitative Instruments

The researcher received written permission to use the Trauma History Questionnaire (THQ), the Spirituality Scale (SS), and the Connor-Davidson Resilience Scale (CD-RISC).

Trauma History Questionnaire. The Trauma History Questionnaire (THQ; Hooper, Stockton, Krupnick & Green, 2011) is a tool that invites participants to provide retrospective data to respond questions about specific types of trauma experiences. The THQ includes 24 self-report items and is primarily used to assess individuals' trauma histories who are over the age of 18, including military populations. The screening is available in both English and Spanish (Connor, & Davidson, 2003; Windle, Bennett, & Noyes, 2011). The survey works to measure dimensions of trauma, including sexual assault, physical abuse, and witnessing. The THQ was inspired by the Potential Stressful Event Interview (PESI), but it differs in its aim, in that the PESI was designed to assess sexual victimization and military traumas. The Trauma History Questionnaire measures various types of potentially traumatizing events, including trauma that is crime-related,

natural disasters, manmade disasters, intimate partner violence, and unwanted physical and sexual experiences through the use of "yes" and "no" response questions (Hooper et al., 2011; Norris, & Hamblen, 2004).

The THQ includes 24 yes-no questions that measure participants' exposure to trauma, including four items that measure trauma exposure that is crime-related, 13 items that measure trauma exposure that is related to a general disaster, and seven items that measure physical and sexual trauma (Hooper, Stockton, Krupnick, & Green, 2011). Examples of items on the questionnaire include a) Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat?; b) Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?; and c) Have you ever seen someone seriously injured or killed?

Hooper and colleagues report stability coefficients of .70 for test-retest reliability, and kappas ranging from .76 to 1.00 for interrater reliability (Hooper et al., 2011). In a study examining the prevalence of PTSD for individuals in treatment, who also reported lifetime trauma exposure, test-retest reliability ranged from .43 to .89 (Mueser, Rosenberg, Fox, Salyers, Ford, & Carty, 2001). Hooper and colleagues also caution against the use of traditional statistical analysis to ascertain internal or construct validity due to the nature of the survey in measuring specific and potentially unrelated traumas, as an individual's experience with one type of trauma does not always mean that they will experience another form of trauma (Hooper et al., 2011). Nevertheless, a Cronbach alpha was calculated for the current study to determine the internal consistency and reliability related to the participants' scores from the THQ.

The Cronbach α coefficient for this study's Trauma History Questionnaire (THQ) scores was .627. In this study's sample, the inter-item correlations ranged from -.135 to .325. The THQ total scores are used to represent the trauma variable, with scores ranging from 0 to 24; the participants scores within this study ranged from 0 to 14, with a mean score of 6.38 (*SD* = 3.28). While there is no standard scoring method, the THQ can be scored through tallying the scores of the affirmative responses. A response of "no" was coded and "yes" was coded 1. The Trauma History Questionnaire is presented (THQ) in Appendix I. The THQ has been shown to have an inverse relationship to resilience scores (Hooper et al., 2011). In order to measure the relationship between specific factors that are known to contribute to resilience for Black women, the THQ was used in conjunction with the Spirituality Scale.

Spirituality Scale. The Spirituality Scale is a 20 item self-report scale that measures spirituality amongst people of African descent (Jagers, & Smith, 1996). Using a 6-point Likert scale for each item, the Spirituality Scale examines religious motivation, divine purpose, volition, and spiritual well-being (Jagers & Smith, 1996). Through the use of questions that inquire about individual's sense of self, connectedness, and values, the spirituality scale measures spirituality as it relates to religious and existential well-being, internal, external, and quest orientation (Jagers, & Smith, 1996). While the scale was initially designed to measure spirituality amongst African American people, the rationale used to develop the measures cite the influence of indigenous African cultures, and shared commonality across people of African descent who also ascribe an importance to spirituality (Jagers, & Smith, 1996). In previous applications, the Spirituality Scale has been shown to result in higher spirituality scores amongst Black people than White

people in the United States, and for women in comparison to men (Mattis, 2002). Spirituality has been identified as a coping tool for Black women with histories of intimate partner violence, and it has been shown to facilitate the building of resilience (Barringer, Hunter, Salina, & Jason, 2017; Bryant-Davis, Ullman, Tsung, Tillman, & Smith, 2010; Jones-DeWeever, 2009; Singh et al., 2012; Stevens-Watkins et al., 2014).

The Spirituality Scale (SS) uses an Afro-cultural perspective, which measures spirituality using factors that have been shown to be most salient for people of African descent (Jagers, & Smith, 1996). The Spirituality Scale includes 20 questions using a 6-point Likert scale ranging from 1," "completely false," to "6," "completely true" (Jagers, & Smith, 1996). Jagers and Smith (1996) reported alpha coefficients for internal consistency of 87, with test-retest reliability of .88 for the entire scale. In an exploratory factor analysis, Most (2018) found that the Spirituality Scale included three subscales, including the Spiritual Ascription orientation subscale, the Higher Power orientation subscale, and the Material Focus subscale. The Spiritual Ascription subscale includes five items, with a Cronbach alpha of .67, and the factor loadings ranged from .76 to -.33 (Most, 2018). The Higher Power orientation subscale includes eight items, with a Cronbach alpha of .90, and the factor loadings ranged from .89 to .43 (Most, 2018). The Material Focus subscale includes seven items, with a Cronbach alpha of .77, and the factor loadings ranged from .82 to .44 (Most, 2018.

In the current study, the Cronbach α coefficient for the Spirituality Scale was .70. Based on an exploratory factor analysis by Most (2018), the scale measures spirituality using three subscales: spiritual ascription, higher power orientation, and a material focus orientation to spirituality (Most, 2018). The Spiritual Ascription subscale includes five

items that measure an individual's ascription of spiritual qualities to something outside of themselves, such as an object or other people, and had a Cronbach α of .52 (Most, 2018). The Higher Power orientation subscale includes eight items that measure the relationship to a higher power as an orientation to spirituality, and had a Cronbach α of .91 (Most, 2018). The Material Focus subscale includes seven items that measure the relationship between a participants' contentedness and material items, and had a Cronbach α of .69 (Most, 2018).

Examples of items from each subscale included a) Spiritual Ascription orientation: "To me, every object has some amount of spiritual quality"; b) Higher Power orientation: "Though I may go to the doctor when I am ill, I also pray"; and c) Material Focus orientation: "My happiness is found in the material goods I own." Three Cronbach alphas were run to determine internal consistency and reliability within this study's sample. Within this study's sample, the inter-item correlations among the 8 items comprising the Higher Power subscale ranged from .325 to .771. The inter-item correlations among the 7 items comprising the Material Focus subscale ranged from -.050 to .529. Similarly, inter-item correlations among the 5 items comprising the Spiritual Ascription subscale ranged from -.059 to .470.

Each subscale used a 6-point Likert scale that ranged from "1" representing "completely false" to "6" representing "completely true" (Jagers, & Smith, 1996). Within this study, the 8-item Higher Power subscale scores for each item ranged from 1.88 to 6, with a mean score of 4.98 (*SD* =. 96). The 5-item Spiritual Ascription subscale scores for each item in this study ranged from 1.2 to 6, with a mean score of 4.2 (*SD* = .89). Similarly, the 7-item Material Focus subscale scores for the participants in this

study ranged from 1 to 5.43, with a mean score of 3.03 (*SD* = .91). The Spirituality Scale is presented in Appendix H. Spirituality has been described as a coping tool for Black women with histories of trauma. As a result, this study used the Spirituality Scale along with the Connor-Davidson Resilience Scale 10 (CD-RISC 10), as well as the Connor-Davidson-Adaptability subscale (CD-RISC-ADAPT), and the Connor-Davidson-Self-Efficacy subscale (CD-RISC- SE).

Connor-Davidson Resilience Scale. The CD-RISC 10 included ten questions that assessed participants' resilience using a 5-point Likert scale ranging from "0," representing "not true at all," to" 4," representing "true nearly all the time" (Connor, & Davidson, 2018). While the CD-RISC 25, 10, and 2 were available, the CD-RISC 10 showed the highest level of validity and reliability, with internal consistency ranging from .86 to .88 (Kuiper, Leeuwen, Stolwijk-Swüste, & Post, 2019; Scali, Gandubert, Ritchie, Soulier, Ancelin, & Chaudieu, 2012). The CD-RISC 10 uses items 1, 4, 6, 7, 8, 11, 14, 16, 17, and 19 of the CD-RISC 25 to measure resilience as a unidimensional scale that assesses an individual's ability to bounce back from adversity (Coates, Phares, & Dedrick, 2013; Davidson, & Connor, 2018; Scali et al., 2012). The CD-RISC 10 also includes questions that address an individual's ability to adapt to change (e.g., I am able to adapt when changes occur). The CD-RISC 10 scores can range from a minimum of 0 to a maximum of 50, and the participants scores within this study ranged from 18 to 39, with a mean score of 28.46 (SD=4.75).

The CD-RISC Adaptability subscale (CD-RISC-ADAPT) is an 8-item subscale of the CD-RISC 25 that measures an individual's adaptability in the face of adversity (Green, Dennis, William, & Bryan, 2014). The CD-RISC-ADAPT subscale scores range

from a minimum of 0 to a maximum of 40. In this study, participants' scores ranged from 14 to 32, with a mean score of 22.45 (*SD* = 3.84). Similarly, the CD-RISC Self-Efficacy subscale (CD-RISC-SE) is a 6-item subscale of the CD-RISC 25 that measures self-efficacy can range from a minimum of 0 to a maximum score of 30 (Green et al., 2014). The participants' scores in this study ranged from 10 to 24, with a mean score of 17.17 (*SD* =3.52). The resilience variable is represented by the total of the CD-RISC 10 in the first hierarchical regression analysis, the CD-RISC-ADAPT in the second hierarchical regression analysis, and the CD-RISC-SE in the third hierarchical regression analysis.

While permission to use the Connor-Davidson Resilience Scale 25-item (CD-RISC 25), 10-item (CD-RISC 10), and 2-item (CD-RISC 2) scales was received from the scale developers, this study will use the Connor-Davidson Resilience Scale 10 (CD-RISC 10), a 10-item measure of an individual's resilience. The CD-RISC 25 has been widely used to measure resilience as a multidimensional scale that comprises measures 1) self-efficacy, high expectations, and persistence; 2) an ability to follow one's instincts, ability to tolerate negative outcomes, and growth related to life stress; 3) positive outlook in relation to change, and healthy relationships; 4) a sense of control over one's life; and 5) Spiritual connection (Elhers, 2008). However, several studies have found instability in the factor structure (i.e. Karairmak, 2010 and Coates, Phares, & Dedrick, 2013).

The Connor Davidson Resilience Scale 10 (CD-RISC), a validated and abridged unidimensional measure was created to measure an individual's ability to bounce back (Coates et al., 2013; Davidson, & Connor, 2018). The CD-RISC 10 was used to measure women's perceptions of their own resilience. This study used the CD-RISC 10-item self-

report scale that has been used with adolescent, adult, and geriatric populations (Windle, Bennett & Noyes, 2011), and two subscales of the CD-RISC 25, including the Adaptability and Self-Efficacy subscales. A note regarding the Connor-Davidson Resilience Scale is presented in Appendix G.

Social Support item. The item measuring presence of social supports in the current study was found on the CD-RISC-25 scale, with scores that can range between 0 to 4. The scores for social support were attained from question two within the CD-RISC-25. Question two from the larger CD-RISC-25 scale is not included within the CD-RISC-10, the CD-RISC-ADAPT subscale, or the CD-RISC-SE subscale. Within this study ranged between 1 to 4, with a mean score of 3.13 (SD = 0.88). The factors identified with the CD-RISC show overlap with the factors identified across resilience studies involving women victims of intimate partner violence (Shanthakumari et al., 2014; Stanton-Tindall et al., 2013; Stevens-Watkins et al., 2014; Smith et al., 2010; Taylor, 2004), but due to its few questions related to the presence of spirituality, the Spirituality Scale will be used to examine the relationship spirituality on Black women's resilience. A summary of the psychometric properties is reported in Table 1.

Table 1 *Psychometric Properties of Instruments*

	Source	Construct	Psychometric Test/Results
Trauma History Questionnaire (THQ)	Hooper, Stockton, Krupnick, & Green, (2011)	Trauma	**Reliability:** The THQ has high inter-rater reliability, ranging from .75 to 1.00 (Hooper, Stockton, Krupnick, & Green, 2011) Test-retest reliability ranged from .43 to .89 (Mueser, Rosenberg, Fox, Salyers, Ford, & Carty, 2001)
Connor-Davidson Resilience Scale-10 (CD-RISC-10), adaptability	Connor, & Davidson, 2018	Resilience	**Reliability:** Internal consistency for CD-RISC-10 ranged from .86 to .88 (Kuiper, van Leeuwen, Stolwijk-Swüste, & post, 2019; Scali, Gandubert, Ritchie, Soulier, Ancelin, & Chaudieu, 2012), and .91 (Wang, Shi, Zhang, & Zhang, 2010)

subscale (CD-RISC-ADAPT), and self-efficacy subscale (CD-RISC-SE)			Internal consistency for the CD-RISC-ADAPT was .91 (Green, Hayward, Williams, Dennis, Bryan, & Taber, 2014) Internal consistency for the CD-RISC-SE was .90 (Green et al., 2014) Test-retest reliability for the CD-RISC-ADAPT ranged from .78 to .90 (Scali et al., 2012; Notario-Pacheco, Solera-Martinez, Serrano-Parra, Bartolome-Guiterrez, Garcia-Campayo, & Martinez-Vizacaino, 2011) **Validity:** CFA indicated that the component ratings were positively correlated. -The CD-RISC-10 had CFI value was .94, and SRMR value of .04 (Notario-Pacheco et al., 2011) -A two factor CFA including the CD-RISC-ADAPT and the CD-RISC-SE showed CFI values was .91 with RMSEA of .07
Spirituality Scale (SS)	Jagers, & Smith, 1996	Spiritualit y	**Reliability:** The SS has high internal consistency, ranging from .84 to .87 (Jagers & Smith, 1996) Test-retest reliability was .88 (Jagers, & Smith) Internal consistency was .90 for the higher-power subscale, .77 for the material focus subscale, and .67 for the spiritual ascription subscale (Most, 2018) **Validity:** All factor loadings were above .30 with three factors accounting for 52% of the variance in the Spirituality Scale. The Higher Power oriented subscale's factor loadings ranged from .43 to .89 (Most, 2018) The Material focus subscale's factor loadings ranged from .44 to .82 (Most, 2018) The Spiritual Ascription subscale's factor loadings ranged from .33 to .76 (Most, 2018)

Qualitative Instruments

This study utilized a semi-structured interview with the intention of creating space for participants to share previously unknown knowledge related to resilience, their perspectives, and their experiences. Guiding questions were created to share the findings of the quantitative analysis, their experiences with the survey, and their own understandings of what contributes to resilience. The purpose of this study was described to each woman who participated in the survey. The interviews were conducted using the

Zoom software, without video capabilities. Each participant shared her availability, and an interview time was determined within the participant's noted availability. The interview times were confirmed with participants, and adjusted as per the needs of the participants.

All of the interviews were initiated using a question that inquired about the participant's experiences in using the interview, such as "As you think back to the surveys that you completed, would you say that your responses to the survey's questions captured what you believe contributes to your resilience?" The interview questions included limited closed-ended questions, and the researcher used encouragers, and open-ended questions to allow space for the participants to share freely. The researcher sought clarification through summarization, or the use of direct questions to better understand themes, information, and overall responses. The duration of the interviews ranged between 20 to 90 minutes each, with an average of 38 minutes per interview. Shorter interview times was determined by participants who worked to manage caregiver roles, pressing work schedules, or other needs.

Procedures

Confidentiality is of great importance when working with victims of intimate partner violence. Prior to beginning the data collection, a proposal for this study was submitted to the Institutional Review Board at the Pennsylvania State University, for approval. Upon receiving approval for this study, fliers including a link and QR (quick response) code were shared with directors of agencies that serve women victims of intimate partner violence in the Philadelphia and surrounding area. This survey was shared by participants, case managers, and executive directors within agencies, and

through social media outlets that serve Black women to identify mental health and crisis resources. In response to the feedback received from agencies that serve women who have experienced intimate partner violence, this survey was later shared on national domestic violence agency pages, within the Women of Color Caucus' private listserv, through social media pages that serve the needs of Black women, and through reddit.

Quantitative Procedures

The researcher emailed invitations to each agency within the United States, including the District of Columbia, and Puerto Rico that listed contact information within their state's domestic violence coalition. Each emailed invitation explained the purpose of the study, eligibility criteria, the use of raffles, and the anonymity of the participants' responses. The researcher emailed each individual agency listed, and provided both a copy of the research flyer, and contact information to coordinate meetings for any agency contact person who might be interested in learning more about the study before sharing the research flyer. The researcher provided the study rationale, copies of articles describing the assessment tools, and credentials to agencies that requested this information.

Within the emails, the researcher provided both an anonymous link and a Quick Response (QR) code to allow eligible participants to respond to the survey anonymously. The researcher utilized Qualtrics to distribute the surveys to interested participants who self-reported being between the ages of 18 and 39, identify as Black women, and who also have recent histories of intimate partner violence. The fliers were shared with clients receiving services at shelters and counseling agencies around the country, and eligible participants were encouraged to share the fliers with other women who might be eligible.

Within the Qualtrics survey, interested participants were provided with additional research consent information, they were invited to consent or decline participation in the survey, and they were provided with contact information for the researcher and the Institutional Review Board. The survey introduction data included a disclosure of risks, and benefits of involvement in the study. Participants will also be informed that they may choose to discontinue participation in the research study, with no consequences for discontinuance. Participants were also given information about free and emergency national crisis counseling services in order to support participants to navigate any internal crisis concerns that may arise as a result of participating in the survey.

Many women who leave their abusers arrive in shelter, or at temporary housing locations, with very little personal belongings. Women describe struggling to adjust to having had lost so many resources involved in making the decision to leave their abusers (Thomas et al., 2015). Researchers have described the aim of domestic violence programs to include the promotion of well-being, and increasing access to resources (Berman, 2016; Sullivan, 2012), but the rate of intimate partner violence continues to serve as a challenge to the available resources. Berman described the decisions that community agencies must make due to limited budgets, and this may be reflected in challenges in purchasing small essential items (Berman, 2016). Participants were invited to participate in a raffle for a gift card at the completion of the survey. One hundred ten $10 electronic gift cards were made available through raffle for participants within Qualtrics. The gift cards were made available electronically to participants, via email. Participants who chose to participate in the raffle were invited to share their email addresses within the raffle survey, but their names were not requested or included.

Winners of the raffle received $10 gift cards to a nation-wide store via email. Survey participants were also invited to provide demographic information, including their gender, racial/ ethnic background, immigration status (i.e. "Are you a first-generation citizen of the United States"), income levels, geographic location (i.e. State, town, or city).

Qualitative Procedures

At the end of the Qualtrics survey, participants were invited to participate in a follow-up reflexivity interview to share their experiences related taking the surveys, their perceptions of the tools used to assess trauma history, and their perceptions of their own resilience. The interview also served to invite women to share their beliefs about what contributes to their own resilience. Women were invited to provide feedback related to the surveys, and to share their perceptions of whether or not the findings captured their experiences. Six women who indicated an interest in being interviewed were selected to be interviewed via Zoom, audio.

The follow-up interviews were semi-structured. The follow-up questions included inquiries into the women's experiences in relation to participating in the survey, their perceptions about their own resilience, and an invitation to share their beliefs about the findings of the study. Participants were informed of the study's findings, and invited to share whether or not the findings accurately portrayed their own experiences. Participants were invited to share information about the contributors to their own resilience, and to describe how factors contributed to their resilience.

Participants were invited to provide feedback from the perspective of a consultant, and each participant was reminded of their expertise in their own experience with the

surveys, their own lived experiences, and their understanding of what contributes to their own resilience. Participants were also invited to consider their needs in relation to time available to complete the survey, and they were reminded that they were welcome to end the interview at any time without consequence. The researcher worked to express appreciation for their time and the sharing of participants' insight at the very beginning and closing of each interview. The questions used within the semi-structured interviews are included in Appendix J.

Data Collection

This study was designed to understand the factors that influence resilience for young adult Black women with histories of intimate partner violence in their adult relationships. The participants included young adult Black women who report recent histories of intimate partner violence victimization. Eligible participants who consented to participate in the study indicated affirmed their identity as Black women between the ages of 18 and 39, and indicated recent intimate partner violence in their adult relationship. Participants also indicated their state, city, or town. Due to potential concerns related to confidentiality, participants were not required to indicate city or town names.

Quantitative Data Collection

Agency Executive Directors, Case Managers, and Counseling Directors reported posting the fliers within their offices, within distinct locations within the agency, on agency websites, and some agencies agreed to provide a copy of the flyer directly to potential participants. The locations that the fliers will be placed will include domestic violence shelters, general overflow emergency shelter locations, agency websites, and

social media outlets. For example, Women Against Abuse is the only domestic violence shelter in the city of Philadelphia, and the agency has reported having to turn away over 15,000 women seeking safety in 2015 (WAA, 2015). The inclusion of shelters in the surrounding area, including general over-flow shelters will allow for a more accurate sample of Black women seeking safety. In addition, eligible participants will be invited to share the survey with other women who they believed might fit the criteria for participation in the study. Domestic violence agencies across the country shared the survey, and executive directors were granted permission to share the survey with agencies that provided similar services, including emergency shelters, crisis counseling, and immediate safety services.

Intimate partner violence is described as leading contributor to homelessness for women (Sullivan, Bomsta, Hacskaylo, 2016), resulting in women being left to make difficult decisions about their housing safety options (Galano, Hunter, Howell, Miller, & Graham-Bermann, 2013). Many women are left to seek safety outside of formal crisis shelter networks, and this may include temporary housing with family, friends, or other support network members (Galano et al., 2013; Sullivan et al., 2016). As a result, fliers will be shared on social media pages that provide therapeutic and crisis resources for Black women, including the direct link and QR code. Three questionnaires, including the Trauma History Questionnaire, the Connor-Davidson Resilience Scale, and the Spirituality Scale were used to gather retrospective responses from eligible participants.

Qualitative Data Collection

The follow-up interviews which ranged from 20 to 90 minutes, were conducted using Zoom, a web-based, video meeting software. The meetings were conducted using

the audio-only settings, with the video option deactivated in order to maintain participants' anonymity. Participants were invited to participate via Zoom link or telephone number. The researcher provided information about the purpose of the study, and they were informed that they could choose to discontinue the interview at any time without receiving any consequences. The participants were informed that their names would not be used during the interviews, and that their survey responses were not connected to their email addresses or interviews. Participants who expressed interest, were invited to provide a pseudonym to be used throughout the interview.

The researcher requested permission to record the interview using the Zoom recording capabilities. Participants who provided permission to be recorded were recorded, and their recordings were transcribed. The researcher provided the findings of the study to the participants, and invited them to share their perspectives about the findings of the study. Participants were also invited to share their perspectives about their own resilience, contributes to their resilience, and perspectives about the study instruments.

Recruitment:

Eligible participants will be identified based on their recent experience of intimate partner violence in their adult relationships. Research flyers were initially shared with domestic violence agencies across the United States, state Coalitions (i.e. the Pennsylvania Coalition Against Domestic Violence, Washington State Coalition Against Domestic Violence, Illinois Coalition Against Domestic Violence, etc.), agencies that serve the Black women with histories of intimate partner violence. The research fliers were shared on agency webpages, social media pages, and by eligible participants to

other Black women who might be eligible. The researcher flyer outlined the aims of the study, estimated time required for completion, contact information for agencies or participants who might have questions, and information about the raffle available to participants who complete the survey. In addition, the flier will be shared with moderators of social media pages that share a primary focus of providing therapeutic and crisis resources to Black women. Eligibility requirements, including the recruitment goal of inviting Black women who reside within the United States and Puerto Rico were shared with page moderators, along with the recruitment flyer. All eligible participants will have the opportunity to read and ask questions about the recruitment letter and informed consent forms. The researchers contact information, including email were included in the flyer. Participation in the study will not serve as a reward or punishment related to their status as clients or residents receiving intimate partner violence services. Participation in the study will serve as an indication of informed consent from each participant, as signatures will not be collected, due to the goal of maintaining confidentiality for participants.

Quantitative Sampling

Adaptive sampling will be used for this study, which involves selecting a sample that is representative of the larger population, while considering the movement that the sample might include as a result of various factors (Thompson, 2012). A sample of the larger population of young adult Black women in the United States who have experienced intimate partner violence in their recent relationships was sought. Recruitment materials, including a research flyer, and an email explaining the purpose of the study were shared with each domestic violence agency, state coalition that serves to

end intimate partner violence, and each agency that provides services related to addressing intimate partner violence for Black women within the United States, where identifiable email contact information was available, were individually contacted. The inclusion of women who have sought services, who receive services, and those who do not receive services will be included in order to account for women who do not choose, or are not accepted for services.

Qualitative Sampling

Of the young adult Black women who consented to participate in this study, and indicated an interest in participating in a brief follow-up study, six women were selected. Participants who expressed interest in participating in the brief follow-up interview affirmatively answered the invitation question within the Qualtrics survey, and entered their email addresses within a separate Qualtrics survey. Their email addresses were not connected to their survey responses. Of the young adult Black women who consented to be involved in the follow-up survey, six women were contacted via email to coordinate a date and time for a brief, zoom, interview.

Women who responded with their availability received time slots to select indicating their availability as well as an invitation to make suggestions for time slots that might work best for their schedules. Participants who confirmed a date received confirmation emails with a Zoom invitation, outlining the anonymous nature of the interview, and instructions to assist in accessing the link or telephone number. Participants who indicated an interest in participating in the brief follow-up interviews, and who did not reply to the initial invitation to schedule the brief interviews were sent a follow-up invitation about one week later. Participants who did not reply to the follow-

up emails to participate in the follow-up interviews were removed from the list of participants who might be interested in the interviews. This removal also accounted for participants who may no longer have had access to their email addresses.

In the event that six women were not confirmed, additional emails were sent to interested participants who were not randomly selected to participate in the follow-up emails. The invitation, follow-up, and coordinating process was repeated until six women were selected, confirmed, and interviewed.

Sample Size

Van Vorhees and Morgan (2007) recommend no less than 50 participants, and the formula $n \geq 50+8m$ to calculate the sample size, where m is equal to the number of independent variables. Three independent variables were used in this study, including adult experience of intimate partner violence, the presence of social supports, and spirituality. The control variables used in this study included age, income, parental status, and education levels. The minimum number of participants in this study included 106 participants. This study utilized a hierarchical linear regression analysis to address the quantitative research questions. The qualitative sample were obtained from the participants who complete the Qualtrics survey.

Follow-up interviews were completed to further illuminate the findings obtained through the analysis of the quantitative data, attained through the online survey. While there are a plethora of studies that use quantitative assessment tools to examine interpersonal violence for women across the United States, a scarcity of research exists that examines these findings for Black women more specifically. In the extant research that examines the experiences of Black women who have experienced intimate partner

violence in their own adult relationships includes qualitative research approaches, such as the work of Bent-Goodley (2004), Gillum (2009), and Howell and colleagues (2018), there is a dearth of research that examines the relationship between the findings ascertained from quantitative instruments and that of the voices of the young adult Black women.

In an article describing the utility of qualitative research as evidence, Miller (2010) described the utility of qualitative findings as knowledge generated by participants. This study aims to use the qualitative findings to provide evidence to support, challenge, and further illuminate factors identified, omitted, or unconsidered within the quantitative findings. As Black women are at greater risk than any other group of being abused or killed by an intimate partner, this study aimed to identify factors that contribute to resilience using pre-established surveys and questionnaires, followed by the use of interviews to gain knowledge from young adult Black women who report first-hand knowledge of the experience (Osgood, Foster, & Courtney, 2010; Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; SAMHSA: NREPP, 2016; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009; Women of Color Network, 2017). These findings may serve to support the utility of pre-established scales, the creation of new survey tools, or to highlight the effectiveness of current measures in understanding the experiences of young adult Black women with histories of intimate partner violence.

Research Questions

The overarching question that guided the study is what factors contribute to resilience for young adult Black women with histories of intimate partner violence (IPV). The factors that were examined included exposure to trauma, spirituality, and social

support, after controlling for economic resources as measured by income and education level. More specifically, the following research questions addressed were:

RQ1: What relationship exists between exposure to trauma and resilience for young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ2: What relationships exist between exposure to trauma, social support, and the resilience of young adult Black women who have experienced IPV?

RQ3: To what extent do exposure to trauma, social support, and spirituality relate to resilience of young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ4: What are the perceptions and experiences of young adult Black women who have experienced intimate partner violence?

The hypotheses for this study are as follows:

1. In the absence of social supports, or spirituality, young adult Black women who report higher levels of exposure to trauma will report lower levels of resilience.
    a. A negative relationship will exist between the levels of exposure to trauma in adulthood and levels of resilience.
2. Young adult Black women who report histories of adult experiences of intimate partner violence, who also report having social support and spirituality will report higher levels of resilience.
3. Black women who report histories of intimate partner violence, who also report spirituality and social supports, will report higher levels of resilience than women

who do not.

Independent Variables

Economic Resources. *Economic resources* were measured using an 11-item demographic questionnaire, including income status, educational level, and parental status. Income status was measured using a 10-item categorical checklist based on the United States poverty guidelines (DHHS, 2018). Educational status was measured using a 5-item categorical checklist, including "less than a high school diploma," "high school diploma or equivalent," "some college courses," or "college degree." Parental status was measured using a 1-item yes/no question that served to determine parental status. Within Qualtrics, the parental status question included an if-statement that revealed a question about the number of children a parent had based on their response to the first portion of the question "Do you have children?" An affirmative response revealed a 10-item categorical checklist that asked, "If yes, how many children do you have?" the range of answers included one to ten children. The demographic questionnaire is presented in Appendix K.

Exposure to trauma. *Exposure to trauma* was measured using the Trauma History Questionnaire, a 24-item, yes/ no questionnaire that serve to elicit responses about crime-related, natural disaster, physical/ sexual, and other sources of trauma (Hooper et al., 2011). Individuals who indicate other areas were provided space to describe further details related to experiences of witnessing intimate partner violence.

Social support. *Social support* was measured using one item from the Connor-Davidson Resilience (CD-RISC; 25) scale. The social support item within the CD-RISC is a self-report question that serves to assess individual's perceptions of social support,

using a five-point Likert scale including 0, indicating that an item is not true; 1, indicating that an item is true rarely; 2, indicating that an item is true some of the time; 3, indicating that an item is true often; and 4, indicating that an item is almost always true (Green et al., 2014; Windle, Benett, & Noyes, 2011).

Spirituality. *Spirituality* was measured using the 20-item Spirituality Scale in order to assess the role, and orientation of spirituality as a factor that contributes to resilience (Jagers, & Smith, 1996). The Spirituality Scale is a self-report scale that uses a 6-point Likert scale ranging from 1," "completely false," to "6," "completely true" (Jagers, & Smith, 1996).

Dependent Variable

Resilience. Resilience was measured using the Connor-Davidson Resilience ten item scale (CD-RISC-10), the Connor-Davidson Resilience Adaptability (CD-RISC-Adapt) subscale, and the Connor-Davidson Resilience Self-Efficacy (CD-RISC-SE) subscale. The CD-RISC-10 scale, the CD-RISC-Adapt, and the CD-RISC-SE subscales use a five-point Likert scale including 0, indicating that an item is not true; 1, indicating that an item is true rarely; 2, indicating that an item is true some of the time; 3, indicating that an item is true often; and 4, indicating that an item is almost always true (Green et al., 2014; Windle, Benett, & Noyes, 2011).

Data Analysis

Using a sequential transformative approach to the data analysis, the researcher collected quantitative data followed by qualitative data to in order to better understand the factors that contribute to resilience for young adult Black women with histories of trauma. Mixed-methods data analysis includes both quantitative and qualitative data that

can be analyzed simultaneously or sequentially (Creswell et al., 2003). Hanson and colleagues (2005) describe the use of a sequential transformative approach to data analysis to expand and elaborate findings. In this study, sequential transformative data analysis was used to highlight the experiences, needs, and strengths of young Black women. Creswell (2003) describes the utility of follow-up interviews that include variables from the quantitative findings, in order to expand upon the findings of the quantitative data analysis. Variables that showed statistical significance in explaining the variance in resilience scores for young adult Black women in this study were explored through follow-up interviews that included variables from the quantitative analysis, including social support and spirituality. Sequential transformative analyses are used to highlight the perspectives of diverse populations (Hanson, Creswell, Clark, Petska, & Creswell, 2005). This study used self-report surveys from young adult Black women between the ages of 18 and 39, followed by reflexivity interviews to highlight the perspectives of the participants.

Quantitative Data Analysis: For the first three research questions (quantitative), the data were analyzed using the Statistical Package for Social Science (SPSS) 25. A hierarchical regression analysis were used to understand the relationships between each independent variable and the outcome of resilience. Demographic control variables included age, income, and education level. Step 1 included demographic control variables. Step 2 added the adult experiences with IPV. Step 3 added social support. Step 4 added spirituality scores to examine the influence of these protective factors on resilience while controlling for demographics, other sources of adversity, and sources of

IPV exposure. Multicollinearity diagnostics examined using the variance inflation factor (VIF.

First, the descriptive statistics, including frequencies for each of the variables were examined to provide overall estimates of student characteristics for the entire sample. A hierarchical regression model was conducted to answer questions one through three. Three hierarchical regression analyses were conducted to examine the relationships between exposure to trauma, social support, and resilience, as measured by the CD-RISC-10, CD-RISC-ADAPT, and the CD-RISC-SE.

Hierarchical regression analysis allows for a researcher to determine whether variables entered at later steps of the regression model significantly contribute to the predictor variables (Pedhazur, 1997; Tabachnick & Fidell, 2000). Previous research has shown that economic resources or limited access to those resources may contribute to the risk of intimate partner violence victimization (Aizer, 2010; Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; Lacey, West, Matusko, & Jackson, 2016). To determine whether this was also the case for young adult Black women with histories of intimate partner violence, the economic resource variables were entered at the first step of each hierarchical regression model, followed by exposure to trauma in the second step. Next to determine whether social support contributed to explaining the variance in resilience scores for young adult Black women, social support was entered into the third step. Finally, spirituality was entered into the fourth step of each model to determine how much spirituality contributed to explaining the variance in resilience scores.

Prior to conducting the regression analyses, the data was assessed for multicollinearity by examining the Pearson correlations to determine the inter-

correlations between control variables, spirituality, and resilience. The tolerance levels were above .40, and variance inflation factors (VIFs) were below 2.50, which did not indicate a threat of multicollinearity. Homoscedasticity was not violated.

The change in R^2 was assessed at each step of the analyses to show the proportion of variance in the dependent variable that is explained by a variable entered into that specific step. Pearson's correlations were calculated to determine the inter-correlations between the control variables, spirituality, and resilience. These correlations provided information about the degree of multicollinearity between the variables utilized in the regression analysis.

Qualitative Data Analysis: Reflexivity interviews were used to explore research question number four, and to expand upon the findings of the quantitative data analysis (Creswell, 2003; Creswell et al., 2003). Participants were invited to provide feedback, insight, and to share their knowledge to further inform the research findings. Participants' were invited to engage with the findings produced from the analysis of data attained from research questions one through three. The researcher shared the overall findings from the quantitative analyses, and asked participants about their perceptions of whether or not they believed that their experiences were reflected within the findings. Using a semi-structed interview process, participants were invited to share their feedback, critiques about the survey tools, and recommendations. Additionally, participants were invited to share what they believed contributed to their resilience, and to expound specific tools (i.e. journaling, or meditating) that they used to continue in the face of adversity.

The quantitative research findings were included in the reflexivity interviews, and the preliminary codes were sorted into three categories that were informed by the

quantitative findings, including social supports, spirituality, and economic resources. that the interviews were grounded by an exploration the participants' perceptions of their own experiences, their definitions of intimate partner violence, their perceptions of the survey tools, and their recommendations related to gathering similar data in the future. Within the interviews, there were no deliberate comparison groups, as the interviewees identified their interest in participation after completing the Qualtrics surveys. As such there were no comparison groups (Rogers, & Kelly, 2011).

Since research done in the service to women should be aimed at finding solutions, and it should come from their voices related to their own needs (Rogers & Kelly, 2011), the findings from this research were shared with organizations that requested an opportunity to utilize the findings to inform their work with young adult Black women. The interviews were used to further document the disparities, injustice, and needs of young adult Black women, with greater insight into their perception of how their stories are portrayed in the findings. The questions were framed to focus on strengths, and to resist oppression (Else-Quest, & Hyde, 2016), and to further question the validity of the tools currently available (Lindsay-Dennis, 2015).

More than half of the participants who took part in the follow-up interviews noted the length of the survey as being too long, and there were several women who agreed to participate in the follow-up interview process who were unavailable to participate. This unavailability may have been related to a myriad of valid reasons, including cumbersome schedules, heightened periods of transition related to their current lives, limited or no access to their email, or more. In addition, the researcher was reminded of the transitory nature of women navigating safety after intimate partner violence in relation to housing,

shelter residence ranging from one week to sixty days, and other sources of crisis. While the researcher sent follow-up emails after one week to inquire about interest in participating in the interview, the researcher noted plans to discontinue attempts at contact, in an effort to respect the needs and decisions of the participants. Sixteen women reported being interested in participating in the brief follow-up interview process, and a total six women were available to be interviewed.

Of the women that were interviewed, several were available late in the evening, others were available between work breaks, or between work shifts. Participants identified spaces that they felt comfortable to interview via Skype, and many participants reported working to take care of children, prepare for their workday, clean, or care for loved ones as they interviewed. The researcher agreed to discontinue the interview at any point that a woman identified needing to discontinue. The interviews ranged from 20 to 90 minutes each, with an average of 38 minutes per interview.

The researcher used word processing software and a transcription service to transcribe the recorded interviews. Each interview transcript was imported into Dedoose, an online qualitative coding software (Version 8.2.14, 2019) to code, compare, and develop themes (Saldana, 2013). The initial codes, derived from the quantitative analysis' findings, were sorted into three groups. The initial groups included spirituality, the presence of social supports, and economic resources. These initial groups served as provisional codes (Creswell, 2013), and they were guided by the quantitative findings. Additionally, preliminary words, and phrases were collected while collecting the interview data (Saldana, 2013). As the preliminary process was noted, the researcher shared the words and phrases with each interviewee to assure that their meaning was

accurately portrayed, and to verify that the understanding that the researcher held was appropriate for what the interviewee intended when they shared their story.

While this study was quantitatively led, and included questions that were informed by variables that showed a statistically significant relationship to resilience scores, the researcher worked to remain open to the data. Intentionally working to remain open to the data was important to allow space for the women's insight and knowledge to inform, elaborate, and expand the quantitative research findings. Charmaz (2008) describes the utility of line by line coding as an approach that encourages the researcher to remain open to the data, and interpretation. The reflexivity interviews were semi-structured, and included questions that inquired about social support, and spirituality. At the close of the interviews, line by line coding was completed to highlight phenomena (Saldana, 2013). The researcher coded each line of the interviews line by line, followed by focused coding that was used to synthesize larger portions of the data (Charmaz, 2008). Charmaz (2008) describes focused coding as the categorization of data based on frequency or significance. Larger codes used to categorize the line by line codes were used to detect patterns (Charmaz, 2008; Saldana, 2013).

Researcher's Bias

The researcher is also a Black woman within the age range of the women who agreed to share their stories, perceptions, experiences, and expertise for this study. the researcher has also served as a Domestic Violence, Sexual Assault, and Stalking Counselor in the state for over ten years. The researcher used caution to avoid negatively influencing the study, and methods were used to avoid the inclusion of personal bias. The researcher conducted line by line coding to allow for a detail in observing the

women's experiences, and to remain open to the nuances in the data (Charmaz, 2008). The researcher also confirmed understandings of shared data with each participant, throughout each interview, to be sure that the meaning of the participants' statements were not misunderstood based on the researcher's worldview. In addition, the researcher worked to present the data in a clear and discernable way.

Direct excerpts of the interviews are used to illustrate the major themes that emerged, including the use of spirituality, social supports, agency, social roles, and being heard. The data collected in this study were summarized and confirmed with each woman near the completion of each interview. Common themes that women described as contributors to their resilience included the use of informal social support, spiritual practices, service in relationship to others, differing definitions of key terms related to intimate partner violence, and visibility in relation to service, sympathy, and support.

The present research study explored the following five follow-up questions that were used to triangulate and to explore the findings that were found in the quantitative analysis: (a) Would you say that your responses best captured what you believe contributes to your resilience? (b) What might you have added or taken away from the survey that you participated in? (c) Would you describe yourself as resilient? (d) What would you say contributes to your resilience? (e) Would you consider yourself a survivor of domestic violence? Why or why not?

Summary

This study aimed to further illuminate the factors that contribute to resilience for Black women with histories intimate partner violence. Using a quantitatively informed mixed-methods research design, including three hierarchical regression models used to

measure the relationship between resilience (using the CD-RISC-10, the CD-RISC-Adaptability subscale, and the CD-RISC-SE subscale), and sequential transformative approach to data analysis highlight the experiences of young adult Black women with histories of trauma. This chapter describes the research design, rationale, data collection, and data analysis for this study.

Chapter Four: Results

The purpose of this study was to identify the factors that contribute to resilience for young adult Black women who have histories of intimate partner violence. More specifically, this study aimed to understand how exposure to trauma, spirituality, social support, and economic resources contribute to resilience for young adult Black women who have histories of intimate partner violence. The following research questions were addressed:

RQ1: What relationship exists between exposure to trauma and resilience for young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ2: What relationships exist between exposure to trauma, social support, and the resilience of young adult Black women who have experienced IPV?

RQ3: To what extent do exposure to trauma, social support, and spirituality relate to resilience of young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ4: What are the perceptions and experiences of young adult Black women who have experienced intimate partner violence?

Preliminary Analysis

IBM SPSS 25 software was used to conduct three quantitative analyses in the current study. Preliminary analyses were conducted to test for assumptions, missing data and to obtain univariate descriptive data. There was no missing data for age, parental status, racial/ethnic identity, citizenship, relationship status, education level, or income

level. The variables, number of children and first-generation status included missing data due to intentional skips since participants who reported not being parents were not asked about the number of children that they had, and participants who did not report being citizens of the United States were not asked about generational status. In contrast, no participants who reported being parents or being citizens skipped the follow-up questions. The variable, number of children, had 19.4% missing data due to intentional skips for participants who indicated that they were not parents in the parental status question. The variable, first-generation status, included 0.9% missing data due to intentional skips for participants who indicated that they were not citizens of the United States.

Descriptive Statistics

The analytic sample included 108 young adult Black women who reported intimate partner violence in their most recent relationship. The participants' ages ranged between 18 and 39 years of age, and the mean age range was the 26 to 29 age range. Participants identified as African-American, Black, African, Black-Caribbean, or Afro-Latina, with 28.7% of the participants identifying as African-American, 34.3% as Black, 3.7% as African, 16.7% as Black-Caribbean, 0.9% as Afro-Latina, 10.2% as African-American/Black, 1.9% as Black/Black-Caribbean, 1.9% as Black/Afro-Latina, 0.9% as African-American/Black-Caribbean, and 0.9% as African-American/Black/African.

A summary of the descriptive analyses of all variables for the analytical sample are reported in Table 2. Descriptive statistics show that 99.1% of the participants identified as citizens of the United States, and 0.9% identified as non-citizen of the United States. Of the participants that identified as citizens of the United States, 32.4% identified as first-generation citizens, and 66.7% as non-first-generation citizens.

Participants included 55.6% who identified as single or never married, 25.9% as married or partnered, 13.0% as divorced, 3.7% as separated, and 1.9% as widowed.

Participants identified varying levels of education and income status. More specifically, 4.6% had less than a high school diploma, 42.6% had a high school diploma or equivalent, 37.0% had taken some college courses, and 15.7% had a college degree. Income ranged from less than $12,000 per year to $50,000 per year, with 16.7% of the participants reporting earning less than $12,000 per year, 14.8% between $12,001 and $16,000 per year, 16.7% between $16,001 and $20,000 per year, 11.1% between 20,001 and 25,000 per year, 5.6% between $25,001 and $29,000 per year, 5.6% between $29,001 and $33,000 per year, 10.2% between $33,001 and $38,000, 4.6% between $38,001 and $42,000 per year, 5.6% between $42,001 and $46,000 per year, and 9.3% between $46,001 and $50,000 per year.

In terms of homeownership, 19.4% of the participants reported owning a home, and 80.6% reported not owning a home. Participants were from 24 states, including five northeastern states (i.e., Pennsylvania, Connecticut, Massachusetts, New Jersey, and New York), two western states (i.e., California, and Nevada), five midwestern states (i.e., Ohio, Michigan, Kansas, Indiana, and Illinois), and 12 southern states (i.e., Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Texas, Virginia, and Washington, DC). While space was allotted for participants to identify their city or town names, many participants did not provide this information, as this question did not require a response. Of the 108 participants in this study, 72 (70.6%) identified as living in 38 cities or towns across the United States, and 36 (29.4%) did not provide their city or town information. Of the indicated cities and

towns, one of the towns was identified as a potentially rural area, as indicated by the Health Resources and Services Administration (HRSA) Eligible Census Tract County-Rural Index (2016). As such, 0.9% of the participants who identified their city or towns reported living within an area that may be identified as rural, as identified by the Human Resources & Services Administration (HRSA, 2016; HRSA, 2019), while 71.3% reported living in an area that was not rural, and 27.8% did not indicate the name of their city or town (HRSA, 2019).

Table 2 *Descriptive demographic data*

Variable	N = 108	Percentage
Age		
18 – 20 years of age	12	11.1%
21 – 25 years of age	16	14.8%
26 – 29 years of age	26	24.1%
30 – 35 years of age	27	25.0%
36 – 39 years of age	27	25.0%
Parental Status		
Yes	87	80.6%
No	21	19.4%
Number of Children		
1	20	18.5%
2	32	29.6%
3	18	16.7%
4	8	7.4%
5	6	5.6%
8	2	1.9%
10	1	0.9%
Citizenship Status		
US Citizen	107	99.0%
Not a US Citizen	1	1.0%
First Generation Status		
Yes	101	99.1%
No	1	0.9%
Relationship Status		
Single or Never Married	60	55.6%
Married or Partnered	28	25.9%
Divorced	14	13.0%
Separated	4	3.7%
Widowed	2	1.9%

Education Level		
Less than a high school diploma	5	4.6%
High school diploma or equivalent	46	42.6%
Some college courses	40	37.0%
College degree	17	15.7%
Yearly Income		
Less than $12,000	18	16.7%
$12,001 to $16,000	16	14.8%
$16,001 to $20,000	18	16.7%
$20,001 to $25,000	12	11.1%
$25,001 to $29,000	6	5.6%
$29,001 to $33,000	6	5.6%
$33,001 to $38,000	11	10.2%
$38,001 to $42,000	5	4.6%
$42,001 to $46,000	6	5.6%
$46,001 to $50,000	10	9.3%
Home Ownership		
Yes	21	19.4%
No	87	80.6%
Region		
Northeast	58	53.7%
West	4	3.7%
Midwest	7	6.5%
South	39	36.1%
Locale Descriptors		
Not identified	30	27.8%
Rural	1	0.9%
City or Suburb	77	71.3%

A higher Material Focus subscale mean score may represent challenges for an individual who is in the process of seeking safety. A participant who might have indicated a higher materially focused spiritual orientation may also have lower levels of resilience due to the scarcity of personal items available to women in shelter, or upon departure from an abusive situation. A higher score on the material focus subscale may also have been highlighted due to the state of crisis that many women who are actively leaving their abusers may be experiencing (Anderson, Renner, & Danis, 2012; Merchant, & Whiting, 2015).

The variables included in this study were exposure to trauma, social support, resilience (as measured by the CDR-10, the CDR-ADAPT subscale, the CDR-SE subscale), and Spirituality (as measured by the Higher Power subscale, Material Focus subscale, and Spiritual Ascription subscale). Table 3 shows a list of the independent and dependent variables included in this study with descriptive statistics.

Table 3 *Descriptive Statistics for the Independent and Dependent Variables* (N= 108)

Variable	Min	Max	Mean	Std. Deviation
Trauma	0.00	14.00	6.73	3.13
Social Support	1.00	4.00	3.16	0.88
Resilience (CDR-10)	13.00	36.00	25.76	4.97
CDR-ADAPT	12.00	28.00	19.45	3.65
CDR-SE	9.00	24.00	17.04	3.77
Higher Power	1.88	6.00	4.98	0.98
Material Focus	1.00	5.43	3.01	0.88
Spiritual Ascription	1.20	6.00	4.17	0.86

Quantitative Results

The quantitative data analysis aimed to examine the relationships between exposure to trauma, social support, and resilience, controlling for income, age, education, and parental status. The following research questions were utilized to complete the data analysis:

RQ1: What relationship exists between exposure to trauma and resilience for young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

RQ2: What relationships exist between exposure to trauma, social support, and the resilience of young adult Black women who have experienced IPV?

RQ3: To what extent do exposure to trauma, social support, and spirituality relate to resilience of young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

Hierarchical Regression Analyses

Three separate hierarchical regression analyses were conducted to examine the relationship between exposure to trauma resilience, presence of social supports, and spirituality, after controlling for economic resources, including age, income, education level, and parental status. The control variables have been shown to have a relationship to individuals' levels of resilience, including women who have histories of intimate partner violence (Aizer, 2010; Bonomi, Trabert, Anderson, Kernie, & Holt, 2014; Petrosky et al., 2017; Lacey et al., 2016). Black women in young adulthood are at greatest risk of intimate partner violence victimization (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009), are at heightened risk of being victims of homicide by their intimate partners, and often fall through service gaps (Osgood, Foster, & Courtney, 2010; SAMHSA: NREPP, 2016). The variables were entered in steps (or blocks) as follows; (a) the control variables were entered in the first step of the regression model, including age, income, education levels, and parental status, (b) exposure to trauma was entered I the second step, (c) social support was entered in the third step, and (d) the spirituality subscales, higher power orientation, spiritual ascription, and material focus orientation, were entered in the fourth step. The regression analysis was conducted three separate times, one for each resilience measure (i.e., the CD-RISC 10, the CD-RISC-ADAPT, and the CD-RISC-SE).

To test the relationship between exposure to trauma, social support, and resilience for young adult Black women, controlling for income, age, education, and parental status, the first regression analysis used the CD-RISC-10 that measures an individual's ability to bounce back in response to hardship (Scali, Gandubert, Ritchie, Soulier, Ancelin, & Chaudieu, 2012). The second regression analysis tested the relationship between exposure to trauma, social support, and resilience, using the CD-RISC-ADAPT, an eight-item subscale that measures an individual's adaptability or ability to adapt in response to adversity (Green et al., 2014). Finally, the third regression analysis tested the relationship between exposure to trauma, social support, and resilience, using the CD-RISC-SE, a six-item subscale that measures an individual's self-efficacy or belief in their own ability in the face of challenges (Green, et al., 2014). Each regression analysis will be entered in steps, with resilience entered as the dependent variable.

Quantitative Results

RQ1: **What relationship exists between exposure to trauma and resilience for young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?**

The first hierarchical regression was conducted to understand the relationship between exposure to trauma, social support, and spirituality, and resilience for young adult Black women with histories of intimate partner violence trauma. Resilience was measured by the CD-RISC 10. At step 1, the control variables were entered. Age was the first variable entered, followed by income, education levels, and parental status. Several key variables significantly explained variability in resilience at each step of the

hierarchical regression. At step three, social support was entered and explained 26% of the variability in resilience, adjusted R^2 =.261, $F(6,99) = 7.718$, β = .502, $t(99) = 5.894$, p = .000, 95% CI [1.876, 3.781] were significantly related to resilience as measured by the CD-RISC-10 in the third step.

Table 4 *Hierarchical Regression Summary for Factors that Influence Resilience for Young Adult Black Women with Histories of Intimate Partner Violence Trauma, using the CD-RISC-10 (N = 108)*

Step and predictor variables	*B*	*SE*	ß	R^2	ΔR^2	*F*
Step 1				.058	.058	1.551
Age	.253	.427	.067			
Income	-.020	.211	-.012			
Education Level	1.347	.721	.219			
Parental Status	.281	1.233	-.023			
Step 2				.059	.012	1.246
Age	.255	.429	.067			
Income	-.016	.212	-.009			
Education Level	1.384	.735	.225			
Parental Status	.240	1.246	-.019			
Trauma Exposure	.046	.161	.029			
Step 3				.303	.261***	7.178*
Age	.155	.371	.041			
Income	.051	.184	.030			
Education Level	.828	.643	.134			
Parental Status	-.514	1.079	-.041			
Trauma Exposure	.000	.139	.000			
Social Support	2.829	.480	.502***			
Step 4				.381	.323*	6.554*
Age	.127	.365	.034			
Income	.026	.177	.015			
Education Level	1.102	.624	.179			
Parental Status	-.408	1.042	-.033			
Trauma Exposure	.056	.135	.035			
Social Support	2.259	.506	.401***			

Spirituality - Higher Power	.837	.512	.165
Spirituality - Spiritual Attribution	1.132	.578	.185
Spirituality - Material Focus	.066	.519	.012

*Note: *** p <.001; *p <.05*

RQ2: What relationships exist between exposure to trauma, social support, and the resilience of young adult Black women who have experienced IPV?

In the second hierarchical regression, the CD-RISC-ADAPT subscale scores were used to represent the resilience variable, and measured the adaptability aspect of resilience. The second hierarchical regression was conducted to understand the relationship between exposure to trauma, social support, spirituality, and resilience that measured the adaptation aspect of resilience for young adult Black women with histories of intimate partner violence trauma. At step 1, the control variables were entered. Age was the first variable entered, followed by income, education, levels, and parental status. Several key variables significantly explained variability in resilience in the hierarchical regression. At step three, social support was entered and explained 25.3% of the variability in resilience, adjusted R^2 =.253, $F(6,99) = 6.918$, β = .471, $t(99) = 5.501$, p = .000, *95% CI* [1.239, 2.636]. Social support was significantly related to resilience as measured by the CD-RISC-ADAPT in the third step.

The spirituality variables were entered in the fourth step, and explained 32% of the variability in the adaptability aspect of resilience, adjusted R^2 = .322, $F(9,96) = 6.552$, p = .000. Spirituality that was oriented toward Higher power, β = .101, $t(96) = 1.001$, p = .320, *95% CI* [-.368, 1.115], Spiritual attribution, β = .250, $t(96) = 2.634$, p = .010, *95% CI* [.274, 1. 950], and Material focus, β = .029, $t(96) = .312$, p = .756, *95% CI* [-.634, .

870]. While Higher power, and material focus oriented spirituality were not significantly related to the adaptability aspect of resilience, spiritual attribution was significantly related to the adaptability aspect of resilience, as measured by the CD-RISC-ADAPT.

Table 5 *Hierarchical Regression Summary for Factors that Influence Resilience for Young Adult Black Women with Histories of Intimate Partner Violence Trauma, using the CD-RISC-ADAPT (N = 108)*

Step and predictor variables	*B*	*SE*	ß	R^2	ΔR^2	*F*
Step 1				.080	.043	2.191
Age	.370	.308	.134			
Income	.035	.152	.029			
Education Level	.845	.520	.188			
Parental Status	-.186	.889	.021			
Step 2				.080	.034	1.740
Age	.370	.310	.134			
Income	.037	.153	.030			
Education Level	.858	.531	.191			
Parental Status	-.171	.899	-.019			
Trauma Exposure	.016	.116	.014			
Step 3				.295	.253***	.918*
Age	.302	.273	.109			
Income	.082	.135	.067			
Education Level	.477	.472	.106			
Parental Status	-.359	.792	-.040			
Trauma Exposure	-.015	.102	-.103			
Social Support	1.938	.352	.471***			
Step 4				.381	.322*	6.552*
Age	.320	.266	.116			
Income	.052	.129	.042			
Education Level	.641	.455	.143			
Parental Status	-.214	.760	-.024			
Trauma Exposure	.021	.098	.018			
Social Support	1.554	.369	.378***			
Spirituality - Higher Power	.374	. 374	.101			

Spirituality - Spiritual Attribution	1.112	.422	.250*
Spirituality - Material Focus	.118	.379	.029

*Note: *** p <.001; *p <.05*

RQ3: To what extent do exposure to trauma, social support, and spirituality relate to resilience of young adult Black women who have experienced IPV, after controlling for economic resources (i.e., income, age, education level, and parental status)?

In the third hierarchical regression, the CD-RISC-SE subscale scores were used to represent the resilience variable, and measured the self-efficacy aspect of resilience. The third hierarchical regression was conducted to understand the relationship between exposure to trauma, social support, spirituality, and resilience that measured the self-efficacy aspect of resilience for young adult Black women with histories of intimate partner violence trauma. Age was the first variable entered, followed by income, education, levels, and parental status. Several key variables significantly explained variability in resilience in the hierarchical regression. At step three, social support was entered and explained 31.8% of the variability in resilience, adjusted R^2 =.318, $F(6,99)$ = 9.155, β = .451, $t(99)$ = 5.518, p = .000, 95% CI [1.245, 2.644]. Social support was significantly related to resilience as measured by the CD-RISC-SE in the third step.

The spirituality variables were entered in the fourth step, and explained 37.6% of the variability in the adaptability aspect of resilience, adjusted R2 =. 376, F(9,96) = 8.041, p = .000. Spirituality that was oriented toward Higher power, β = .084, t(96) = .868, p = .387, *95% CI* [-.419, 1.071], Spiritual attribution, β = .237, $t(96)$ = 2.603, p = ..011, *95% CI* [.262, 1. 946], and Material focus, β = -.025, $t(96)$ = -.284, p = .777, *95%*

CI [-.863, .647]. While Higher power orientated, and material focus oriented spirituality were not significantly related to the adaptability aspect of resilience, spiritual attribution was significantly related to the adaptability aspect of resilience, as measured by the CD-RISC-SE.

Table 6 *Hierarchical Regression Summary for Factors that Influence Resilience for Young Adult Black Women with Histories of Intimate Partner Violence Trauma, using the CD-RISC-SE (N = 108)*

Step and predictor variables	*B*	SE	*ß*	R^2	ΔR^2	*F*
Step 1				.150	.116*	4.447*
Age	.455	.310	.157			
Income	.175	.153	.136			
Education Level	.912	.523	.194			
Parental Status	-.284	.895	-.030			
Step 2				.159	.117	3.782*
Age	.459	.310	.159			
Income	.186	.153	.145			
Education Level	1.009	.531	.214			
Parental Status	-.176	.900	-.019			
Trauma Exposure	.122	.116	.101			
Step 3				.357	.318***	9.155***
Age	.391	.273	.135			
Income	.232	.135	.180			
Education Level	.626	.472	.133			
Parental Status	-.365	.792	-.038			
Trauma Exposure	.090	.102	.075			
Social Support	1.944	.352	.451			
Step 4				. 430	.376*	8.041***
Age	.377	.267	.130			
Income	.206	.130	.160			
Education Level	.789	.457	.168			
Parental Status	-.277	.764	-.029			
Trauma Exposure	.123	.099	.102			
Social Support	1.515	.371	.352***			
Spirituality - Higher Power	.326	.375	.084			

Spirituality - Spiritual Attribution	1.104	.424	.237*
Spirituality - Material Focus	-.108	.381	-.025

*Note: *** p <.001; *p <.05*

These analyses revealed that social support significantly contributed to the variance for resilience, as measured by the CD-RISC-10 unidimensional scale, the adaptability aspect of resilience, and the self-efficacy aspect of resilience for young adult Black women with histories of intimate partner violence. Spiritual ascription-oriented spirituality also significantly contributed to the variance for both the adaptability and self-efficacy aspects of resilience for young adult Black women with histories of intimate partner violence.

Quantitative Results Summary

This study's results indicated a number of interpretable findings related to the utility of social support, and spirituality in predicting resilience for young adult Black women. The first hierarchical regression using the total resilience scores, showed that social support contributed to a statistically significant amount of variability for resilience. When social support was added to the model in step three, there was a 2.829 unit increase in resilience scores for each unit increase in social support.

The second hierarchical regression included a subscale of resilience that measured an individual's ability to adapt in the face of adversity, CD-RISC-ADAPT. Social supports was shown to contribute to resilience at a statistically significant level at steps three and four. This means that when social support was added to the model in step three, there was a 1.938 unit increase in the adaptability aspect of resilience for each unit increase in social support. The addition of social support continued to be significant once

spirituality was added to the model. At step 4 of this analysis, spiritual ascription also contributed to explaining resilience for young adult Black women at statistically significant levels. When spiritual ascription-oriented spirituality was added to the model in step four, there was a 1.11 unit increase in the adaptability aspect of resilience for each unit increase in spiritual ascription-oriented spirituality

A third hierarchical regression included a subscale of resilience that measured an individual's perception of self-efficacy in the face of adversity, CD-RISC-SE. At step two, when trauma exposure was added to the model, education level approached statistical significance, but were not significant. At step three, when social support was added to the model, education levels no longer approached statistical significance. Social supports contributed significantly to the amount of variance in resilience scores. This means that when social support was added to the model in step three, there was a 1.944 unit increase in the self-efficacy aspect of resilience for each unit increase in social support. The addition of social support continued to be significant once spirituality was added to the model. At step 4 of this analysis, spiritual ascription also contributed to explaining resilience for young adult Black women at statistically significant levels. When spiritual ascription-oriented spirituality was added to the model in step four, there was a 1.104 unit increase in the adaptability aspect of resilience for each unit increase in spiritual ascription-oriented spirituality

and showed that for each unit increase in social support, resilience scores increased by 1.944 units. Spirituality was added to the model in step 4 to explain the variance in resilience. Social supports continued to contribute to resilience scores at a statistically significant level (p=.000), and spirituality that included a spiritually ascribed-

orientation contributed to the variance. For each unit increase in spiritually-ascribed oriented spirituality, resilience scores increased by 1.104.

The presence of social support in the lives of young adult Black women was related to higher levels of resilience overall as well as adaptability and self-efficacy aspects of resilience. Additionally, spiritually ascribed spirituality contributed to type of spiritually positively predicted resilience scores. For young adult Black women with a spiritually ascribed orientation of spirituality, which was characterized by descriptions of connection, faith, and beliefs that connection and attributed a spiritual presence to things in life in order to make life easier resulted in higher levels of resilience scores (Jagers, & Smith, 1996). Alternatively, young adult Black women who reported higher material focused spirituality had lower resilience scores, and this may be due to the experience that many women have when leaving the homes that they may have shared with their partners.

Qualitative Findings

Sequential Transformative Analysis

Six individual interviews involving young adult Black women who completed an online survey about their experiences of intimate partner violence were audiotaped, and transcribed verbatim. Preliminary words and phrases were noted while collecting the data for analytic consideration (Saldana, 2013). This process was noted, and preliminary phrases were shared with each interviewee to allow the interviewee to clarify or correct any misunderstood meaning related to their shared narrative. Participants clarified, corrected, or confirmed meanings and summaries throughout the interviews. The data were also analyzed at several points through a method of constant comparison (Charmaz,

2006; Creswell, 2013). The researcher used the audio recordings, and transcripts of the interviews to conduct the data analysis in Dedoose. The researcher listened to the audio recording of the interviews, and used Dedoose, a computerized software to analyze overall themes, to develop codes using a sequential transformative analysis of the interview transcripts, and to confirm consistency with the transcribed interview sessions. Within Dedoose, the data from each interview were coded using larger themes in order to capture holistic meaning (Saldana, 2013). Next, smaller portions were coded, line by line, to highlight major themes and ideas with greater detail (Charmaz, 2008; Saldana, 2013). This initial analysis allowed for broad themes and categories to emerge based on their overall meanings, and the descriptions that women provided (Charmaz, 2008; Saldana, 2013; Strauss, & Corbin, 1997).

The initial coding was comparative, and informed by the quantitative findings. As such, provisional codes were sorted into three groups (Creswell, 2013), including spirituality, social support, and economic resources. The researcher reviewed the data immediately following each interview, and noted themes. This process was repeated after each subsequent interview, and the researcher compared the data between interviewees. Upon completion of the interviews, the researcher recoded each interview line by line noting new observations, and similarities across the women who participated in the interviews. This process was followed by focused coding that allowed the researcher to more broadly synthesize larger portions of the data (Charmaz, 2006). Charmaz (2006) describes focused coding as the process by which large amounts of data are selected based on frequency or significance in order to categorize. In this study, the researcher identified frequent themes, and points upon which the women expounded most

upon in order to categorize codes. These codes were used to create both in vivo and substantive codes. Charmaz (2006) describes in vivo codes as codes that are derived directly from the participants such as specific phrases (i.e. the code "adapt to change" was taken directly from participants' who used this term to describe their adaptability), and substantive codes are the researchers' theoretical understanding of the meanings associated with the codes. Both in vivo and substantive codes were used in the analysis of the interview data.

The reflexivity interviews explored the following five follow-up questions that were used to triangulate and to explore the findings that were found in the quantitative analysis: (a) Would you say that your responses best captured what you believe contributes to your resilience? (b) What might you have added or taken away from the survey that you participated in? (c) Would you describe yourself as resilient? (d) What would you say contributes to your resilience? (e) Would you consider yourself a survivor of domestic violence? Why or why not?

Description of the Participants

Six women who participated in the follow-up interviews provided verbal consent for the researcher to audio record the interviews. The six interviewees included four women who reported being single or never married, one woman who reported being married, and one woman who reported being divorced. Each participant received a pseudonym, and their names were not used or recorded during the interviews. Of the interview participants, 50% reported residing in the northeastern region of the United States, 33% reported residing in the southern region of the United States, and 16.7% reported living in the midwestern region of the United States. The women fell into

several age ranges, including one woman who fell within the 21 to 25 age range, two women who fell within the 26 to 29 age range, one woman who fell between the 30 to 35 age range, and two women who fell within the 36 to 39 age range. The women's educational experiences were varied, including two women who did not hold a high school diploma, two women who held a high school diploma, and two women who reported having had completed some college courses.

Table 7 *Interviewee education level, age range, region, and relationship status information*

Interview Number	Pseudonym	Education Level	Age Range	Region	Relationship Status
1	Candace	Some College	21 – 25	Northeast	Single/ Never Married
2	Trina	Less than High School	36 – 39	South	Single/ Never Married
3	Nicole	High School	36 – 39	Northeast	Married
4	Raina	High School	26 – 29	Midwest	Single/ Never Married
5	Tish	Less than High School	26 - 29	Northeast	Single/ Never Married
6	Mina	Some college	30 - 35	South	Divorced

Data Collection Process

The qualitative analysis serves to answer research question number four. This question is answered by the participants in this study who agreed to participate in a follow-up interview after completing the online survey that aimed to understand factors that contribute to resilience for young adult Black women. Research participants, including six women between the ages of 18 and 39, who reported recent histories of intimate partner violence in their own adult relationships, were invited to describe their

experiences. The women were asked about their experience with the survey items, and their perceptions of the survey tools. They were asked to share what they believed should have been added or taken away that might have allowed for a more effective tool used in understanding their experiences, and the contributors to their own resilience. The women were also invited to share their stories of IPV trauma, what they believed contributed to their own resilience, and their perceptions of themselves within the process in relation to current ideas related to intimate partner violence.

Upon completion of the Qualtrics survey, participants were invited to indicate their interest in participating in a brief follow-up survey. Interested participants responded affirmatively to the participation invitation, and provided their email addresses for contact within a survey that was not connected to their survey responses. A total of sixteen women indicated interest in participating in the follow-up interviews. Each interested participant received an email inviting them to respond, and requesting their availability. Within the email, women were informed that the interviews would be conducted through an online meeting tool such as zoom, without video. Video would not be included so that women might be able to participate anonymously. Participants were invited to join the Zoom meeting using a link, or to call into the meeting with a blocked telephone number. Due to the potential stage of crisis, the level of transiency that many women experience as they work to stabilize safety, only two attempts would be made to invite Black women in young adulthood to participate in the interview. A follow-up email was sent out to women who did not respond within two days after the initial invitation emails were sent out to the first six women.

This process was repeated until a total of six women were selected to participate in the interview process. Within the process of confirming interviews, several interested participants were unable to take part in the interviews due to unexpected loss, or personal safety concerns related to coping. The researcher thanked the women for their interest, and provided national crisis service information via email as a safety measure.

Six women agreed to participate in the follow-up interviews. The interviews were conducted using a Zoom link, without video. Women accessed a Zoom meeting link using email addresses, or blocked telephone numbers. The emails used to access the link were identified as being safe email addresses, and the women reported feeling comfortable being contacted through the provided email accounts to schedule the meeting and to connect via Zoom with audio only. The emails included minimal information about the nature of the meeting, and offered information related to follow-up related to a survey. This researcher chose to include as little information in the emails as possible, in order to avoid threatening the safety of any interested participant, whose email might be compromised by a perpetrator. Women who responded to the emails indicating their availability received a Zoom meeting invitation with a scheduled time that corresponded to their reported availability. Participants who requested an opportunity to reschedule were accommodated, and meetings were available to be scheduled between 7:00 AM to 11:00 PM.

At the start of the interviews, women provided verbal permission to allow for audio recording, and they were informed again of what the interviews' purpose was, and how the recordings would be used within the study. Their email addresses were stored in a password protected file within a password protected computer in order to ensure

confidentiality. Interviews took place at times ranging from 7:00 AM to 11:00 PM throughout the week. Participants arranged interview availability between work shifts, while completing chores, before their families awoke in the morning, and during their breaks from work. This researcher worked to verbally express appreciation for their time and their insight. Each interview was recorded, and transcribed using an encryption process to protect the confidentiality of the participants. Participants ranged in age from 18 to 39 years old, and each woman indicated having had experienced abuse from a past or current intimate partner. Each woman was informed of the purpose of the interview, and was invited to share their perceptions of the survey, as well as their experiences.

RQ4: What are the perceptions and experiences of young adult Black women who have experienced intimate partner violence?

This study's findings were verbally shared with the women, as well as the descriptions of the questionnaires, and how the findings were computed. Most of the women reported feeling as if the survey's findings accurately reflected their stories, and described the use of prayer, meditation, self-affirmation, writing, caring for others, and the use of social supports as a facilitator of their own resilience. Themes related to the use of social supports and spirituality emerged from the data, as well as caring for others, and writing. The participants in this study described the ways in which the study's findings reflected their experiences and shared insight into factors that they knew contributed to their own resilience. Each woman who participated in the interview process connected through a Zoom link, with video capabilities turned off, in an attempt to maintain their confidentiality. Five women connected through the Zoom link on their telephones and one woman called into the Zoom link to participate in the interview. Each

woman was between the ages of 18 and 39 years of age and confirmed having experienced intimate partner violence in a recent adult relationship. Two of the women described currently being in contact or in relationship with a partner who had been violent toward them in the past. Pseudonyms were used to describe the participants who agreed to participate in the interviews for this study.

Interview 1: Candace

The interview with Candace was conducted at 6:00 AM between her work shifts. She was a 22-year-old woman from the northeastern region of the United States. Candace is not a parent, and she reported having had completed some college courses in pursuit of her undergraduate degree. Candace was knowledgeable about the prevalence and impact of trauma. When she was asked if she would describe herself as resilient, she noted her ability to "adapt to change" as a tool that has helped her to be resilient:

> Oh yeah, I would describe myself as resilient, just because I'm really… I adapt to change and I think a lot of people are scared of change and the thought of changing or doing something different is far… is far scarier than actually having change in your life. So I think it makes me really resilient that I'm okay with change. Yeah, somethings are going to be the same, but I make the best of whatever is different.

I experienced Candace as intelligent, determined, and optimistic. When asked about what helped her to keep going, she noted:

"I think because I'm optimistic. I think my outlook helps me with changes."

Candace is a current student, and she works long work shifts to care for herself. This interview was conducted less than eight hours after her most recent work shift, and within an hour of her upcoming work shift.

Interview 2: *Trina*

The interview with Trina was conducted at 10:00 PM to accommodate for Trina's work and family schedule. Trina is a 39-year-old woman from the southern region of the United States. She is a parent of two adult children, she described earning a high school diploma, and she currently serves as a caregiver for her sister. When asked about what contributes to her ability to keep going, she described her roles in relationship to others, a sense of awareness of her need to heal, and her faith:

> One, of course, first and foremost, my children. But also I got to the point where I just realized not wanting to be here anymore, or trying to get away was not working. So I had to really go within myself, honestly, and do some self-healing and self-love work. I couldn't find a way to get away, and my sister was struggling with her health in [in another place]. So we supported each other. I came to take care of her. And my faith, my faith in God has really and truly made me become stronger and wiser, and more resilient.

I experienced Trina as passionate, intelligent, and humorous. When asked about coping, and managing the transition to a new place, she described the use of positive self-talk and reminders:

> I remind myself of that all the time of my resilience, and the things that I've been through and how I've been able to get through them. It helps me to remember and to feel good about it.

Trina balances multiple roles, and this interview was conducted as she cleaned her shared home, and prepared for upcoming work on the following day.

Interview 3: *Nicole*

The interview with Nicole was conducted in the afternoon while she awaited the arrival of her child to return home from school. Nicole is a 36-year old woman from the northeastern region of the United States. She is a parent of two, and she completed trade school after earning her high school diploma. When asked about what contributes to her

resilience, Nicole candidly described the role of her faith to cope with ongoing relationship conflict:

> I would say that believing in God, and I was brought up that way and I believe solely in God. God has helped me to keep going.

I experienced Nicole as candid, intelligent, and focused. Nicole described her role as a parent as a source of encouragement to keep going:

> I think what kept me going was I knew that there was a god and that things were going to get better. I knew that I had to take care of my children.

Nicole works as a medical professional, and agreed to participate in the follow-up interview on a day off from work.

Interview 4: *Raina*

The interview with Raina was conducted in the early evening as she drove home from work. Raina is a 26-year-old woman from the midwestern region of the United States. She is a parent of two young children, and she described earning a high school diploma before embarking on her current line of work. When asked about what contributes to her resilience, she described being aware that there might not be anyone around to respond to her tears sympathetically, before sharing her awareness that many people expected her to leave her partner if they provided any semblance of help:

> Nobody was going to care if I just cried.
> I knew that I could call my sisters, but they didn't always understand. They just wanted me to leave, but they didn't always have somewhere for me to go with the kids.

I experienced Raina as intelligent, goal oriented, and gracious. Raina described the ways that she used spirituality to keep going, the role of fighting back in helping her to feel empowered, and her role in relationship to others:

> My relationship with God. I know that this is what got me through, and then deciding when enough was enough. I feel like I decided that a few times, but it helped me to not to stay down. That and fighting back. When I knew that I wasn't in it by myself, I knew that I would be able to fight back, and like get up from there.

Raina is a retail professional, and agreed to participate in the interview in the evening as she finished her commute and settled into her nighttime routines.

Interview 5: *Tish*

The interview with Tish was conducted at 11:00 AM as her child completed their morning nap. Tish is a 27-year old woman from the northeastern portion of the United States. She is the parent of a toddler, and she recently moved in with her extended family. Tish reported plans to complete her final requirement in preparation for her GED exam. When asked about what contributes to her resilience, she described social supports, and the utility of the support:

> I had my girlfriends, my sisters, and my neighbor would check up on me from time to time. I will miss her. She was always looking out for me.
> I don't know. They sometimes helped me to remember that somebody cared about me. They would remind me to take time for me, and that I didn't deserve that.

I experienced Tish as quick, intelligent, and resourceful. While describing her choice to leave her partner at one point, she described feeling as if the choice was related to her very survival:

> When it gets to a place that you have no other choice but to survive, the choice makes itself.

Tish is a food-service professional, and she agreed to participate in the follow-up interview in the mid-morning while attending to household chores.

Interview 6: *Mina*

The interview with Mina was conducted at 8:00 AM as her children awoke for the day. Mina is a 32-year-old woman from the southern region of the United States. Mina stepped onto her front porch as she participated in the interview. She is a parent of two small toddlers, and she reported completing some college courses.

When asked about what how she was able to take care of herself, and what helped her to keep going, she described meditation, and spirituality:

> Well, me personally, I just sat, I have a spiritual place where I can sit and meditate, and I sat there and I meditated, and I just, you know, I really just believed in myself and pushed through…
> So I just pushed through, and just went on, I cleaned up and thought about it and meditated through it. That's one of the things that I do, meditate and just push through it.
> So my spiritual place, it helps a lot. A lot, you know, just not sitting back talking to somebody who's really judging me, I sit back and just go within, and pep talk and motivate myself, and let my spirit, you know…

I experienced Mina is intelligent, compassionate, and passionate about both her children and the larger community. While acknowledging that the abuse was not her fault, and describing perceptions of herself as a role model for others, she noted:

> Knowing that you're not in control of that person who did that, so you can't be responsible for their actions. That's one thing that helps me bounce back, knowing that as a black woman, a minority or whatever, you are the nurturer, you are that strong person, because if you feel like nobody is looking at you, you're wrong, because somebody is watching you. And so you have to get up, you have to bounce back, you have to know that you are not what you've been through, you are not bad, or anything like that. You just have to know that you're going to be okay.

Mina is working to re-enter school, and she participated in the interview as she prepared to start her morning. She worked to navigate caring for her children who came out to the front porch at a few points during the interview.

According to the Black women who participated in this study, social supports, spirituality, and social roles were crucial to their resilience. Women cited their caregiver

roles, their connections to the larger community, and their use of spirituality to bounce back throughout their experiences. Women also provided context related to their experiences with the survey tools, the findings, and their perspective about the accuracy of the findings in relation to their own experiences.

Extent to Which Survey Results Reflect the Women's Experiences

Almost all of the women who participated in the interview process reported feeling as if the study's findings were reflective of at least some of their own experience. The women described the survey data as capturing their resilience, and the factors that contribute especially as it related to the use of social supports and beliefs. When asked about whether or not the findings from the survey data were captured what contributed to their resilience, the women shared the degree to which the findings were reflective of what contributed to their resilience while noting the helpfulness of the questions to generate reminders of their resilience.

> Some of the questions were posed around basically how well I think I've adjusted ... to me, in my mind ... the way that I was understanding, with the things that I've been through and where I am now, I feel as though they asked good questions.
>
> Yeah, I definitely felt like those questions were answered especially... when I was doing the second part and they were asking about religion, about your personal beliefs.
>
> Yeah, it's a reflection because I could have easily gone and talked to, well and I have, talked to my mother. It worked itself out. And my girlfriends…
>
> Somewhat, it did a little bit. Some of the… it was general, so it was missing other stuff that helped me.

One woman described the need for the survey to allow for longer responses to capture extended time periods that adversity may have occurred.

> There are more things, like I said, it's more than one type of abuse to happen at a certain timeframe. So, I would just add, okay, did you go through this type of abuse, and that, and that, and the same time.
> After each response, or each question, you should be able to just, okay, take a couple minutes and sum up what happened, you know, you just focus on that you know.

The women described feeling as if their stories were reflected to some degree, especially related to their specific use of social supports, and the role of spirituality in their lives.

Social Supports and Social Roles

Each woman who participated in the interviews described the presence of other women as social supports, and how that support served as a respite, or reminder of their worthiness. For some women social support also served as a vehicle to leave their abusive partners. Additionally, social roles also bestowed a sense of responsibility to their children, and their communities to model resilience. Social roles were described as a contributor to participants' ability to "bounce back."

> I couldn't find a way to get away, and my sister was struggling with her health in [in another place]. So we supported each other. I came to take care of her.

> '…as a Black woman, a minority or whatever, you are the nurturer, you are that strong person, because if you feel like nobody's looking at you, you're wrong, because somebody is watching you. And so you have to get up… That's one thing that helps me to bounce back.

> I can't stay in a depression, because I have so many other things that I have to do. Like my kids, and somebody else is looking to me.

While many people understand the role of caregiver as a caring for others, one woman described it as an opportunity that was empowering and that served as a way out of her abusive relationship. The experience of caring for a loved one was described as an opportunity to provide mutual support, and it served as an opportunity to find safety free of psychological, physical, moral, and social challenges to her well-being.

Visibility and Feeling Seen

Similarly, women described feeling seen and encouraged by other women, including neighbors and friends. In a range of relationships, including more casual community relationships, women described feeling heard, and valued by being urged to care for themselves, the receipt other women's offers of support, and through encouragement that they received from strangers, friends, and family served as motivation not to give up on themselves.

> [My neighbor] was always looking out for me.
>
> They sometimes helped me to remember that somebody cared about me.

One woman described receiving support and motivation from a stranger during an extremely challenging point in her relationship.

> …she told me, she said, "Just keep going and keep your boys close to you." And I just looked, because, you don't know what I've been going through, and you just gave me some motivation."

The women described messages that they received from others that helped them to feel seen in ways that they had not felt seen in other relationships. For one participant, the absence of social support from family and close friends was countered by the encouragement that she received from more casual relationships. Several women described having their value reaffirmed by women who they shared casual, more intimate, and familial level bonds with. These descriptions countered their experiences of feeling unseen, or unheard through more formal channels of support. Potentially due to funding restrictions that dictate available space, and sometimes eligibility criteria, women described having greater difficulty accessing more formal supports (Gillum, 2008; Iyger, & Sabik, 2009; Meyer, 2016; Riger, George, Byrnes, Durst-Lee, & Sigurvinsdottir, 2016;

Sullivan, Bomsta, & Hacskaylo 2016). Many participants described feeling as if valuable supports existed outside of formal support services.

> When you reach out for support, it feels like they don't always understand. You are left to find your own way…
>
> It was like when I told them that I hit back, they didn't think that I should come anymore…

Women noted feeling as if they were most affirmed from the support that they received from other women, and from less formal supports. These feelings of being supported were especially evident when women described their experiences of feeling misunderstood when their definitions of victimization differed from agency definitions. This experience, and feeling as if formal supports were out of reach at times, may have actually served to reinforce women's definitions of how intimate partner violence is defined. Commonly accepted definitions of intimate partner violence includes the presence of abuse used by an intimate partner to exert and maintain power and control over the other partner (CDC, 2017; NCADV, 2018; PCADV, 2018).

Not a Victim, Not Defined as "Domestic Violence"

While women described feeling harmed by the abuse, women described measures by which they reclaimed their power. Many of the women denied being victims of intimate partner violence, or survivors in context to their past victimization. While the women identified being abused by their intimate partners, most of the women who participated in the follow-up interviews described fighting back or not ever having had identifying as a victim in context to their experiences. Women described feeling as if they had to defend themselves, while working to change the view for their children

through community activities, and they worked to create opportunities to leave their children with happier memories than their experiences may have dictated.

When describing their perceptions of themselves, how they defined their experiences, and their efforts to resist the deleterious effects of the violence for themselves and their children, women shared:

> I don't think I'm a survivor because I don't feel as if though I experienced domestic violence, because I fought back. I guess I am…
>
> I knew that I had to take care of my children.
>
> I wanted to continue to give my children memories of happy stuff, and going places, and doing things. Taking them around the city, just seeing stuff that we didn't see before, stuff I haven't even seen before. It was fine. Or just going to the park.
>
> I can't do that. I don't have nobody to watch my kids, because I stopped the generational thinking of "I have to give you my kids so you can do it to them too.
>
> [Ongoing trauma] it's a cycle that starting to be broke, you know? I had to stop it for my kids.
>
> I don't see myself as having to be a victim, where I had to survive the domestic abuse, because I don't feel as though it was there. I don't know, maybe, because I'm not trying to boast or brag but just to know that when I put my hands up to you, I'm coming in and I'm going to hit you with an uppercut or I'm going to hit you with something to take you down. I don't know. So I never really looked at it like that. I just looked at it as though if I did it, it was to tell you to stop, leave me alone, and I just kept on going. I don't know.

Social Roles as Resistance

Women's fulfillment of a caretaking role as parents, served as a form of empowerment, a transformative tool in addressing generational cycles of trauma, and as a way to maintain control over long-term outcomes for their children. The power that women described for their roles to support their own sense of resilience, and for their ability to change the outcomes for their children was restated throughout the interviews.

Women conveyed a sense of intentionally implanting positive energy into their children's experiences, and they often stopped to laugh as they proudly recounted what they were able to do for their children during more difficult times. The women descriptions included efforts to provide social and psychological safety for themselves and their children. They also worked to create these opportunities when resources that may have had the potential to provide more long-term safety were out of reach.

The women provided insight into their experiences of navigating the abuse that they experienced in their relationships, their own definitions of the abuse at the hands of an intimate partner, testaments to their own resilience, and their views of themselves in context. Three women described understanding their experience within the context of larger political, and societal oppressions.

> As a Black woman in general, we are oppressed unfortunately… I have read some studies that black women, we are the most oppressed by our partners. A lot of us struggle socioeconomically. So I do believe that these are things that I've been able to prevail from. I've been able to be happy after the situation. So I do believe that I'm a survivor. I mean I'm still here.
>
> It's not just me." A lot of people walked away wondering who [they] were really there to help. It's not me.
>
> As a Black woman… you are the nurturer.

For women who also served as caretakers of children, or parents, they described the need to create positive memories for their children as a source of motivation to keep going, and to not give up:

> I was praying, going to God, focusing on my children.
>
> I think what kept me going was I knew that there was a god and that things were going to get better. I knew that I had to take care of my children so I just, like I said, prayed and either went to church or wrote about it, and pushed it to the side and kept on going because I couldn't let that hold me down, because that wasn't the time for it, to be held down. I'm not that person to just sit there. I felt like I

> didn't have any choice, and that felt bad, but feeling like I could fight back probably helped me to not feel like I was on the floor. I didn't have to get myself up. I was already up. I knew that I had to take care of my children.
>
> One, of course, first and foremost, my children. But also I got to the point where I just realized not wanting to be here anymore, or trying to get away was not working. So I had to really go within myself, honestly, and do some self-healing and self-love work.

Women described their resilience being bolstered through their social supports, and through their roles as parents. Women described wanting to do what they believed to be best for their children, loved ones, and themselves. Through the creation of healing spaces for themselves, women shared their use of a variety of tools, including journaling, writing, praying, connecting with loved ones, and finding hobbies. Additionally, half of the women described feeling empowered when they were able to fight back, as resisting allowed them to avoid being completely wiped out by the experience, and as a way to respond to their own internal calls for help. When asked about what helped them to bounce back, women described resisting through self-defense:

> Feeling like I could fight back probably helped me to not feel like I was on the floor. I didn't have to get myself up. I was already up.
>
> I used to think that it was just me, but a lot of women that I know don't just sit there and not fight back. You don't start the fight, but you don't just sit there. You fight back with all that you can muster. Maybe that helps too, maybe that helped me to keep going, feeling like I fought back.
>
> I know that this is what got me through, and then deciding when enough was enough. I feel like I decided that a few times, but it helped me to not to stay down. That and fighting back

The literature is replete with definitions of what intimate partner violence is, and while Black women experience abuse at the hands of their intimate partners at greater rates, and are much more likely to be killed by their intimate partner than other group of women, Black women describe not feeling heard when they seek help. Their descriptions

highlighted variations in definitions, and barriers to access to supports that felt helpful in the long-term. While young adult Black women were left to build on many of the resources that might be available through formal supports, their use of social supports, spirituality, and empowerment experiences allowed them to create outside of the context of more formal support systems.

In contrast, participants also described challenges to accessing both formal and informal supports, especially as it related to faith communities, and family relationships that might have included past histories of abuse. When asked about seeking support, and accessing supports within the community, the women described challenges to accessing formal supports due to value conflicts, and limited funding:

> [At church] you get judged. So that makes you not want to go, and it's crazy.
>
> They couldn't help me. They told me they couldn't help me, they had, in turn, they had kicked the people who was there, at the shelter out, I guess they were trying to get [new funding].
>
> I was able to go to the main shelter, but there wasn't any room at the domestic violence shelter in town.
>
> I've been in a lot of transitional housing or domestic abuse housing, even just now, and I left not feeling worse than when I got there, but I just felt it didn't help me. It literally felt like just a place I could get safe for that little time. But there weren't any mental health services or anything to help with the mental part of the abuse. Yeah, you just stopped me from being physically abused and verbally abused, but when it comes down to really needing that help ...to build the resilience up, it wasn't there. It's one thing to advocate, and it's a completely different thing to really understand.

Spirituality

Women described the use of both traditional, and non-traditional faith-based practices, including attending church, praying, journaling, meditation, and their connection to a higher power as a source of strength and as direct contributors to their

ability to “bounce back.” While describing the ways in which they were able to keep going in the face of adversity, the women who participated in this study posited:

> A lot of times with some of the things that I did go through in the past, I knew that I could take time out to write in my journal and talk to God, I could pray or go to church. When I do that, it really made me feel a lot better.
>
> I prayed to find the find the strength to get out of there with my kids, and I was able to keep my life.
>
> I would pray, and rest. I couldn’t really do nothing else. I been through stuff like what he was doing [to me] before.
>
> I have a spiritual place where I can sit and meditate, and I really just believed in myself and pushed through, because we all... Like I said, being in a spiritual place, I understand that sometimes we thought we healed from something, and we thought we moved on from something, and then when it re-arrives, it's like, "Oh, well darn, I didn't know that it would affect me like that." So I just pushed through, and just went on, I cleaned up and thought about it and meditated through it. That's one of the things that I do, meditate and just push through it.

Nobody Cared if I Cried

While navigating spaces that may have initially been perceived as a source of support, the participants in this study navigated through avenues that they attributed to their ability to avoid “staying down.” Women described feeling as if they were missing the supports necessary to rebuild, to make more long-term changes to ensure their safety, or access to services that might address the effects of psychological abuse. Many of the participants described tapping into internal reserves to avoid “staying down,” and most of the participants described feeling as if they did not have the liberty to be depressed, or sad due to other obligations. When asked about what helped them to resist feeling down, and what helped them to propel as they worked to care for themselves, women shared:

> Nobody was going to care if I cried.
>
> I don’t have a choice to not get up in the morning, to be depressed, and just sit down.

> Nobody was going to care if I just sat and cried. I knew that I had to take care of my children.
>
> I had to take care of my children, so like I said, I just prayed.

The young adult women in this study described having limited options other than to keep going. They detailed methods that they used to rebuild themselves, to maintain connection, to make strategic changes independently, and to self-advocate. These findings highlight the agency that young adult Black women hold, and the benefit of inviting their voices to be heard, especially as their experiences inform the level of services available in the community. Similar to the data informing the disparities in birth-related mortality in the United States (i.e. Smith, Bentley-Edwards, El-Amin, & Darity, 2018), young adult Black women are at greatest risk of intimate partner violence victimization, and homicide by their past or current intimate partners (Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; Women of Color Network, 2017). In both, Black women are at greatest risk, but continue to face hurdles to access to care. The hurdles that young adult Black women face in accessing resources, safety, and support are manifold, yet they describe creating healing spaces within themselves and within the community. A review of these findings highlights the benefit for currently funded services to glean from what this group has found to be most effective.

Integration of Quantitative and Qualitative Findings

This study used a mixed methods research design to understand factors that contribute to resilience for Black women in young adulthood who have histories of intimate partner violence in their own adult relationships. The trauma history questionnaire, the Spirituality Scale's subscales, the Connor-Davidson Resilience Scale

and subscales were used to measure overall resilience as well as the adaptability and self-efficacy aspects of resilience. The results of this study showed that the addition of social support and spirituality significantly contributed to the variance in resilience for young adult Black women with histories of intimate partner violence. This study's findings were shared with the women, as well as the descriptions of the questionnaires, and how the findings were computed. Young Black women participants were invited to share their perspectives related to the experience of participating in the study, to provide feedback related to their perceptions of the findings' accuracy in representing their experiences related to resilience and the specific factors, and to share their insight related to what contributed to resilience in their own lives.

The participants described the use of spirituality and social support as being accurate in their own experiences and in their observations of other young adult Black women. Participants described the use of prayer, meditation, self-affirmation, writing, and the use of social supports as a facilitator of their own resilience. Participants shared their beliefs that the creators of the surveys included in the study did not share their experiences or knowledge related to the ongoing nature of some traumas. Participants also provided details related to the ways in which spirituality had been effective outside of, and in response to negative experiences with formal religious institutions. In many ways the participants confirmed the findings of the quantitative analysis, such as in their affirming the findings, and their own descriptions related to the use of spirituality and social support. The interviews also allowed for an illumination of the specific ways that social support and spirituality were used to contribute to resilience, and in context to specific barriers that young adult Black women experience when seeking supports.

The participants described finding strength in their relationship to others, including acquaintances within their community, and feelings of connectedness to other women who might have shared similar experiences. Young adult Black women described feeling misunderstood, and misadvised by religious leaders, and new ways of practicing religious wellness. Further, participants described feeling as if they were not protected. Participants also described experiences that informed them that their tears were less worthy of being honored, or that their tears did not elicit compassion in the same ways that other women were afforded, due to their identity as Black women.

Chapter Summary

This chapter explored the results of a quantitative-driven mixed-methods analysis used to better understand the factors that contribute to resilience for young adult Black women who had histories of intimate partner violence. Each woman who participated in this study reported having had experienced intimate partner violence in a recent relationship, and they were between the ages of 18 and 39 years old. Six women who agreed to participate in follow-up interviews provided insight, and knowledge related to contributors to resilience, their experiences and reflections related to completing the surveys, and the means by which they used tools to contribute to their own resilience.

Women described resistance through social connection, social roles, and spirituality. In contrast to messages that they might have received that may have resulted in their staying within abusive relationships, women described tapping into spirituality outside of traditional churches. Women described unexpected connections with community members that helped them to feel seen, and that reminded them of their worthiness. Women provided additional context to the findings related to the use of

spirituality in their descriptions of feeling connected to a higher power, and their use of spirituality outside of formal systems. The quantitative findings of this study showed that a spiritually ascribed-orientation to spirituality was statistically significant in explaining the variance in both the adaptability and self-efficacy aspects of resilience. In their descriptions of spirituality as they cleaned, or meditative practices, women described resisting challenging circumstances, and believing that they were able to keep going. Additionally, this chapter explored the women's knowing of how they were able to access and utilize tools to build their own resilience.

Women described creating memories and experiences that countered the challenges related to the abuse that they endured. Approaches to visiting new places, and exploring their areas as they worked to facilitate plans to access safety were highlighted. Women described making happy memories with their children, and learning when or if they were able to make a choice to secure long term safety. This safety was described as occurring within or outside of formal crisis service centers. Descriptions of limitations to the types of supports that they received from domestic violence agencies, including limited access to mental health services were also explored. Women also described feeling unheard, unworthy of compassion from formal supports, and misunderstood.

Women reflected feeling as if their experiences had in fact been reflected in the survey data findings. Alternatively, women shared beliefs that the survey tool that assessed their trauma exposure missed important details about the timing and ongoing nature of some traumas. Women also described believing that the survey creators had not had their experiences. Dissimilarly, the women described enjoying the process of

exploring the factors that contributed to their resilience within the survey tools, especially related to their beliefs.

This chapter explored the findings from a quantitative-driven mixed methods analysis, and the next chapter will further discuss findings from the present study, the knowledge gained from the women who participated in the research study, the connections to the literature, and implications for future research and practice.

Chapter Five: Discussion

The purpose of this study was to identify factors that contribute to resilience for young adult Black women who have histories of intimate partner violence. More specifically, this study aimed to understand how exposure to trauma, spirituality, social support, and economic resources contribute to resilience for Black women in young adulthood. These findings will allow for more appropriate mental health service delivery designed to facilitate the development of factors that have been shown to contribute to resilience. Additionally, these findings may support educators, policymakers, and practitioners by increasing what we know related to appropriate service delivery that is culturally sensitive, trauma-informed, and effective for young adult Black women.

The overrepresentation of young Black women in intimate partner violence statistics and related deaths at the hands of intimate partners was discussed in chapter two. A review of the literature showed that young adult Black women are at greater risk of intimate partner violence victimization, and related homicide (Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; Women of Color Network, 2017). Black women in young adulthood are also much less likely to access formal supports (Galano, Hunter, Howell, Miller, & Graham-Bermann, 2013; Robinon, & Chandek, 2000; Sullivan, Bomsta, Hacskaylo, 2016). Many Black women develop alternative strategies to navigate, cope, and find safety in the face of adversity (Singh, Garnett, & Williams, 2012).

It is well documented that women of color, around the world, highlight the use of spirituality and social support as contributors to their resilience (Bryant-Davis, Ullman, Tsung, Tillman, & Smith, 2010; Erez, Adelman, & Gregory, 2009; Shanthakumari, Chandra, Razantseva, & Steward, 2014). In this study, the addition of social support to

the regression model was shown to provide a statistically significant explanation of the variance in both overall resilience scores, as measured by the Connor-Davidson-Resilience Scale 10 (CD-RISC-10; Connor, & Davidson, 2018), and within the adaptability and self-efficacy aspects of resilience, as measured by the adaptability (CD-RISC-ADAPT) and self-efficacy (CD-RISC-SE) subscales (Green, Hayward, Williams, Dennis, Bryan, & Taber, 2014). This study expands previous findings related to the ways that social support and spirituality contributed to resilience. Participants in this study described the use of social support to be reciprocal, and to include their roles in service to others, to themselves, and support that they received from the community at large. Additionally, this study further explored how these factors were used for young adult Black women.

The CD-RISC 10 was used to assess women's ability to overcome adversity. While adaptability was included within the assessment, the scale measured overall adversity, and the subscales specifically measured the adaptability and self-efficacy aspects of resilience (Green et al., 2014). This study's findings, based on the regression models, showed that social support significantly explained the amount of variance in overall resilience scores, the adaptability aspect of resilience, and the self-efficacy aspect of resilience. This means that the addition of social support increased participants' ability to bounce back in the face of adversity, their ability to adapt in the face of adversity, as well as their beliefs about their own ability to keep going. Moreover, follow-up interviews revealed that women also perceived social support to significantly contribute to their resilience. Women described the utility of social support and social roles to include their role as caregivers, the utilization of informal supports, and renewed power

in who they were for themselves and others as a means to resist the abuse. Social support countered the abuse that women experienced by communicating that they mattered for themselves, for others, and within the community. Women also described spirituality, within and outside of traditional settings, as a means of resistance.

Wheeler, Ampadu, & Wangari (2002) highlight the use of spirituality for African descended people to resist oppression, and the avenues by which spirituality could serve to facilitate a strength-oriented relationship between the individual and the community. Women described the use of meditation, cleaning, praying, checking in on each other, and self-talk as a reminder of their worthiness. Their reports included realizations that encouragement to stay with their abusive by religious leaders helped them to create spiritually safe spaces for themselves. Women described their relationship to a higher power, and their use of spirituality outside of traditional places of worship, such as churches, as a means to process, practice self-love, and to find strength. This study supported and expanded findings that have highlighted the use of spirituality as a positive coping tool for Black women with histories of intimate partner findings (Barringer, Hunter, Salina, & Jason, 2017; Bryant-Davis, Ullman, Tsung, Tillman, & Smith, 2010; Jones-DeWeever, 2009; Sing et al., 2012; Stevens-Watkins et al., 2014) to include additional approaches to spirituality used by young adult Black women.

In this study, spiritually-ascribed spirituality, as measured by the Spiritual-ascription subscale of the Spirituality Scale (Jagers, & Smith, 1996) was shown to significantly explain the variance in the adaptability and self-efficacy aspects of resilience. The spiritual ascription subscale measured the ascription of spiritual qualities that women ascribed outside of themselves. The relationship between spiritual

ascription, the self-efficacy and adaptability aspects of resilience may be a result of the centering of power within the individual that all of these tools highlight. The spiritual ascription subscale measured women's ascription of spirituality onto something or someone else, outwardly, and reflected their relationship with their spirituality, unlike the higher power orientation to spirituality, which noted women's beliefs that a higher power exists. Similarly, the adaptability and self-efficacy subscales measured women's responses in the face of adversity, and in many ways harkened their ability to resist in the face of challenges (Scali, Gandubert, Ritchie, Soulier, Ancelin, & Chaudieu, 2012). Higher power and material focus orientations to spirituality may not serve to foster the strength-oriented relationship between the individual and a higher power.

Participants in this study who also engaged in reflexivity interviews highlighted the ways in which they believed that social support, spirituality, and other coping strategies served to facilitate their resilience. These strategies included prayer, social roles, fighting back, and the utilization of the support of other women in their lives as reminders of their inherent worthiness. Women described resisting oppression that they experienced at the hands of their abusers and within a larger societal context through means that resulted in their sustained wellbeing, access to safety, and the strength to "keep going." Various roles in relationship to themselves, within the larger community, and with their families reminded women of how much they mattered, and manifested power for themselves within their own lives. The young Black women in this study described a process of using spirituality to help them to respond and resist oppression. Both spirituality and social support were used to support the strengths of the women in this study in the face of adversity, and they did not identify as victims within the context

of commonly accepted definitions of intimate partner violence. Women continued to see themselves as survivors, and as having the ability to keep going despite challenges to access to commonly expected tools, such as access to economic resources.

While studies have highlighted the relationship between economic resources intimate partner violence (Aizer, 2010; Bonomi, Trabert, Anderson, Kernie, & Holt, 2014; Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017; Lacey, West, Matusko, & Jackson, 2016), income and other economic variables did not significantly explain the variance in resilience scores for young adult Black women as measured by the CD-RISC-10 (Connor-Davidson, 2018), CD-RISC-ADAPT, or the CD-RISC-SE (Green et al., 2014). This may be the result of several factors, including that economic resources have been shown to create minimal distance from oppressive systems in the lives of Black people (Kerrison, Cobbina, & Bender, 2018; NPR, 2017). In a survey conducted by NPR, the Robert Wood Johnson Foundation, and the Harvard T. H. Chan School of Public Health, Black people with access to greater economic resources described continued discrimination and abuse (NPR, 2017). In addition to limited access to economic resources that many Black people experience (Collins, 2000; Crenshaw, 1991; Crenshaw, Gotanda, Peller, & Thomas, 1995), Black with greater wealth are not excused from the pressures presented through oppressive systems. Young Black women in this study, across the socioeconomic strata worked to resist through means that were found in the community of other Black women, and within themselves.

More than half of the women interviewed described seeing themselves as survivors, but rejected the idea of having ever had been a “victim” of intimate partner violence. They described culturally rooted tools that they used to push back against the

abuse, including physically fighting back, leaving the physical space and creating positive memories, or leaving the relationship.

Results from this study also suggest that young adult Black women may define their experiences with intimate partner violence in ways that allow them to feel empowered, and to avoid feelings of victimization. Their definitions included acknowledgements of the hurt, and pain that they experienced, but were devoid of labels that labeled them as victims. For women who reported physically fighting back, and fighting back through resistance in ways that included creating opportunities for hope, many reluctantly aligned themselves with the idea of having had been a victim at any point. The ways that women described their experiences, and their responses in aims to survive what may have extinguished their very being may serve to further limit women's access to some formal supports, especially when service providers hold rigid definitions and ideals of what intimate partner violence looks like.

Counselors and community agencies may benefit from broadening their definition of intimate partner violence to include wonderings about women "having to fight back," having to endure, and about methods used to survive. This study's participants described feeling as if they had to fight to survive. The definitions that were used by the women who agreed to participate in this study served as a tool of empowerment, allowing women to circumvent the process of entering victimhood, to center their own experiences as Black women, and to validate their worthiness as they worked to establish safety for themselves.

Implications for Practice, Training, and Future Research

It is important that counselors provide care that supports the strengthening of factors that contribute to resilience for Black women in young adulthood, including social supports, spirituality, and the freedom to define their experiences in their own words. The findings from this study further supports the literature related to the utility of social supports, and spirituality for women of color (Bryant-Davis et al., 2010; Shanthakumari et al., 2014; Stephens-Watkins, 2014; Stevenson et al., 2009). The insight gained from the voices of the young adult women who agreed to take part in the follow-up interviews illuminates how these factors serve to facilitate resilience.

To most effectively work to provide service that facilitates resilience**,** counselors will need to be cognizant of the benefits of appreciating the worth related to how young Black women might define their experiences. These experiences may be defined differently, but they are rooted in the history of who the women the women that dare to share their stories are. While those definitions may fall outside of the mainstream understandings that we hold related to what a victim looks like, honoring the stories of young Black women will serve to counter the powerlessness that intimate partner violence may foster (Bloom, 1997; Herman, 1999). Honoring these experiences as worthy of support has been shown to support long-term stabilization (Riger, George, Byrnes, Durst-Lee, & Sigurvinsdottir, 2016), and to address the omission of the voices of young Black women in the conversation around intimate partner violence. The expansion of current therapy approaches, including Black-feminist therapeutic models would be best suited to include an understanding of client's cultural experiences as young adult Black women who have histories of intimate partner trauma (Boyd-Franklin, 2003).

Approaches to counseling whose tenets embody an honoring of clients' expertise on their own experiences could not only serve as a point of healing, but an avenue to advocacy.

Implications for Practice

Counselors' response to young adult Black women who report a history of trauma would be greatly improved by the inclusion of trauma-informed, and culturally responsive care (SAMHSA, 2014) that is rooted in an awareness of the identities of Black women. Such responses would work from a place that intentionally avoids re-traumatization, and actively seeks opportunities to empower Black women (SAMHSA, 2016). Centering the experiences and realities of Black women who seek counseling aid in the development of therapeutic alliance (Taylor, 2000). Counselors who work to provide culturally relevant counseling services would allow for Black women in young adulthood, and other women of color to enter a space that includes their being heard, centered, and understood. Clinicians might further strengthen their approaches to care, and the integration of trauma-informed care through the inclusion of culturally-responsive care (Bryant-Davis et al., 2010; Macy, Giattini, Montijo, & Ermentrout, 2010; Wilson, Fauci, and Goodman, 2015) such as Black Experience Based practices (Bent-Goodley, 2009). The knowledge shared by the women who participated in this study highlights the benefits of listening to the experiences of Black women, and daring to work to understand beyond pre-established definitions of how abuse or harm should appear for women (Rakoviec-Felser, 2014; Dichter, 2013; Thomas 2011). Women in this study described being found ineligible for services due to their attempts at survival. Mental health services that are prepared to respond to the needs, and descriptions of Black women's experiences would aid in trust building, and treatment outcomes.

Implications for Training

Counselor training programs would benefit from responding to the charge to provide training that is trauma-informed, and that is also reflective of clinicians' understanding of the intersections by which Black women's identities might be stationed (Wilson et al., 2015). Opportunities for training that includes Black women and trauma survivors would allow for expanded opportunities for care within counseling training clinics and beyond. This early exposure might also contribute to advocacy and the operationalization of culturally responsive trauma-informed care in training and practice, reducing barriers to effective care. These barriers to care also include inadequate economic resources, less sympathy to Black women's victimization, and higher mortality rates that are historically rooted in the United States (Davis, 1971; Gillum, 2008; Iyger, & Sabik, 2009; Jones, 1949; Riger, George, Byrnes, Durst-Lee, & Sigurvinsdottir, 2016). An ongoing and active engagement in the multicultural competencies for counselors within training models that teach counseling that is trauma-informed could serve to avoid bolster resilience for young adult Black women.

The acknowledgement of young adult Black women who have experienced intimate partner violence as the experts of the own experiences, and understanding of what contributes to their resilience might allow for greater therapeutic alliance, and treatment effectiveness. This knowledge could further inform counselor training programs to support students in identifying, and building upon pre-existing strengths to address the needs of Black women who might seek community counseling, counseling on college campuses, or through community service agencies. This endeavor could challenge clinicians to consider the experiences and needs of underserved women of

color more broadly, and opportunities to build upon strengths and historic resilience for Black women. This knowledge will broaden our understanding of the tools currently utilized by a group of women who are underserved, under resourced, and continue to show signs of resilience. This study's findings serve as an argument to advocate for counselor training programs to adequately respond to the CACREP charge to provide training related to trauma-informed care (CACREP, 2016) through the integration of trauma-informed and culturally sensitive counseling, trauma-informed pedagogy, and trauma-informed counselor trainee supervision models. Counselors would be able to more adequately provide both culturally responsive and trauma-competent services to Black transition age women.

Implications for Future Research

This study provides basis for further exploration of the limitations of tools that are commonly used to assess risks and protective factors for Black women. Using the knowledge gained from the research participants, the current survey tools did not allow space for the time periods that adversity may have occurred, nor were many of the methods used to build resilience young adult Black women included. While women were able to see themselves reflected in the survey's findings, they noted the challenges related to language and definitions that also served as barriers to accessing care during the height of the adversity. While the participants in this study reported having had received care through agencies that provided intimate partner violence crisis response services, broadening the sample to include women who had never accessed formal services, might enrichen the findings of this study. Many women who experience intimate partner violence never access formal crisis shelter networks, and instead solely use the support of

family, friends, or neighbors to navigate their safety (Galano et al., 2013; Sullivan et al., 2016).

In addition, the challenges related to accessing women during a time of crisis, and in context to the need for anonymity served as an additional barrier to accessing a larger sample. While the participants of this study may be representative of young adult Black women, future studies should include women who have never accessed formal services. Additionally, descriptions of intimate partner violence should reflect the need to use self-defense, or to tolerate discomfort that might induce fear from an intimate partner in the description of what intimate partner violence or domestic violence is. Allowing for a broadened description of intimate partner violence, to include women who do not see themselves as victims, or who report having had defended themselves would allow greater service access. It would also allow clinicians the opportunity to honor Black women's tears, and resilience.

Future research should explore culturally rooted factors that contribute to resilience. As many of the participants of this study described not holding many of the protective factors that are known to contribute to resilience, yet showed signs of resilience. Matsen (2001) describes protective factors that have been shown to contribute to resilience include positive self-concept, healthy relationships, stress tolerance, self-trust, and spirituality (2001), including personal and social characteristics. For women who report being challenged to trust themselves, and having a history of unhealthy intimate and non-intimate relationships who have found pathways to begin to have healthy relationships with themselves, signs of resilience have been shown to be present.

Researchers such as Wong and Wong (2006), Bloom (1997), Baker and colleagues (1998) describe the presence of safe relationships, humor, meaning assigned to adverse experiences, and connections to individuals and systems that reinforce strengths, such as faith-based systems, culture, the community, and a positive employment environment as contributors to resilience (Baker & Gippenreiter, 1998 Bloom, 1997; Holt, Buckley, & Whelan, 2008; Wong & Wong, 2006). These expanded definitions of resilience allow greater space for cultural variations and strengths across diverse populations. Further research to more fully understand the cultural variations of factors that contribute to resilience will support strengths-based, culturally-relevant, and trauma-informed counseling.

Limitations of the Study

Using a mixed-methods approach to understand the factors that contribute to resilience for young adult Black women with histories of intimate partner violence is one of the major strengths of the current study (Creswell, 2003; Creswell et al., 2003; Griffin, & Phoenix, 1994; Hanson, Creswell, Clark, Petska, & Creswell, 2005). By centering the experiences of Black women, the researcher worked to focus their experiences, expertise, and wisdom as both participants and appraisers of tools commonly used to understand their experiences (Alexander-Floyd, 2012; Else-Quest, & Hyde, 2016b; Lindsay-Dennis, 2015). However, there were limitations in this study.

The lower utility and access to formal supports by young adult Black women presented challenges in accessing a larger participant sample (Osgood, Foster, & Courtney, 2010; SAMHSA: NREPP, 2016; Stockman, Hayashi, & Campbell, 2014). This study may be representative of many of the experiences of young adult Black

women who have experienced intimate partner violence, but due to the limitations of the sample size, the findings may be difficult to generalize to a larger population of young adult Black women. Additionally, the participants were anonymous to the researcher, and in-person request for participation may have resulted in greater numbers of women participating in the study. Moreover, the use of mainstream terms in the survey tools may have served as a barrier to recruitment, as many women described not having had seen themselves as victims of domestic violence, or assigned the language to women who were not able to fight back.

The nature of the self-report data may have resulted in self-report bias for women in this study, especially for women who described not believing that they had experienced abuse since their experience did not cause injury as described in many survey tools that measure abuse. If women did not see themselves as victims of intimate partner violence that may have chosen not to take part in the survey wholly, or they may have minimized their experiences due to the language of the survey tools.

Conclusion

Centering the experiences, perceptions, and knowledge of young adult Black women, this study contributes new findings related to the ways that social support and spirituality-based tools are used to foster resilience. The relationship between trauma exposure, social support, and spirituality for young adult Black women with histories of intimate partner violence were examined. This study's findings suggest that social support is used in complex ways to resist, to serve in community, and to empower women to keep going. Findings also suggest that young adult Black women use spiritually ascribed orientations to spirituality that include and fall outside of traditional

religious practices. Furthermore, the concept of fighting back served to help women to harness power that aided in the facilitation of their resilience.

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Appendices

Appendix A: Email Invitation to Domestic Violence Agencies

Hello [Contact Person},

My name is Latoya Haynes-Thoby, and I am a Doctoral Candidate in Counselor Education and Supervision at Penn State. I also have background in Domestic Violence, Sexual Assault, and Stalking Counseling in Pennsylvania. I am extremely grateful for the opportunities that I have had related to my work with women impacted by domestic violence. As such, I am committed to training future mental health professionals to be able to appropriately serve and respond to the needs of trauma survivors. In addition to my current work in providing training related to trauma-informed care, I work to educate students and new counselors to understand the prevalence, impact, and needs of individuals impacted by domestic violence.

I am now conducting a study that explores the factors that contribute to resilience for Black Women who have histories of domestic violence.

It is my hope that my research might expand what we now know about trauma, and domestic violence, more specifically. Especially as it relates to prevention, resilience, and trauma-informed care.

If you believe that this is a study that clients who receive services through Turning Point of Lehigh Valley might be interested in, I would be happy to send a copy of my research flyer, and more information. As an overview, the study will include a computerized survey, and each participant will have the opportunity to enter a raffle for a $10 e-gift card. There are 100 electronic gift cards available, and the survey will be anonymous. Names will not be collected for receipt of the gift cards, but participants who indicate interest in receiving the e-gift card will be required to enter an email in order to receive the gift card.

Eligible participants would include Black women between the ages of 18 and 39 who report having had histories of intimate partner violence. The computerized surveys will ask questions related to the history of domestic violence, their own experiences of witnessing during childhood, coping strategies, and their own perceptions of resilience. I will not have to meet with the participants, and they will not be asked to disclose their personally identifiable information. In addition, the surveys will ask basic demographic questions such as, racial/ ethnic identity, age, a question about SES, and parental status (e.g. Are you a parent?).

There will also be a question inviting women to participate in a follow-up survey. Women are not required to participate in the follow-up survey. Of the women who indicate interest in participating in the follow-up, six women will be selected to answer follow-up questions that will allow them to describe what they believe contributes to their ability to keep going, or the factors that contribute to their resilience.

If you might be interested in sharing information about my study with clients or connected agencies that serve women who have experienced domestic violence, please let me know, and I will share a flyer with you that could be shared with clients. The flyer would include the information included in this email as well as a URL to the survey.

Please let me know if you might have any questions, or if this is something that your organization might be interested in sharing.

Thank you,

Latoya Haynes-Thoby, MEd, NCC, CCTP
Doctoral Candidate
Counselor Education and Supervision
The Pennsylvania State University

318 Cedar Building
University Park, PA 16801
[e] lah229@psu.edu

Appending B: Research Flyer

Are you a Black woman between the ages of 18 and 39?

Research Participant Opportunity

Black women are needed to participate in a research study that aims to improve available services.

This study aims to understand what helps Black women to keep going, and to ultimately be successful. This information will be used to help to improve services, and available supports for women with similar experiences.

Eligible participants will complete an online survey. The survey will take about 20 minutes of your time.

Each participant will be entered into a raffle to receive a $10 gift card at the completion of their survey. This study aims to receive feedback from 150 participants, and there are 100 gift cards available.

To learn more about participation in the survey, please contact Latoya Haynes-Thoby at lah229@psu.edu to receive a link to the survey.

To participate in this study, please visit:

https://pennstate.qualtrics.com/jfe/form/SV_1GFw379dQh6akJv

Black Women

Ages 18 – 39

Research Participation

To inform clinical understanding of factors that contribute to resilience for Black women with experiences of domestic violence.

Enter to win a $10 gift card.

There are 100 available, and this study will seek 150 participants.

Latoya Haynes-Thoby, MEd, NCC, CCTP

Doctoral Candidate

Pennsylvania State University

Counselor Education and Supervision

Lah229@psu.edu

Appendix C: IRB Approval

PennState

Office for Research Protections
Vice President for Research
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APPROVAL OF SUBMISSION

Date: January 16, 2019

From: Philip Frum, IRB Analyst

To: Latoya Haynes-Thoby

Type of Submission:	Initial Study
Title of Study:	Factors That Influence Resilience for Transition-Aged Black Mothers with Histories of Trauma
Principal Investigator:	Latoya Haynes-Thoby
Study ID:	STUDY00011139
Submission ID:	STUDY00011139
Funding:	Not Applicable
IND,IDE, or HDE:	Not Applicable
Documents Approved:	• Connor-Davidson Resilience Scale (not to be printed in entirity within dissertation) (0.01), Category: Data Collection Instrument • Demographic Survey.docx (0.01), Category: Data Collection Instrument • Eligibility Questions.docx (0.01), Category: Other • Follow-Up Questions.docx (0.01), Category: Data Collection Instrument • HRP-589 - ORP Consent Form (Waiver of Written Documentation of Consent)-2.pdf (0.02), Category: Consent Form • HRP-591 - Protocol for Human Subject Research-3-1.pdf (0.03), Category: IRB Protocol • Research Study Flyer-2.docx (0.01), Category: Recruitment Materials • Spirituality Scale.pdf (0.01), Category: Data Collection Instrument • Trauma History Questionnaire (0.01), Category: Data Collection Instrument
Review Level:	Expedited

On 1/16/2019, the IRB approved the above-referenced Initial Study. This approval is effective through 1/15/2020 inclusive. You must submit a continuing review form with all required explanations for this study at least 45 days before the study's approval end date. You can submit a continuing review by navigating to the active study and clicking 'Create Modification / CR'.

We would like to know how the IRB Program can better serve you.
Please fill out our survey; it should take about a minute: https://www.research.psu.edu/irb/feedback.
ID26

PennState

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APPROVAL OF SUBMISSION

Date: March 21, 2019

From: Philip Frum, IRB Analyst

To: Latoya Haynes-Thoby

Type of Submission:	Modification
Title of Study:	Factors That Influence Resilience for Transition-Aged Black Women with Histories of Trauma
Principal Investigator:	Latoya Haynes-Thoby
Study ID:	STUDY00011139
Submission ID:	MOD00018556
Funding:	Not Applicable
IND,IDE, or HDE:	Not Applicable
Documents Approved:	• Demographic Survey-2.docx (0.03), Category: Data Collection Instrument • HRP-589 - ORP Consent Form (Waiver of Written Documentation of Consent)-3.pdf (0.03), Category: Consent Form • HRP-591 - Protocol for Human Subject Research-6-modification request.pdf (0.06), Category: IRB Protocol • Research Study Flyer-4 (0.03), Category: Recruitment Materials
Review Level:	Expedited

On 3/21/2019, the IRB approved the above-referenced Modification. This approval is effective through 1/15/2020 inclusive. You must submit a continuing review form with all required explanations for this study at least 45 days before the study's approval end date. You can submit a continuing review by navigating to the active study and clicking 'Create Modification / CR'.

If continuing review approval is not granted before 1/15/2020, approval of this study expires on that date.
Attached are stamped approved consent documents. Use copies of these documents to document consent.
In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within CATS IRB (http://irb.psu.edu). These requirements include, but are not limited to:

- Documenting consent

Appendix D: Permission to Use Connor-Davidson Resilience Scale

Dear Latoya:

Thank you for your interest in the Connor-Davidson Resilience Scale (CD-RISC). We are pleased to grant permission to use the CD-RISC in the activity you have described under the following terms of agreement:

1. You agree not to provide the scale to a third party without permission. If other colleagues or off-site collaborators are involved with your project, their use of the scale is restricted to the project described, and the signatory of this agreement is responsible for ensuring that all other parties adhere to the terms of this agreement.

2. You may use the CD-RISC in written form, by telephone, or in secure electronic format whereby the scale is protected from unauthorized distribution or the possibility of modification. **In all use of the CD-RISC, including electronic versions, the full copyright and terms of use statement must appear with the scale. The scale should not appear in any form where it is accessible to the public without permission and should be removed from electronic and other sites once the project has been completed.**

3. Further information on the CD-RISC can be found at the www.cd-risc.com website. The scale's content may not be modified, although in some circumstances the formatting may be adapted with permission of either Dr. Connor or Dr. Davidson. If you wish to create a non-English language translation or culturally modified version of the CD-RISC, please let us know and we will provide details of the standard procedures.

4. Three forms of the scale exist: the original 25 item version and two shorter versions of 10 and 2 items respectively. When using the CD-RISC 25, CD-RISC 10 or CD-RISC 2, whether in English or other language, please include the full copyright statement and use restrictions as it appears on the scale.

5. A fee of $ 50 US is payable to Jonathan Davidson at 325 Carolina Meadows Villa, Chapel Hill, NC 27517, USA, either by PayPal (www.paypal.com, account mail@cd-risc.com), cheque, bank wire transfer (in US $$), international money order or Western Union.

6. Complete and return this form via email to mail@cd-risc.com.

7. In any publication or report resulting from use of the CD-RISC, you do not publish or partially reproduce items of the CD-RISC without first securing permission from the authors.

If you agree to the terms of this agreement, please email a signed copy to the above email address. Upon receipt of the signed agreement and of payment, we will email a copy of the scale.

For questions regarding use of the CD-RISC, please contact Jonathan Davidson at mail@cd-risc.com. We wish you well in pursuing your goals.

Sincerely yours,

Jonathan R. T. Davidson, M.D.
Kathryn M. Connor, M.D.

Agreed to by:

Signature (printed) 11/6/18
Date

Doctoral Candidate
Title

Pennsylvania State University
Organization

Appendix E: Permission to Use the Spirituality Scale

Happy New Year, Latoya,

My apologies for the delayed response. You certainly have my permission to use this measure. However, I haven't worked in this area in many, many years and don't have ready access to a copy that I can share with you.

Paula Smith (University of Utah) might be helpful with regard to the measure.

Also, Jacqui Mattis (University of Michigan) may be working in this area and can offer support/guidance.

Best,

Robert J. Jagers, PhD
Vice President of Research
CASEL: Collaborative for Academic, Social, and Emotional Learning
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312.226.3781 (direct)
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rjagers@casel.org

Appendix F: Permission to Use the Trauma History Questionnaire

You are welcome to use the THQ. It is in the public domain. Just be sure to cite us.

Here is the link: https://ctc.georgetown.edu/toolkit

You can download the instrument, and the translations if you are interested. The accompanying article serves as the manual.

Bonnie Green
Bonnie L. Green, PhD
Professor Emeritus of Psychiatry
Georgetown University Medical School
bonnie.green@georgetown.edu

Appendix G: Connor-Davidson Resilience Scale

The Connor-Davidson Resilience Scale is intentionally omitted here due to copyright restrictions.

Appendix H: Spirituality Scale

For each of the following statements, please place an "X" in the box below the choice that best indicates how much you agree with the statements below.

	Completely False	Mostly False	Somewhat False	Somewhat True	Mostly True	Completely True
	1	2	3	4	5	6
1. To me, every object has some amount of spiritual quality.						
2. To have faith in each other is to have faith in God.						
3. I believe that the world is not under our control but is guided by a greater force.						
4. All people have a common core which is sacred.						
5. I act as though unseen forces are at work.						
6. We all need to have knowledge of the world's religions.						
7. Just because I have faith and beliefs does not mean that I live that way all of the time.						
8. No preacher could understand the problems I have.						
9. Without some form of spiritual help, there is little hope in life.						
10. I pray before eating a meal.						
11. The most important part of me is the inner force which gives me life.						
12. My happiness is found in the material goods I own.						
13. I feel that all life is simply made up of different chemicals.						
14. I pray before I go on a trip.						
15. To me the world can be described as a big machine.						
16. If I had more money, life would be happier.						
17. I don't know where to find the answers to life's questions.						
18. To me, and object's material worth is that object's value.						
19. Though I may go to the doctor when I am ill, I also pray.						
20. I feel that life is made up of spiritual forces.						

Appendix I: Trauma History Questionnaire

TRAUMA HISTORY QUESTIONNAIRE

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they affect how people feel about, react to, and/or think about things subsequently. Knowing about the occurrence of such events, and reactions to them, will help us to develop programs for prevention, education, and other services. The questionnaire is divided into questions covering crime experiences, general disaster and trauma questions, and questions about physical and sexual experiences.

For each event, please indicate (circle) whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved and the specific nature of the event, if appropriate.

Crime-Related Events		Circle one		If you circled yes, please indicate	
				Number of times	**Approximate age(s)**
1	Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?	No	Yes		
2	Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	No	Yes		
3	Has anyone ever attempted to or succeeded in breaking into your home when you were <u>not</u> there?	No	Yes		
4	Has anyone ever attempted to or succeed in breaking into your home while you <u>were</u> there?	No	Yes		
General Disaster and Trauma		Circle one		If you circled yes, please indicate	
				Number of times	**Approximate age(s)**
5	Have you ever had a serious accident at work, in a car, or somewhere else? (<u>If yes</u>, please specify below) _____	No	Yes		
6	Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (<u>If yes</u>, please specify below) _____	No	Yes		

7	Have you ever experienced a "man-made" disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury? (If yes, please specify below) _____	No	Yes		
8	Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	No	Yes		
9	Have you ever been in any other situation in which you were seriously injured? (If yes, please specify below) _____	No	Yes		
10	Have you ever been in any other situation in which you feared you might be killed or seriously injured? (If yes, please specify below) _____	No	Yes		
11	Have you ever seen someone seriously injured or killed? (If yes, please specify who below) _____	No	Yes		
12	Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? (If yes, please specify below) _____	No	Yes		
13	Have you ever had a close friend or family member murdered, or killed by a drunk driver? (If yes, please specify relationship [e.g., mother, grandson, etc.] below) _____	No	Yes		
14	Have you ever had a spouse, romantic partner, or child die? (If yes, please specify relationship below) _____	No	Yes		
15	Have you ever had a serious or life-threatening illness? (If yes, please specify below) _____	No	Yes		
16	Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? (If yes, please indicate below) _____	No	Yes		

17	Have you ever had to engage in combat while in military service in an official or unofficial war zone? (If yes, please indicate where below) _____	No	Yes		
Physical and Sexual Experiences		Circle one		If you circled yes, please indicate	
				Repeated?	**Approximate age(s) and frequency**
18	Has anyone ever made you have intercourse or oral or anal sex against your will? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) _____	No	Yes		
19	Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) _____	No	Yes		
20	Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?	No	Yes		
21	Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?	No	Yes		
22	Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you?	No	Yes		
23	Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?	No	Yes		
24	Have you experienced any other extraordinarily stressful situation or event that is not covered above? (If yes, please specify below) _____	No	Yes		

Citation:
Hooper, L. M., Stockton, P., Krupnick, J., & Green, B. L. (2011). The development, use, and psychometric properties of the Trauma History Questionnaire. *Journal of Loss and Trauma, 16,* 258-283.

Appendix J: Interview Questions

1. As you think back to the surveys that you participated in completing, would you say that your responses best captured what you believe contributes to your resilience?
2. What might you have added/ taken out of the questionnaires or surveys?
3. Would you describe yourself as resilient?
4. What would you say contributes to your ability to keep going after facing the experiences that you have?
5. Would you consider yourself a survivor of domestic violence? Why or Why not?

Appendix K: Demographic Questionnaire

1. Age: Please check the box that best describes your age.
    a. ____ 18 – 20 years of age
    b. ____ 21 – 25 years of age
    c. ____ 26 – 29 years of age
    d. ____ 30 – 35 years of age
    e. ____ 36 – 39 years of age

2. Do you identify as a woman?
    a. ____ Yes
    b. ____ No

3. Do you have children?
    a. ___ Yes
    b. ____ No

4. If yes, how many children do you have?
    a. ____ 1
    b. ____ 2
    c. ____ 3
    d. ____ 4
    e. ____ 5
    f. ____ 6
    g. ____ 7
    h. ____ 8
    i. ____ 9
    j. ____ 10

5. Racial/ Ethnic Background: Please check the box or boxes that best describe your racial/ ethnic background.
    a. ____ African-American
    b. ____ Black
    c. ____ Africa
    d. ____ Black Caribbean
    e. ____ Afro-Latina

6. Are you a citizen of the United States?
    a. ____ Yes
        1) If yes, are you a first-generation citizen of the United States?
            a) ____ Yes
            b) ____ No
    b. ____ No

7. Relationship Status: Please check the box that best indicates your relationship status.
    a. ____ Single/ Never Married
    b. ____ Married, or Partnered
    c. ____ Divorced
    d. ____ Separated
    e. ____ Widowed

8. Education Level: Please check the box that best indicates the highest level of education that you have completed.
    a. ____ Less than a high school diploma
    b. ____ High school diploma or equivalent (example: GED)
    c. ____ Some college courses
    d. ____ College degree

9. Income Status
    a. ____ Less than $12,000 per year
    b. ____ $12,000 - 16,000
    c. ____ $16,001 - $20,000
    d. ____ $20,001 - $25,000
    e. ____ $25,001 - $29,000
    f. ____ $29,001 - $33,000
    g. ____ $33,001 - $38,000
    h. ____ $38,001 - $42,000
    i. ____ $42,001 - $46,000
    j. ____ $46,001 - $50,000

10. Are you a home owner?
    a. ____ Yes
    b. ____ No

11. Please select the State within the United States that you currently reside in:
    a. Alabama
    b. Alaska
    c. Arizona
    d. Arkansas
    e. California
    f. Colorado
    g. Connecticut
    h. Delaware
    i. Florida
    j. Georgia
    k. Hawaii
    l. Idaho

m. Illinois
n. Indiana
o. Iowa
p. Kansas
q. Kentucky
r. Louisiana
s. Maine
t. Maryland
u. Massachusetts
v. Michigan
w. Minnesota
x. Mississippi
y. Missouri
z. Montana
aa. Nebraska
bb. Nevada
cc. New Hampshire
dd. New Jersey
ee. New Mexico
ff. New York
gg. North Carolina
hh. North Dakota
ii. Ohio
jj. Oklahoma
kk. Oregon
ll. Pennsylvania
mm. Rhode Island
nn. South Carolina
oo. South Dakota
pp. Tennessee
qq. Texas
rr. Utah
ss. Vermont
tt. Virginia
uu. Washington
vv. West Virginia
ww. Wisconsin
xx. Wyoming
yy. Washington, DC
zz. Puerto Rico

Latoya Haynes-Thoby, M.Ed., NCC, CCTP

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EDUCATION

2019 Doctor of Philosophy, Counselor Education and Supervision
Pennsylvania State University, *CACREP*

2015 Master of Education, or Education
Pennsylvania State University

2003 Bachelor of Arts, English
Pennsylvania State University

RESEARCH AND SCHOLARLY WORKS

Zalaquett, C., & Haynes-Thoby, L. (in press). Contexts of Cultural and Systemic Influence. In L. Lopez Levers & D. Hyatt-Burkhart, *Clinical Mental Health Counseling (the "Work")*. New York, NY: Springer Publishing Company

Prescod, D. J., **Haynes-Thoby, L.**, Naderman, K., & Belser, C. (in press). Including Gottfredson's career theory in STEM initiatives geared towards students of color. *Journal of Negro Education.*

Prescod, D. J., Zeligman, M., & **Haynes-Thoby, L.** (in press). The relationship between trauma symptoms, developmental work personality, and vocational identity. *Journal of Counselor Preparation and Supervision*

National Refereed Presentations

Haynes-Thoby, L. (2019, May). Trauma-Informed Schools: Establishing Safe Learning Spaces for Children and Adolescents from Minoritized Groups. Paper to be presented at the National Board of Certified Counselors Foundation, Bridging the Gap Symposium, Atlanta, GA.

Prescod, D.J., Zeligman, M., & **Haynes-Thoby, L.** (2017, October). The Impact of Trauma on Vocational Identity. Paper presented at the Association for Counselor Education and Supervision Conference, Chicago, IL.

Haynes-Thoby, L., & Prescod, D. J. (2017, June). Trauma's Impact on Professional Efficacy. Paper presented at the National Career Development Association Conference, Orlando, FL.

Prescod, D.J., Zeligman, M., & **Haynes-Thoby, L.** (2017, June). Trauma Symptoms and Career Development: Orlando Strong. Paper presented at the National Career Development Association Conference, Orlando, FL.

Prescod, D.J., & **Haynes-Thoby, L.** (July, 2016). Using Gottfredson's Career Theory in Addressing the Obstacles for Students of Color in STEM. Paper presented at the Association for Adult Development and Aging Conference, Manhattan, NY.

TEACHING AND RESEARCH EXPERIENCES

Spring 2018	Family Counseling
Fall 2017	Group Processes in Guidance and Counseling
Fall 2017	Medical Aspects of Disability, *Online*
Summer 2017	Diagnosis in Counseling
Fall 2016	Research in Counseling
Fall 2015 & Spring 2016	Introduction to Counseling