A study of the relationship between the social work practitioner's perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta

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ABSTRACT

SCHOOL OF SOCIAL WORK

TAYLOR, ANGELA RENÉE  B.A. SPELMAN COLLEGE, 1995
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A STUDY OF THE RELATIONSHIP BETWEEN THE SOCIAL WORK PRACTITIONER’S PERSPECTIVE AND THE UTILIZATION OF SPIRITUALITY, COUNSELING, AND SUPPORT GROUPS IN THE TREATMENT OF AFRICAN AMERICAN FEMALE VICTIMS OF DOMESTIC VIOLENCE IN METROPOLITAN ATLANTA

Advisor: Richard Lyle, Ph.D.
Dissertation dated July 2010

This study examines the social work practitioner’s perspective on the relationship between spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta. The researcher investigated three independent variables: spirituality, counseling, and support groups. These variables were examined in relation to the social work practitioner’s perspective. The following demographic variables were also analyzed: race, age, income, marital status, gender, educational level, type of practice, length of practice, experience in working with African American female victims of domestic violence, and experience in the utilization of spirituality, counseling, and support groups in their practice.
The investigation included a review of the literature. Variables addressed included the following: domestic violence, social work practitioners’ perspectives on domestic violence, spirituality, counseling, and support groups as they pertain to domestic violence.

One hundred fifteen survey participants were selected for the study utilizing non-probability convenience sampling. The survey participants were composed of licensed master and licensed clinical social workers certified to provide services through the Georgia Secretary of State licensing board. The questionnaire, Social Work Practitioner’s Perspective on Spirituality, Counseling, Support and Domestic Violence, utilized a four point continuum Likert Scale. Data were analyzed by employing frequency distribution and bivariate cross tabulations along with the statistical test of Chi-square to analyze the relationship between the variables.

The researcher found that there was a relationship between the social work practitioner’s perspective and the utilization of spirituality and counseling when working with African American female victims of domestic violence. The researcher also found that there was a relationship between spirituality, support groups, and counseling when controlling for spirituality. The study was concluded with a series of recommendations.
A STUDY OF THE RELATIONSHIP BETWEEN THESOCIAL WORK PRACTITIONER'S PERSPECTIVE AND THE UTILIZATION OF SPIRITUALITY, COUNSELING, AND SUPPORT GROUPS IN THE TREATMENT OF AFRICAN AMERICAN FEMALE VICTIMS OF DOMESTIC VIOLENCE IN METROPOLITAN ATLANTA

A DISSERTATION SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY

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JULY 2010
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CHAPTER I
INTRODUCTION

Violence between intimate partners has been identified as a major public health and social issue in the United States (U.S.). Findings from U.S. and Canadian national probability samples estimate that 25-30% of women and 8-30% of men will experience violence at the hands of a spouse or partner at some point in their lives (Ellison & Anderson, 2001). Domestic violence is a pervasive problem in virtually all countries, cultures, ethnic and racial groups, and social classes. In the United States, estimates indicate that approximately 1.5 million women are physically assaulted or raped by an intimate partner (Sumter, 2006).

Although domestic violence has been present for centuries, it has become a serious topic for social scientist, whether theorists or researchers, only in the last two decades. Sassetti (1993) suggests that battering is an expression of firmly entrenched societal beliefs and attitudes about the roles of women, men, and violence in the American culture. Battered women report that traditional beliefs, and fear of reaction from friends, family, or medical professionals, are barriers to disclosure of abuse (Towers, 2006).

Numerous studies have shown that the problem of violence against women by intimate partners exists in most societies throughout the world. Based on a review of 35
studies from a diverse range of countries, Heise (1994) concluded that the proportion of women who report physical abuse by a present or former partner ranges from one-fourth to more than one-half. Women also suffer from other forms and types of abuse by their intimate partners, including psychological, sexual, economic, and social abuse—although such experiences are reported less (Haj-Yahia & Sadan, 2008).

Nevertheless, the incidence and severity of such violence vary in different contexts. Moreover, societies differ in their perceptions of wife abuse and battering, as well as their attitudes toward battered wives and violent husbands. These differences are reflected in aspects such as justification of wife abuse and battering, tolerance and leniency toward violent husbands, blaming wives for violence against them, and leniency in society’s formal responses to the various manifestations of the problem (Haj-Yahia & Sadan, 2008).

Prior to 1970, domestic violence was both a legally and socially acceptable practice and, as such, considered a private matter. However, during the past thirty years, domestic laws have seen dramatic change. Due to this shift, domestic violence is no longer viewed as just a family matter, but a serious crime, which holds enormous consequences for both victims, offenders, and society (Sumter, 2006).

In the early 1970s, the issue of domestic violence in the United States first came to the forefront as feminists began to organize what has since been called the “Battered Women’s Movement.” So much so, that advocates – among them feminists, social workers, social scientists, and shelter workers devoted their energies to empowering women to leave abusive relationships. Feminists relied on local grassroots efforts to establish battered women’s shelters across the country and make hotlines and counseling
available to abused women. These same individuals formed coalitions at the local, state, and national levels to educate the public about domestic violence and push for reforms in public policy. Multiple researchers have argued that ending the silence, stopping domestic violence, and empowering its victims was time sensitive, recognizing that violence against women was the result of unequal power relationships between men and women. This grassroots work and initial research succeeded in making the plight of battered women, once socially invisible, a subject of public discussion and policy change (Rothenberg, 2003).

Rothenberg (2003) suggested that the entire battered women's movement and its appeals to the public centered on effectively arguing that abused women do not stay with their partners by choice. The initial success of the movement came to depend greatly on a discourse that called attention to the ways in which battered women were trapped in abusive relationships.

In everyday speech and even in most social science discourse, domestic violence is about men beating women. It is estimated that somewhere in the neighborhood of two million women in the United States are terrorized by husbands or other male partners who use violence as one of the tactics by which they exercise domination over their spouse (Johnson & Ferraro, 2000).

Research on partner violence produced two broad themes in the 1990s which have provided the most promising direction for future research in domestic violence. The first theme is about the importance of making distinctions. Partner violence cannot be understood without acknowledging important distinctions. Among them are types of
violence, motives of perpetrators, the social locations of both partners and the cultural contexts in which violence occurs (Johnson & Ferraro, 2000).

Control, the second theme, is most visible in the feminist literature. It was argued that partner violence is primarily a problem of men using violence to maintain control over their women. This, according to Johnson and Ferraro (2000), is a control to which they feel they are entitled and that is supported by a patriarchal culture.

One of the most compelling findings in victimization research is that interpersonal victimization (domestic violence) is not random; rather, once a woman has been physically or sexually victimized, she is at increased risk for subsequent victimization (Cole, Logan, & Shannon, 2008). The infliction or threat of infliction of any bodily injury, harmful physical contact, or threat of coercion or control upon a person with whom the victim is at present, or has been, involved in an intimate relationship is defined as domestic violence and the phenomena is as old as recorded history and has been reported in virtually every country since the dawn of time (Fisher, 2004).

More specifically, previous research results indicate that all racial minorities experience more intimate partner violence than do white Anglo-Americans. On average, black women experienced more violence by an intimate partner compared to white women (Sumter, 2006).

Healey and Smith (1998) concluded from their research that the prevalence and character of domestic violence and its victims come from a diversity of racial, ethnic, cultural, linguistic, and economic backgrounds as well as age groups (Sumter, 2006). Sue and Sue (1999) contend that ethnic minorities often underutilized intervention
services in part because their help-seeking behaviors and treatment needs differ from those of the dominant culture (Sumter, 2006). Consequently, these clients avoid seeking services because of the lack of cultural sensitivity and mistrust of practice that is essentially geared toward white middle class America (Sumter, 2006).

Intimate partner violence is undoubtedly a serious problem. Little is known about what services are provided nationally and whether the programs are reaching as many women in need as possible. However, research suggests that training services should be established enabling social workers to detect domestic violence and determine the appropriate domestic violence assessment and responses for treatment of domestic violence issues. Yet the vast interdisciplinary academic literature on intimate partner violence identifies the lack of help resources for victims as a serious problem and calls for increased and improved public policy intervention to help victims (Tiefenthaler, Farmer, & Sambira, 2005).

Statement of Problem

Approximately 1.3 million women are physically abused/assaulted by an intimate partner annually in the United States. African Americans, especially African American women, suffer deadly violence from family members at rates decidedly higher than for other racial groups in the United States. However, it is observed that research concerning family violence among African Americans is inadequate (American Bar Association, 2009).

Overall, African Americans were victimized by intimate partners at significantly higher rates than persons of any other race between 1993 and 1998. African American
females experienced intimate partner violence at a rate 35% higher than white females, and about 22 times the rate of women of other races. The number one killer of African American women, ages 15 to 34, is homicide at the hands of the current or former intimate partner (American Bar Association, 2009). Specific to the state of Georgia, there were 54,010 reported cases of domestic violence in 2006. Thirty-three percent of reported domestic violence cases ended in an arrest brought against the offender. Fourteen percent of the reported cases resulted in no action being taken (National Coalition Against Domestic Violence, 2009). The Georgia Commission on Family Violence and the Georgia Coalition Against Domestic Violence (2009) attributed 113 deaths to domestic violence. They further reported that 97% of the incidences of domestic violence within the state of Georgia were female victims of which 39% obtained help from a family violence agency and 30% pursued assistance from their religious community.

Estimates from the National Crime Victimization Survey indicated that, in 1998, about one million violent crimes were committed against persons by their current or former spouses, boyfriends, or girlfriends. Such crimes, termed intimate partner violence, are committed primarily against women. Regardless of the demographic characteristics considered, women experienced intimate partner violence at higher rates than men. Among women, being African American, young, divorced or separated, earning lower incomes, living in rental housing, and living in an urban area were all associated with higher rates of intimate partner victimization between 1993 and 1998 (Rennison & Welchans, 2000).
Purpose of Study

The purpose of this study is to examine the relationship between the social work practitioner’s perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta.

Research Questions

The research questions for the study are as follows:

1. Is there a relationship between the social work practitioner’s perspective and the utilization of spirituality and counseling in the treatment of African American female victims of domestic violence in metropolitan Atlanta?

2. Is there a relationship between the social work practitioner’s perspective and the utilization of spirituality and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta?

3. Is there a relationship between the social work practitioner’s perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta?

Hypotheses

The null hypotheses for the study are as follows:

1. There is no statistically significant relationship between the social work practitioner’s perspective and the utilization of spirituality and counseling in the treatment of African American female victims of domestic violence in metropolitan Atlanta.
2. There is no statistically significant relationship between the social work practitioner's perspective and the utilization of spirituality and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta.

3. There is no statistically significant relationship between the social work practitioner's perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta.

**Significance of Study**

This study seeks to further the body of knowledge on domestic violence. While there is a plethora of research on domestic violence as an independent phenomenon, this document seeks to fill the literature gap of domestic violence and social work. Early proponents had to work through numerous obstacles in their efforts to make battered women appear to be deserving of public help. Most important, advocates were confronted with the problems of explaining why battered women remained with their abusers (Rothenberg, 2003). Gelles (1987) acknowledged that the question “itself derives from the elementary assumption that any reasonable individual, having been beaten and battered by another person, would avoid being victimized again” (p. 80).

There is a significant gap in the research regarding partner violence. The literature review reflects the studies of direct staff and victims of domestic violence as well as underscores the dearth of research on social workers and their involvement in domestic violence issues. Most studies examine domestic violence with medical staff especially
nurses and police officers as the population being studied. Literature suggested that domestic assaults are the most prevalent cause of injuries for which women seek medical attention (Ellison & Anderson, 2001).

With regard to the scant research on domestic violence, African American women and service provision, Sumter (2006) wrote that in addition to the criminal justice legislation an abundance of social service initiatives have been implemented to assist victims of domestic violence. For example, agencies provide crisis hotlines, shelters, or other emergency residential facilities, medical services, and transportation networks. In addition, social service networks provide emotional support to include self help support groups, empowerment modeling, and self esteem and confidence-building sessions. Although this is the case, a review of the literature indicates that in the vast scholarship on violence against women in intimate relationships, minimal attention has been given to experiences of ethnic minorities (Sumter, 2006).

The National Association of Social Workers' code of ethics emphasizes the personal differences of others while ensuring the autonomy of the social worker and the clients being served. This document further substantiates the need for multidisciplinary approach to training social workers in the areas of spirituality, support groups, counseling, and victim services. Diller (1999) suggests that the service providers tend to be poorly or inadequately trained in understanding the cultural dynamics of minority groups and how cultural dynamics tend to influence the interaction between the service provider and the culturally different client. Although great strides have been made in offering interventions and services to victims of domestic violence, minority women are the most vulnerable but least served by existing practitioners (Sumter, 2006).
A culturally skilled service provider uses strategies and techniques that are consistent with the life experiences and cultural values of their clients. As such, an effective service provider is one who can adapt skills and techniques that are unique to the individual needs of each client. These skills require that the service provider be able to see the client as both an individual and a member of a particular cultural group (Sumter, 2006). Personal attitudes and experiences may impede social workers and physicians from screening for domestic violence. Clinicians' differences and prejudicial attitudes including class attitudes and behaviors, racism, sexism, ageism, homophobia, and clinicians' problematic identification with patients are also barriers to screening for domestic violence. Beliefs that abuse is a problem restricted to people in poverty, abuse is not an issue in same sex relationships or higher educated women, and abuse among older people is not a priority, may affect who is screened for abuse (Towers, 2006).

Although social scientists traditionally have recognized the importance of the interdependence between the family and religious institutions, there has been almost no research examining the relationship between religion and domestic violence. Relatively scant attention however has been paid to the role of religion in domestic violence perpetration and victimization. Religious factors may be linked to domestic violence through a number of pathways. For example, some feminist theorists contend that Christianity is rooted in a patriarchal structure and philosophy that promote male dominance and female subservience, which contribute to male physical aggression within marriage (Brinkerhoff, Gardin, & Lupri, 1992).

Summarily, the study was divided into five interrelated chapters. Chapter I is the introduction of the study and includes the statement of problem, the purpose of the study,
the research questions, the hypotheses, the significance of the study, and the definition of terms. Chapter II provides a review of selective literature and includes the theoretical framework. Chapter III describes the methodology, research design, the sample, the instrumentation, treatment of data, and limitations of study. Chapter IV provides an analysis of the data and presents the findings. Finally, Chapter V provides the summary and conclusions and implications of the findings.

Definition of Terms

Below is the operationalization of the variables and key terminology referenced throughout this study.

1. Domestic violence - Domestic violence is a pattern of assaultive and coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners (Bent-Goodley, 2004).

2. Counseling - Counseling deals with personal, social, vocational, empowerment, and educational concerns. It is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling and thinking (American Association of Counselors, 2010).

3. Spirituality - Spirituality is the capacity and tendency present in human beings to find and construct meaning about life and existence. It is the choice to move toward personal growth, responsibility, and relationship with others. It refers to the human quest for personal meaning and mutually fulfilling relationships among people, the non-human environment, and God (Canda, 1990).
4. Support Groups - Support groups are an informal resource that attempts to provide healing components to a variety of problems and challenges. The group helps to facilitate personal growth and change in a way that individual therapy cannot (Hollenshead, 2006).
chapter ii
review of the literature

The review of relevant literature examined various studies regarding domestic violence, spirituality, counseling, support groups and social work and their relationship with one another. Particular attention was given to findings from various types of studies regarding the use of spirituality in providing services to African American female victims of domestic violence. Furthermore, this review of research findings also revealed the importance of incorporating spirituality classes and domestic violence training into the curriculum of social work students.

Domestic Violence and African American Women

Pagelow (1981) defines battered women as adult women who were intentionally physically abused in ways that cause pain or injury or who are forced into involuntary actions or restrained by force from voluntary action by adult men with whom they have or had established relationships. Walker (1979) gives a similar definition, but she includes psychological coercion and also adds: in order to be classified as a battered woman, the couple must go through the battering cycle at least twice. Any woman may find herself in an abusive relationship with a man once. If violence occurs a second time, according to Van Natta (2002), and the woman remains in the situation, then she is defined as a battered woman. Researchers enhanced on these definitions by adding that
physical violence is not the only factor in determining whether one is battered; the victim must have experienced certain psychological effects (Hart, 1986).

Domestic violence is the most common cause of serious injury among women in the United States, accounting for more injuries than car accidents, muggings, and rapes combined. While it is true that intimate partner assaults are also committed against men, women experience intimate partner violence at far greater rates than men (Anderson & Aviles, 2006).

Violence between adult partners occurs in all socioeconomic groups, all ethnic groups, and in heterosexual and homosexual relationships. Partner violence includes acts of physical and sexual violence as is often accompanied by extreme emotional and verbal abuse as well as extreme controlling behavior. Though the incidence of male victimization by women is increasing, male-to-female violence is often more repeated and is more likely than female-to-male violence to result in injury or death among women who experience partner violence, with the remainder experiencing nonphysical abuse (Tilley & Brackley, 2004).

Violence in intimate relationships often begins in adolescence with approximately twenty-five percent (25%) of female adolescents experiencing physical or sexual violence in their dating relationships. In fact, women are most vulnerable to sexual victimization in their adolescent and young adult years. Women who are pregnant experience abuse at a higher rate than those who are not. Abuse during pregnancy is often more severe than at other times, as well as more frequent (Tilley & Brackley, 2004).
A common thread in domestic violence cases is that the batterer’s violence usually occurs within the confines of the home and is usually directed only at his wife or intimate partner. Understanding the times and contexts in which women are most vulnerable to violence plays an important role in the prevention of violence and its consequences (Tilley & Brackley, 2004). In preparation for a larger study on violence in women’s lives, focus groups methodology was used to help researchers anticipate time periods that should be explored in detail within the larger study.

In order to include experiences and views of women in different stages of recovery form abuse, two separate focus groups were used. One group was composed of women who were residing in a shelter for battered women. The other group was composed of women who were using the counseling services of the shelter, but who had never been sheltered. The question asked of the participants was “What are the times and events that might expose girls and women to violence in their lives?” Data analysis revealed several broad themes: developmental periods when women are exposed to spousal violence, themes related to the abusers, themes about staying in and leaving the abusive relationship, and themes about parenting while involved in an abusive relationship. Not all battered women have similar life experiences, nor are they a homogeneous group. Domestic violence is a crime that crosses all socioeconomic and ethnic boundaries, and is devastating to all family members. There is acknowledgement that violence extends to all kinds of human relationships; none is immune (Tilley & Brackely, 2004).

The violence within marriage is becoming a widely publicized concern. It is reported that twenty-three percent (23%) of murder victims are women and forty percent
(40%) are murdered by their husbands. The social perception was that the woman deserved the violence. Psychotherapists and family therapists, too, have viewed wife battering from the perspective of shared responsibility. Feminist writers, however, have questioned the therapeutic modality of couple and/or family therapy as inherently promoting the premise that women share the responsibility for the abuse they experience. Researchers further report that family therapists tend to address violence within the theoretical context of systemic patterns, thereby observing the seriousness of the act. Feminist critique of the literature states that by its very nature, couples therapy assumes the wife has an impact on the husband’s ability to control his acts of violence. He himself does not, therefore, have sole responsibility for his own behavior. Family therapy, specifically, can abstractly conceptualize these acts of violence as obscure reciprocal sequences, thereby preventing any therapist from having to address the acts of violence and allowing therapists to ignore the acts of aggression (Hanson, Harway, & Cervantes, 1991).

Around the globe, violence against women by their partners is prevalent and threatens women’s well-being. In the United States, research on this topic has proliferated over the past two decades documenting the high rates of domestic violence. Husbands and boyfriends are the most common perpetrators of assault and battery against family members in the United States as well as other countries (Yoshihama, 2002).

Historically, domestic violence has been portrayed and perceived by society as a “minority” issue. That is, domestic violence victims are routinely portrayed as poor women of color. Many African American women are aware of these stereotypes, and it
impacts their willingness to report and disclose their own abusive or violent relationships. Despite the similarities in the rates of domestic violence among ethnic groups, there continues to be a perceived social difference in how each experiences domestic violence and the treatment and services available to them (Anderson & Aviles, 2006). Locke and Richman (1999) recognize that although domestic violence does not discriminate who its victims will be, the social construction and practices surrounding the issue of domestic violence may be discriminatory.

Intimate partner violence, also referred to as domestic violence or wife beating, often involves a broad range of abusive behaviors including physical violence, sexual violence, threats of violence against women and children or other loved ones, emotional/psychological abuse, economic exploitation, confinement and/or control over activities outside the home. Based on national surveys, black women experience an alarmingly high rate of intimate partner violence. In a more recently administered “Violence Against Women Survey,” one-quarter of the black women surveyed had been victims of physical partner violence, and 4% had been stalked (West, 2002).

When rates of severe violence were considered, black women were frequent victims of wife battering. Women from all economic and social backgrounds are victims of wife abuse. However, the demographic profile of victims indicate that women who are African American, young, divorced or separated, impoverished, and residents in urban areas are the most frequent victims of partner violence (West, 2002).

The concept of domestic violence is important because further knowledge of this phenomenon can help drive more effective intervention and prevention approaches (Carretta, 2008). Domestic violence is a daily and often deadly fact of life for millions of
women and girls around the world. Women and children are often in great danger in the place where they should be safest—within their families. A recent study confirmed that domestic violence is widespread and has a pervasive effect on both the physical and mental health of victims. Women affected by violence were four times more likely to report symptoms indicative of severe depression compared with women who had not been affected by violence (Carretta, 2008).

Discriminatory practices limit a woman’s comfort level in disclosing domestic violence and seeking out services to address it. Furthermore, the race of the victim may influence who therapists define as real or appropriate victims. The stereotypes that surround domestic violence often deny legitimization of women of color as victims. Often times, violence against African American women is not considered as serious as violence committed against white victims. In African American communities, women are often reluctant to report abuse due to the stereotypical associations in communities of color, mistrust of authorities and the judicial system, and poor prior experiences or relationships with authorities (Anderson & Aviles, 2006).

Many women stay with their abuser for economic reasons. This may be especially pertinent to women from ethnic backgrounds and minorities. Humphreys and Thiara’s (2003) study notes that African American and minority ethnic women were significantly more likely to continue to suffer substantial problems both emotionally and economically more than six months after separation from their abuser (Anderson & Aviles, 2006).

African American and Latina women reportedly experience greater mental health consequences when they are victims of domestic violence. This finding indicates a need
to make both traditional and non-traditional avenues available to women in order to increase the likelihood of disclosure, ultimately resulting in referral and treatment (Anderson & Aviles, 2006).

When women are able to leave their abusive situations, they report lack of culturally appropriate services that meet their individual needs. Research demonstrates that women of differing races and ethnicities require different and culturally sensitive services, and domestic violence services need to be developed accordingly (Anderson & Aviles, 2006).

Lack of training for health care providers has multiple effects on both the providers and the women they treat. Women are less likely to report domestic violence due to barriers such as fear and shame. Likewise, healthcare providers are reluctant to screen for domestic violence due to personal discomfort, lack of awareness, training, and skills; therefore, the opportunity for women to disclose is often missed in the clinical setting (Anderson & Aviles, 2006).

Domestic violence undermines healthy African American families and communities. Although empirical research has accumulated regarding African Americans and domestic violence, over the past twenty years, many questions remain about African American perceptions of domestic violence. African American women’s perception about domestic violence was explored in 2004 through three focus groups held in New York City. The statistical analysis determined that women’s perceptions of domestic violence was determined by their cultural background and viewed from their respective cultural lens (Bent-Goodley, 2004).
Domestic violence poses serious mental and physical health risks. In fact, it is estimated that more than 1.5 million women nationwide seek medical treatment for injuries related to abuse each year. Those who are abused can experience mental health issues, such as anxiety attacks, post traumatic stress disorder, chronic depression, acute stress disorder, and suicidal thoughts and ideation. In fact, domestic violence is the leading cause of injuries to women between the ages of 15 and 44, and is more common than muggings, auto accidents, and cancer deaths combined. One of four women dies each year due to domestic violence (Bent-Goodley, 2004).

Although domestic violence cuts across race, socioeconomic status, education, and income distinctions, it has been estimated that African Americans experience a disproportionate amount of domestic violence compared with white Americans. The National Black Women’s Health Project identified domestic violence as the number one health issue for African American women. The proportions of deaths and serious injuries resulting from domestic violence are also greater in African American communities. The literature reveals four major themes related to African American women and domestic violence: inaccessibility of services, lack of cultural competence among service providers, racial loyalty, and gender entrapment (Bent-Goodley, 2004).

Shelters and battered women’s intervention programs are often geographically inaccessible and not community based (Bent-Goodley, 2004). Services that are inaccessible are less likely to be used despite the need. Transportation constraints, lack of money to get to appointments, and fear of entering a perceived hostile environment often result in a decreased likelihood of African Americans keeping appointments and fully participating in services. Lack of cultural competence has been noted as a reason
that African Americans often do not complete or obtain domestic violence services. Cultural competence can be defined as a “set of behaviors, attitudes, and policies that enable a system, agency and/or individual to function effectively with culturally diverse clients and communities” (Bent-Goodley, 2004, p. 308). Shelters have denied housing to African American women for not sounding fearful enough or sounding too strong. In many minds a picture has been painted of African American women as hardened, tough, back-talking, strong, permissive and undeserving of protection, women for whom blows might not be considered cruelty. Lack of cultural competence results in differential treatment and oppressive practice measures (Bent-Goodley, 2004).

An additional barrier to seeking assistance for domestic violence services is racial loyalty. Racial loyalty can be defined as an African American woman’s decision “to withstand abuse and make conscious self-sacrifice for what she perceives as the greater goal of the community but to her own physical, psychological, and spiritual detriment” (Bent-Goodley, 2004, p. 309). When the perception that racism is a more serious issue then sexism develops, African American women deny any equally important part of their identity. As these women deny their unique experiences as women to protect their partners, they put themselves at greater risk of physical harm and not allow their partners to be held accountable for their behavior. This internal barrier undermines the woman’s mental health because it denies the differences that she experiences based on gender and creates feelings of confusion, guilt and shame for differentiating between her needs and that of her partner (Bent-Goodley, 2004).

Many African American women hesitate to report domestic violence for fear of the discrimination and injustice that African American men often experience in the
criminal justice system. Being acutely aware of police brutality and other forms of injustice, the woman forgoes her needs for fear of the criminal justice system.

Specifically, the African American woman is concerned about the treatment of the African American male in the judicial system (Bent-Goodley, 2004).

Richie (1996) defined gender entrapment as “the socially constructed process whereby African American women who are vulnerable to male violence in their intimate relationship are penalized for behaviors they engage in even when behaviors are logical extensions of their racial identities, cultural expectations of their gender roles, and the violence in their relationship” (p. 4). The theory provides for understanding how African American women who experience domestic violence are further victimized by social structures. Specifically, gender entrapment theory illustrates the connection between African Americans, domestic violence, and the criminal justice system (Bent-Goodley, 2004).

Bent-Goodley’s research (2004) examined African American female victims’ perceptions of domestic violence through the use of focus groups. The participants shared their perceptions of domestic violence and their experience in violent relationships resulting in a multi-categorical designation of domestic violence.

Bent-Goodley’s (2004) four major categories includes: perceptions of domestic violence, inaccessibility of domestic violence services, the need for public education, and the child welfare connection. For the participants of this study, “a beating” was defined as escalated violence. Abuse was defined as less serious. As a result of their definition, the participants in the study suggested that social workers should clearly delineate between domestic violence and domestic abuse. Thus, if a practitioner asked one of these
women if she was experiencing domestic violence she would say no despite possibly being pushed, shoved, or slapped in the intimate relationship, because abuse and domestic violence were seen as two different phenomena. The women perceived domestic violence services as inaccessible both physically and figuratively. They shared that despite their awareness of substance abuse programs and child welfare agencies, they could not mention an agency where domestic violence services were provided in the local area.

The participants identified three key points as it pertained to culturally competent public education: (1) domestic violence is a serious issue in the African American community; (2) services and information are currently lacking; and (3) more efforts need to be placed not only on providing services but also educating the community about this issue (Bent-Goodley, 2004).

The very language of domestic violence intervention needs to become more culturally competent with understanding of key terms clearly identified between the social worker and the client. The historical and cultural experience of people of African ancestry supports the idea of approaching the issue from the perspective of community and family (Bent-Goodley, 2004). The significance of Bent-Goodley’s research was that the women participating in the study identified the need to clarify terminology used in domestic violence services and not make an assumption that words mean the same thing to all people. Understanding that some women may differentiate between abuse and beatings are important. The research recommended that social workers should ask the client to explain what she means when using certain words. A lack of understanding of terminology could mean the difference between safety and fatality (Bent-Goodley, 2004).
It has been more than thirty years since feminists opened the first battered women’s shelter in the United States. Yet despite organized and individual resistance by survivor activists and other feminists, batterers continue to abuse women (Van Natta, 2005).

**Social Work Practitioners’ Perspective**

In focusing on social workers’ perception of domestic violence victims, Van Natta (2005) states that the workers’ perceptions of the normal case are developed through making practical decisions about how to keep the organization running smoothly, through articulating the formal goals and guiding principles of the agency, and through interactions with clients. Workers and administrators frequently produce normal case categories based on the experiences of those at the top of the social hierarchy in this case, white, heterosexual, temporarily able-bodied, middle-class, traditionally gendered women (Van Natta, 2005).

Domestic violence has become recognized as a social problem in part because battered women activists contested the conception of wives as the property of husbands, to be treated and “disciplined” as men saw fit. The battered women’s movement has nurtured the development of the social category of the “battered woman.” This category is now used in a variety of discourses, including legal, medical, psychological, and theoretical (Van Natta, 2005).

Hirshman (1996) asserts that domestic violence presents a particularly fundamental challenge to existing liberty discourse found in political theory and philosophy because at the heart of both is the construction of choice: not-only what a
woman’s choices are—how those choices are actually, materially constructed—but also how the concept of choice itself is constructed, what the conceptual parameters are of different definitions of choice, how certain actions are or are not considered genuine choice. A major reason that women stay with abusive mates is fear of further violence. Economic dependence is a second factor cited by most researchers; women often do not work and lack employable skills frequently because the abuser has prevented the woman from working especially during marriage.

There are other reasons why women stay with mates that most would consider internal reasoning. For instance, women who as girls observed their mothers being beaten by their fathers or who were themselves abused as children may internalize a belief that violence is a “normal” expression of love. Love may also persuade women who believe an abuser’s promises of reform and displays of remorse and affection to choose to stay or return, thinking change is possible.

Lenore Walker (1979) has identified a “battered woman’s syndrome” that suggests that battered women eventually become unable to see escape options because of the pervasiveness of abuse. Depression, feelings of low self worth, accompanying beliefs that the woman somehow deserved the violence, or guilt and the belief that she provoked the violence are all too common and may keep women from leaving their abusers. These feelings often coincide with women’s holdings of traditional values about women’s and men’s roles and the stigma of divorce. It is believed that women who feel guilt or shame about their violent relationship may be reluctant to come forward to admit to themselves and others that they are battered women (Hirschman, 1996).
As it pertains to research and evaluation, quasi-life history approach has been utilized to examine the perception of domestic violence incidences along racial lines. According to Weis (2001), the use of the quasi-life history approach relied on a series of in-depth interviews with young women and men of varying ethnic and racial groups between the ages of twenty three and thirty five to examine domestic violence.

Pertaining to white and African American women on violence in the home, white women and African American women narrate domestic violence differently.

Research contradicts much of the research on African American female victims of domestic violence as she asserts that Caucasian women are reluctant to name domestic violence as a problem in the community, whereas African American women speak openly and directly about the violence in their home. White women are willing to name “others” as a problem in the neighborhood but they are unwilling to name the white male “self” in any consistent way as a perpetrator of violence in their own homes. African American women, in contrast, hold African American men responsible for the violence in their homes and hold a more abstract drug economy responsible for the demise of their community (Weis, 2001).

While many argue that violence in the home appears across social classes, it is now generally understood that there is such abuse among the poor and working class and that abuse can run across the life cycle for many girls and women. Interestingly, research further contradicts other research by stating that white working class women appear to experience more abuse than women from other cultural backgrounds but white women are far more apt to deal silently with their secret (Weis, 2001).
There is a great deal of domestic violence in the lives of both African American and white poor and working class women. Whereas white women are deeply involved in protecting the images and wage worlds of their spouse, fathers, brothers and so forth and, more importantly, protecting the image of the domestic unit as a whole, there is little comparable cover among poor African American women. This protection of their abuser suggests that there is open and honest discussion of these issues among poor and working class African American women in a way that is taboo within the working class white community. White women spend a good deal of time propping up the image of the nuclear family and hiding the abuse, while poor and working class African American women are openly suspect of the institution and spend more time in self-healing through participation in group discussion (Weis, 2001).

However, in contradiction to much of Weis’ research, Joseph (1997) studied approximately 200 abused women and found that African American women were less likely to call police, utilize the courts, obtain restraining orders, seek counseling, and go to domestic violence shelters compared to Caucasian women. While Sorenson (1996) also found that African Americans were less inclined to call the police for assistance with an abusive partner, other studies have found that African American women placed a greater reliance on calling the police or a minister to resolve conflicts with their abusive partner compared to white women (Fraser, et al., 2002).

The stereotype of women as delicate, passive, and feminine does not apply to African American women. Conversely, they are stereotyped to be strong, independent, invulnerable, and able to hold their own. By internalizing these stereotypes and conforming to cultural expectations, African American women may respond differently
when threatened or attacked by an intimate partner. Domestic violence research has shown that African American women are more likely to fight back against an intimate partner compared to the Caucasian counterparts (Wyckoff & Simpson, 2008).

Domestic violence is not a phenomenon restricted to one class or race; however, relatively little attention has been given to the unique cultural factors affecting African American women involved in abusive relationships. This is troubling because some of the limited research that has explored domestic violence and minorities finds that African American women are at a high risk for domestic violence and, in fact, may experience more violence and sometimes more severe violence than their Caucasian counterparts (Wyckoff & Simpson, 2008).

In domestic violence situations, many African American women do not behave in accordance with the societal expectations of a passive, weeping, and fragile female victim. In sum, the cultural expectations of the African American woman can “hold her own” may impact African American women in that they may be more likely to fight back in abusive relationships. Unfortunately, when African American women do reach out for help, they may find law enforcement less responsive because they do not fit the prototype of a victim in need of rescuing, passive, noncombatant, and weeping (Wyckoff & Simpson, 2008).

Domestic violence is the primary cause of injury to women of all backgrounds in the United States. It is asserted that the prevalence of domestic violence is difficult to determine with sources of data limited to official reports, clinical studies, and self-report studies, but there is widespread agreement that the statistics reported greatly under estimated the problem (Coraran, et al., 2001).
There is scant research on social worker's perception of domestic violence. The combination of the social worker and the police officer working together allowed victims to receive a comprehensive range of services. This study shows that coordinated responses to the provision of comprehensive services between law enforcement and social work seem effective according to the police perspective. Some of the most commonly identified services for victims involve the following: counseling the victim while the officer questions the suspect; helping victims complete emergency protective orders while officers transport the suspects to jail; explaining the criminal justice system and giving referrals for counseling and linking the victim with the battered women's shelter and providing transportation there. By working cooperatively with the officer at the scene of domestic violence, the team of social workers and police officers are able to impact victims at the point of crisis when they may be the most amenable to services and to change (Cocoran, et al., 2001).

Because violence against women is so widespread and represented among the clientele of varied social services providers, Lindhorst (2005), along with her contemporaries, suggests that it is critical to see contextualized assessments and strategic safety planning with battered women as a function of all social workers. Moreover, evidence indicates that many endangered and battered women do not access services from domestic violence specialists but do encounter a range of other social services providers. There is concern with efforts in the foundation of social work curriculum to prepare entry level generalist social work practitioners for the moment when they begin to suspect that a woman is being threatened or abused by someone she knows (Lindhorst, 2005).
Lindhorst, et al. (2005) accepted the challenge of Peled, et al. (2000) to operationalize an empowerment-oriented approach that will help social workers assist women to improve their safety regardless of whether they choose to leave or stay in an abusive relationship. Contextualized assessment of intimate partner violence involves attention to vulnerabilities across multiple dimensions, as well as an evaluation of internal and external resources available options and the analysis of relative harm/safety implications of assorted action plans. No one strategy to end violence will work for every women, and leaving can not be the only legitimized option social workers offer as we help women create pragmatic, sustainable responses. Acknowledging the complexity of women’s situated lives is a challenging task for the practitioner: there are seldom straight forward or uncomplicated solutions available.

Supporting women who are in abusive situations requires a multiple approach in social work education and training: the profession needs generalist with knowledge about how to recognize abuse and formulate basic safety plans for women as well as specialists who have a more in-depth understanding of the needs of battered women and the systems they utilized (Lindhorst, 2005).

Most of the social workers see domestic violence as a mental health problem that individual counseling can solve. This results in social workers graduating without a foundation or knowledge about the issue of domestic violence. From the late 1970s through the early 1990s the social work profession earned a reputation as uncaring, uninformed and unhelpful to battered women. Social workers were faulted for blaming the victim, failing to recognize abuse as a problem, and failing to make appropriate referrals. Recent studies show mixed results including overall client satisfaction and
client disenchantment with social workers for minimizing women’s needs and using impartiality as a way to avoid taking a stand against violence. Overall, the history of bias and blame in the relationship between professional social workers and grassroots battered women’s movement has been antagonistic and social workers are seen as barriers not allies (Danis & Lockhart, 2003).

With regard to the current capacity of the profession to address domestic violence, there are no professional standards nor identified social work competencies for addressing domestic violence. Danis and Lockhart (2003) stated that, as a starting point, one must recognize that domestic violence represents much more than a specialty field of practice. It is a cross-cutting issue encountered by social work practitioners’ diverse agency settings. It is further agreed that domestic abuse affects persons across the life span and is found coexisting with a wide variety of problems including child mistreatment poverty, suicidal thoughts, and elder abuse. It is imperative that as a social worker one must identify what practitioners need to know to assist victims of domestic violence. Preventing intimate partner violence is an important societal goal that requires accurate information about the types of violence experienced throughout their lives (Danis & Lockhart, 2003).

Violence against women, within families and in the community is a prevalent problem in our society. The single most cause of injury to women is physical assault by male partners, which occurs to about 1.8 million women per year. Women who are victims of intimate partner violence are frequent consumers of healthcare services. The physicians’ role affords them the opportunity to talk privately with women and develop
supportive relationships. As a result physicians are often able to identify and assist women who are experiencing intimate partner violence (Ambuel, et al., 2003).

Partner violence has a substantial impact upon both women’s health and women’s use of the healthcare system. The research of Ambuel, et al. (2003) indicates that women who have been physically abused by a partner when compared with non-abused controls are more likely to report their health as poor, are more likely to see the physician for medical and psychological concerns and use more health resources of all types opposed to social workers or other social agencies. Physicians’ own violence experiences may present barriers to helping patients. Being that physicians are not immune from violence and their experience of violence can affect their professional education and practice (Ambuel, et al., 2003).

Social workers provide crisis management, support services and psychological counseling; make referrals to shelters; act as legal advocates and render advice on long-term actions to abused wives. However, social workers are sometimes criticized for focusing too much on intrapersonal perspectives of the situation and failing to include social and cultural factors in their basic assumption and treatment of domestic abuse cases. It is purported that some social workers may handle wife abuse situations based on social non-intervention model and traditional roles of women in marriage, and fail to place their physical safety as the first priority. Moreover, abused women seeking services of social workers often find them being insensitive to their feelings and difficulties as well as insufficient knowledge of community resources that might assist them (Tam & Tang, 2005).
Tam and Tang (2005) compared the perceptions of Chinese social workers and police officers toward wife abuse and explores factors associated with their perceptions. According to their research, social workers who tend to endorse egalitarian attitudes are intolerant of interpersonal violence, and concern about the welfare and adjustment of abused victims. Notwithstanding the fact that occupational socialization influence professionals’ attitudes and perceptions, people also self-select to work in professions or organizations that match their own personality and life values. Despite the local concern that has been given to domestic violence are still endorsed by the general public as well as by service providers in the Chinese culture.

Healy (1984) asserts that social workers who are most likely to provide emergency crisis management and render advice to abused women’s long-term decisions believe that “abused wives can easily leave their abusive husbands” (p. 5). Studies have found that abused women often find social workers having insufficient sensitivity to their psychological and practical difficulties in leaving the abusive relationship (Tam & Tang, 2005).

Historically, many prevention strategies for assisting women who suffer partner violence has had moderate success, and some programs continue to be underutilized. Although many barriers to assessing care exist for both African American women and their white counterparts, some researchers have asserted that there are culturally and racially specific attitudes toward and experiences with domestic violence that affect service utilization. Understanding what defines the African American experience of partner abuse will help professionals gain insight into the problem of domestic violence and devise appropriate interventions to reduce it (Fraser, et al., 2002).
One interpretation is that minorities are less inclined to seek assistance from mainstream counseling and social service providers because these agencies are perceived to lack cultural sensitivity (Fraser, et al., 2002). Related to these issues is the doubt that African American women have of finding therapists, and other professionals who are knowledgeable about their experiences as a double minority – a woman who is both African American and abused (Fraser, et al., 2002).

Fraser’s (2002) participated in a larger study that examined the role of culture in the lives of African American women, specifically how culture shapes both their personal health behaviors and their interaction with service providers. The survey based on the hypothesis that abused women’s perceptions of why domestic violence occurs and their subsequent responses to it may be shaped by cultural/racial norms and experiences as well as by the type of abuse being experienced. The goal was to determine the types of individuals from whom an abused woman would feel comfortable receiving assistance and whose opinion she would value. To assess cultural norms on these matters in the community, African American women who had and had not experienced partner abuse were asked similar questions (Fraser, et al., 2002).

Despite the burgeoning empirical literature on partner violence few investigations have been conducted on the rate of partner violence among women of color and women from disadvantaged backgrounds. One factor that may illuminate how partner violence affects psychological distress levels is social support resources. Researchers have found that battered women often experience a lack of tangible support resources, such as alternative housing, money, and employment, as well as a lack of available emotional support from family and friends. The stigmatization faced or anticipated by many
battered women, as well as the chronicity of the abuse, are likely to result in low levels of perceived social support. Because battered women may perceive themselves as stigmatized if others know their abuse status, many women in violent relationships may become isolated at a time when support is most needed. In a study with 60 women who had sought help from battered women’s shelter, friends avoidance in discussing battering as well as battered women’s lack of contact with family and friends were related to increased depression. Battered women also may not seek support due to the notion that violence in the home is a private matter or due to the fear instilled by their partners’ coercive threats not to disclose the violence (Thompson, et al., 2000).

The present study examined the role of social support in the partner violence-distress relation in a sample of low-income, African American women seeking usual medical care at a large urban hospital. The purpose of the study was to determine if a lack of social support resources help explain why battered women reported higher levels of distress than their counterparts who experienced minimal or no violence. The results from the current study underscore the need for service providers to focus on enhancing social support resources in their work with women who experience partner violence. Interventions for battered women should aim to help women amass or replace valued resources, including but not limited to social support (Thompson, et al., 2000).

Second, service providers need to be proactive in reaching minority women, who are victims of partner violence in order to address their needs more effectively. Social Support is a resource of paramount importance for women in the African American community (Thompson, et al., 2000).
Support Groups and Domestic Violence

Support groups and community resources have often been stressed as effective means of enabling women to escape an abusive relationship (Hollenshead, et al., 2006). Factors that increase a woman’s risk of abuse by partners and ex-partners include social isolation of the woman by her abuser, as well as ineffective community response to domestic violence. A wide variety of formalized services and informal networks exist. These services can include community services or self-help services aimed at empowering the battered woman. Early research indicated that regardless of many avenues of assistance available to battered women 35-45% of abused women never seek help outside of contact with family and friends (Bowker, 1988).

Several studies have indicated that although support groups and battered women’s shelters are some of the most specialized services offered to domestic violence victims, they are often the least contacted. Despite the fact that support groups and battered women’s shelters are the least contacted of battered women’s services, Bowler found they are often rated by abused women as the most helpful and effective means of coping with abuse (Hollenshead, 2006).

Battered women’s groups are helpful in raising self-esteem and allowing women to become more independent of their abusers through means of stabilizing life while she as the victims goes through the process of separating from her abuser. Tutty and colleagues studied 12 battered women’s support groups and found that participating in a support group spurred positive outcomes, such as increased self-esteem, reduction in perceived stress, depression, and anxiety and an improved perception of marriage and the family.
Overall findings are consistent with the published literature, which indicates a strong underutilization of social services by minority groups. Results indicate from Hollenshead’s (2006) research that African Americans, when given an option of an active law enforcement assistance program and a full range of family violence center services more frequently selected the law enforcement option. Even when they did select to use the family violence center services, the selected services was more frequently advocacy support to obtain restraining orders than it was counseling or support groups (Hollenshed, et al., 2006).

Domestic violence is a major risk factor in women’s physical and psychological health. For example, one-third of United States women murdered each year are killed during domestic disputes and domestic violence is the leading cause of intentional injuries among women treated in emergency rooms (Henning & Klesges, 2002).

Research has shown that most victims are actively engaged in efforts to stop abuse. Henning and Kleges (2002) assert that these efforts are often hampered, however, by a lack of social support, medical services, child care, and other community services. With this increased recognition of these needs, there resulted a dramatic growth in intervention services for abused women over the past twenty years. In many larger municipalities across the country, victims can now access shelter services, victim advocacy programs and other counseling or supportive services to address their abuse.

Sullivan and Bybee (1999) randomly assigned battered women leaving a shelter to an experimental or control condition. In the former groups, women worked one-on-one with a specially trained advocate for 10 weeks. Control group participants were not assigned an advocate. Women, who worked with an advocate reported less
violence in the ensuing two year follow-up, were more successful in accessing social services and reported a higher quality of life. Jouriles, et al., (1998) presented preliminary data on a randomized treatment study in which abused mothers were provided parent training and social support in their homes. The group of women receiving the support reported less psychological distress and positive changes in parenting in comparison to women in the no-treatment control group. Tutty, Bidgood, and Rothery (1996) conducted a literature review on battered women’s support groups and found significant pre-post changes in the participants’ mental health functioning.

Despite recent efforts to increase advocacy and counseling services for domestic violence victims, utilization of these services by abused women appears to be quite low. In the sample of domestic violence victims; all of whom reported prior physical aggression by a current/former intimate partner, only 14.9% of women reported having used formal counseling or supportive services to address their abuse. Consistent with previous literature, it was found that demographic factors were significantly associated with help-seeking behaviors of domestic violence. Specifically, African American women, younger women, women in dating relationships and women from lower socio-economic block groups were less likely to use formal counseling/supportive services than their respective counterparts (Henning & Kleges, 2002).

Fearday and Cape (2004) suggested that involving traumatized women in their own recovery sends an important message of inclusion, which provides a sense of belonging and of having a meaningful role to play in their recovery. One such group researched and recognized for their contribution in the provision of services to victims of domestic violence is the Wisdom of Women Group. The Wisdom of Women group
provides a safe place for women to address trauma along with substance abuse and mental health issues not otherwise available. The adopted name *Wisdom of Women* expresses the commonality women feel in sharing their experiences and strengths to support healing.

The themes of connectivity, bonding, and strength-based focus emerged as important aspects of the *Wisdom of Women Group*. Connectivity has special importance in trauma recovery because through sharing their experiences of survival and recovery women are able to give-up shame, self blame, and isolation. It is purported that when women share their personal story, recovery is gained through insight into how violence can shatter one’s trust in others. Support groups provide an opportunity for healing connections with other women, which is essential for trauma recovery. Traumatized women usually best understand each other because they share similar challenges. Their similar experiences place them in a unique position to relate, empathize and understand each other (Fearday & Cape, 2004).

By sharing experiences of recovery and survival with each other, women enter into reciprocal relationships that facilitate the power to heal (Fearday & Cape, 2004). This give and take in relationships allows them to begin to appreciate their value as human beings and to appreciate their contributions as it gives meaning and purpose. It is documented that support groups help participants to feel good because they learn they have something to contribute to society and their community in particular (Reissman, 1990).

Researchers have shown that battered women are active survivors who often make multiple attempts to get help from sources outside their relationship to end the
violence. These researchers found that criminal justice and social service systems often respond inadequately to battered women’s help seeking (Weisz, 2005).

Studies investigating help seeking among battered women have found that they seek help from a wide variety of services although most tend not to utilize specialized domestic violence services. Explored was frequency and types of resources battered women in shelters utilize before shelter admission to determine which factors are related to greater use of mental health services and which factors are related to seeking help from a greater number of resources. The researchers found that battered women in shelters seek help from a variety of different services. Further consistent with other research, African American women appear to utilize even fewer resources than white women. Many factors may contribute to African American women’s reduced use of mental health resources including their tendency to rely on prayer and clergy in times of stress as well as greater associated stigmatization within the African American culture (Johnson & Zlotnick, 2007).

Over the years, studies on the phenomenon of domestic violence have revealed a continuous increase in the prevalence of domestic violence and have pointed to its development as a social problem throughout the world. In an attempt to solve the problem of domestic violence and alleviate the distress of the women and their children, services have been established internationally. When studied, domestic violence in Israel was stated that intervention is similar to that discussed previously. These include assistance for battered women and their children in the community, as well as shelters for battered women outside of the community (Ben-Porat & Itzhaky, 2008).
Not withstanding the diverse and numerous services available to women at shelters, studies have shown that 40% to 60% of female victims tend to return to their violent partners after leaving the shelter, or after the attempt at separation from their partners (Ben-Porat & Itzhaky, 2008). The tendency of battered women to return to their violent partners has provided the basis for extensive research literature, in which authors have attempted to shed light on this phenomenon and find the causes for it. Existing studies on differences between women who return to their violent partners and those who separate from them have focused mainly on financial, psychosocial, and situational factors. It was also found that women who leave shelters and return to their partners have lower levels of self-esteem than those who stay (Johnson, 1992).

Furthermore, findings indicate that some of the goals that have been formulated for shelters relate to increasing the woman’s self-esteem and empowering them. These goals have been formulated out of recognition of the woman’s characteristics, needs, and factors that cause them to return to their partners. In addition, the goals are based on the understanding that increasing the woman’s internal resources the decision about whether or not to continue living with their violent partners (Ben-Porat & Itzhaky, 2008).

Dutton (1992) described the main characteristics of women who are victims of domestic violence, and the factors that cause those women to return to their partners even after they have asked for assistance. Those descriptions emphasize the woman’s low self-esteem, and highlight their need for empowerment. To strengthen these women and enable them to break the cycle of violence, it is essential to increase their faith in themselves, their abilities, and their self assessments, in addition to giving them opportunities to learn new skills (Burman, 2003).
Wood and Middelman (1992) highlighted the need to focus on two aspects in increasing the woman's sense of empowerment: giving them access to resources and ridding them of their negative self image. In that way, the woman can recognize her strength and can use it in order to improve her life. Regarding the goals of the shelter, Tutty (1996) emphasized the need to empower the battered woman and enhance her self esteem in light of the broad range of issues that she has to contend with in deciding to separate from her partner and move to independent housing in the community. It was also highlighted the need to enhance the battered woman’s self esteem and empower her by increasing her capacity to respect herself, her feelings, and desires as a person and as a woman (Register, 1993).

In the United States there is an enormous array of services for domestic violence victims. These include shelters for women and their children, legal measures such as orders of protection and court interventions, establishment of specialized family violence police teams using domestic violence policing strategies, advocacy services, psychological and social service counseling, and others. Findings suggest that different types of domestic violence require different types of services; short-term counseling services are often desired and seem to provide at least some benefit. Post shelter services may provide some benefits and assist women who do not wish to return to abusive relationships. Longer follow-up and greater variety of programs and program components must be evaluated (Lee, et al., 2002).

Considering the seriousness of domestic violence in all communities there is scarcity of published literature focusing on African American battered women. Weisz (2002) asserts a serious gap in the literature because there is no reason to assume that
African American battered women’s situations or understandings of their situations are the same as European American women’s.

Previous studies suggested that African American battered women have had difficulties obtaining effective help from social services and the legal system. Even if it is true African American battered women call the police more often, it is believed that they may be more hesitant to seek other types of help related to battering (Weisz, 2002). According to Campbell (1993), cultural differences, such as differences in the frequent availability of a strong extended family support network for African American women and a tradition of providing temporary shelter for others, might contribute to different responses to domestic violence. Afrocentric values, which include valuing interdependency, the importance of the group, and the connections between people may affect help seeking abilities.

Some argue that a tradition stemming from Africa that values, strong, independent women (Ucko, 1994) is a relevant cultural factor in understanding African American battered women’s responses. Others argue that the myth of the strong African American woman stems from slavery, where women had to do the same work as men and were not considered to be true weak passive, sensitive creatures like European American women. African American women may have internalized the stereotypes: the woman who believes that being strong and independent means she should be able to handle it may be prohibited from calling attention to her situation and seeking help and other resources (Weisz, 2002). In addition, Brice-Baker (1994) argued that African American women are seen as the glue that holds her family together which places strong pressure on her to ensure that the family remains intact and successful. However, as
Dutton (1996) pointed out, a battered woman may either internalize or reject culturally sanctioned blue prints for her life. Many African American battered women who are actively searching for help may expect friends, family, and churches to be more responsive than formal legal and social service systems (Weisz, 2002).

Counseling and Domestic Violence

There is limited research on counseling and domestic violence. This subsection of the literature review will provide an overview research conducted to analyze the impact of counseling on thwarting domestic violence especially in the African American community. Wastell (1996) defines as the process of focusing on the development and growth of the client rather than their pathology. One of the primary roles of a counselor is to assist the clients through life’s phases of development. Specific to women, counseling provides for a opportunity for the woman to regain her voice (Wastell, 1996).

The increased risk of psychological problems associated with experiencing domestic violence increases the likelihood that victims will seek out counseling services (Kress, Protivknak, & Sadlack, 2008). Because mental health counselors often encounter clients who are involved in violent relationships with intimate partners, their ability to facilitate the client’s safety and accurately assess the potential for further violence is a required professional ability. In a recent survey of 500 American Mental Health Counselors Association members, Bozorg-Omid (2007) found that 50% of those surveyed reported that they received no training in graduate school on the topic of domestic violence. This research highlights the necessity of training and the counselor’s responsibility to assess for and address domestic violence in addition to educating clients
about domestic violence and the potential for continued risk of violence and escalated violence through the venue of counseling (Kress, Protivnak, & Sadlak, 2008).

Many African American women report that they stay in abusive relationships due to feelings of pride; pressure to maintain the stereotype of “the strong Black woman”; fear of blame; anxiety about securing adequate resources to care for themselves and their children; and concerns about receiving limited or demeaning assistance from law enforcement, including being separated from their children. Some African Americans tend to rely heavily on faith-based leaders and resources, and they often receive pressure from clergy to fight the “collective cause” of racism rather than disturb community cohesiveness by disclosing domestic violence through venues of counseling (Bliss, et al., 2008).

Spiritual well-being, self esteem and social support have previously demonstrated to relate to domestic violence in African American women. Some African American women historically rely upon a strong sense of spirituality when domestic violence is present and women’s connectedness to God may change as she experiences domestic violence sequelae. Self-esteem and social support may serve as risk or resilience factors for domestic violence subsequently affecting a woman’s ability to mobilize and trek through the stages of change (Bliss, et al., 2008).

One factor that may illuminate how partner violence affects psychological distress levels is social support resources. Researchers have found that battered women often experience a lack of tangible support resources, such as alternative housing, money, and employment, as well as lack of available emotional support from family and friends. The stigmatization faced or anticipated by many battered women as well as the chronicity
of the abuse, are likely to result in levels of perceived social support (Thompson, Kaslow, et al., 2000).

Battered women from disadvantaged backgrounds may be particularly vulnerable to experiencing low levels of social support resources (Thompson, Kaslow, et al., 2000). In his conversation on resource theory, Hobfoll (1988) postulates, that although support resources are always important for mental health issues, they are particularly crucial in times of stress. His theory further suggest that people lacking adequate resources prior to stressful events are more vulnerable to psychological distress following a stressor than those who have adequate resources available prior to experiencing the stressor (Hobfoll, 1988).

Results from a current study underscore the need for service providers to focus on enhancing social support resources in their work with women who experience partner violence. Interventions for battered women should aim to help women amass or replace valued resources including but not limited to social support (Thompson, Kaslow, et al., 2000).

Although battering cuts across all socioeconomic, racial, ethnic, and religious lines women who utilize domestic violence shelters tend to be more economically impoverished than the general population. African American women who use domestic violence shelters have been severely abused and are in need of numerous resources upon shelter exit. The study suggests that advocacy interventions with African American battered women can systematically affect resource acquisition. Focusing on the specific experiences of African American women who have been battered is important to better understand how African American communities and society as a whole, can most
effectively respond to end the violence against them. Although a fist in the face will hurt all women equally, regardless of their race, ethnicity or social class, the events that occur after the violence will differ depending on these as well as numerous other variables. Women are a heterogeneous group of people and as such have different experiences and needs. To date, however, African American women’s experiences have been largely ignored or minimized by the majority culture (Sullivan & Rumptz, 1994).

Domestic violence is not a new phenomenon. During the middle ages, the woman’s subservient role was established through a law that stated a man could legally beat his spouse for failing to obey his reasonable commands as long as he did not kill or maim her (Helm, 1998).

When the healthy balance of the mental and the physical is destroyed by an abusive significant other is forced to acknowledge the hurt, humiliation, and the grief over losing everything of value in one’s life, a negative emotional and psychological apex is reached; and one must be freed from the abuse. At this moment, the abused experiences a depressive state. Depression is a pervasive impairment of the capacity to experience pleasure or to respond effectively to the anticipation of pleasure. In order to have the abuse experience pleasure once again and rise up against the depressive stated forced upon her by the abuse, it is suggested that an appropriate holistic treatment program that addresses the whole person be devised (Helm, 1998).

Spirituality and Domestic Violence

Jung (1933) wrote that human beings are not only psychosexual and psychosocial; they are also psycho spiritual. As humans are increasingly recognized as
multisystemic organisms, spirituality in human development is gaining legitimacy.

Spirituality as a pervasive force of contemporary American Society is deeply influencing several helping professions such as counseling, education, medicine, nursing, psychology, social work, education, and addictions treatment (Standard, et al., 2000).

Benner (1991) asserted that “all persons are created spiritual beings” (p. 9). To describe someone as spiritual and someone else as not is to describe their differing awareness of and response to the deep striving for self-transcendence, surrender, integration, and identity. Maslow (1971) proposed the concept of transcendent self-actualization that carries spiritual significance. Thus, the highest level of human development implies the capability of humans to appreciate beauty, truth, unity, and the sacred in life.

Cervants and Ramirez (1992) stated that the quest for meaning and mission in life, the search for harmony and wholeness in the universe, and the inoculation of a fundamental belief in an all-loving presence in the universe are lofty and honorable spiritual goals for humans. Ellison (1983) asserted that it is the spirituality of human beings that motivates and inspires them to search for meaning and purpose in life. On the basis of review of several writers identified various spirituality values including a confidence in the meaning and purpose of life; a balanced appreciation of material values, an altruistic attitude towards others, a vision for the betterment of the world, and a serious awareness of the tragic side of life. They stated that it also means living out these values with discernable effects on oneself, others, and nature and one’s relationship with a higher power. Delineated were several criteria that were considered important for practitioners, counselors, and educators to consider in the definition of spirituality. These
include accuracy, universality, affirmation, and a maximum potential for empirical validation. Spirituality is a universal experience with fewer limitations (Standard, et al., 2000).

Jung (1933) was a pioneer in asserting that all human problems are spiritual. Furthermore, he suggested that healing is not possible without spiritual awakening or addressing the issues pertaining to spiritual distress. For Jung, spiritual functioning had equal significance for physical, emotional, and cognitive functioning. A spiritual perspective is indispensable because intellectual or moral insights alone are not sufficient to address the human dilemmas. Contemporary literature in counseling and psychotherapy also suggests that many clients can only be successfully treated if their spiritual issues are addressed sensitively, efficiently, and routinely (Standard, et al., 2000).

Richards and Bergin (1997) cited five major reasons for including spiritual assessment in therapeutic protocols. These reasons are obtaining a better understanding of the client’s worldviews, determining if a religious orientation is healthy, finding out if a client’s community is a source of help, ascertaining which spiritual interventions are helpful, and determining how a client’s problems are related to spiritual issues.

The negative psychological sequelae associated with domestic violence include depression, anxiety, posttraumatic stress disorder (PSTD), substance abuse and suicide ideations and actions (Watlington & Murphy, 2006). Over the past two decades, a growing body of research has attempted to identify various strategies women employ to protect themselves from the impact of domestic violence on their mental and physical health. Despite the need for greater inclusion of ethnically diverse samples in studies of
domestic violence, the research examining coping strategies that may be potentially relevant to African American women is scarce. Although a number of various coping strategies have been highlighted in the empirical literature (i.e., emotion focused coping, problem focused coping), very little is known about how particular cultural variables are associated with mental health outcomes (Watlington & Murphy, 2006).

Recent studies show widespread concern about the diminishing quality of social relationships. High rates of divorce, estrangement, and resentment among neighbors, and widely publicized acts of violence appear to be the surface manifestations of deeper and social problems. Trust in other people and confidence in major institutions has declined dramatically in the past twenty years. Some observes argue that Americans’ fractured interpersonal relationships constitute a threat to democracy itself (Wuthnow, 2000).

Miller and Thoresen (2003) suggested that one possible way to differentiate among the three constructs is to view religion as primarily a social phenomenon while understanding spirituality on an individual level. Furthermore, religiousness is generally viewed as being rooted in religion, whereas this is not necessarily the case for spirituality. Some counselors may avoid discussing clients’ spiritual or religious values or experiences due to the lack of their own training. Therefore these counselors may not see the need to examine their own spiritual or religious values (Hall, Dixon & Mauzey, 2004).

The concept of spirituality is not new to the counseling profession. Current researchers have suggested that spirituality has reintroduced itself as a primary interest. The Diagnostic and Statistical Manual of Mental Disorders (4th ed/, DMS-IV; American Psychiatric Association [APA], 1994) lists “religious or spiritual problem” under
additional conditions that may be a focus of clinical attention (van Asselt & Senstock, 2009).

Spirituality has been defined as the capacity and tendency present in human beings to find and construct meaning about life and existence. Spirituality is the choice to move toward personal growth, responsibility, and relationship with others (van Asselt & Senstock, 2009).

With increasing awareness of spirituality and the role it plays in mental health and wellness, there is a need for counselors to be prepared to address a variety of issues in their therapy sessions. Current researchers have mainly presented surveys that gathered opinions on the topic of spirituality and have offered thought pieces such as suggestions for ways to incorporate counselor training for spirituality. Research has also shown positive outcomes connected with spirituality but there is a dearth of empirical research designed to answer questions about the impact of counselor’s personal spiritual beliefs and experiences on their therapy focus or treatment themes (van Asselt & Senstock, 2009). Counselors have been taught an array of competencies to assist them in their work with clients. Yet, it is not known if such training has an influence on counselor’s acknowledgement that clients may have spiritual concerns. Explicitly, it is not known which counselor variables (i.e. spiritual beliefs, experiences, or training) explain differences in their therapy focus and treatment theme or which variables explain differences in their perceived competence when counseling a client with spiritual concerns (van Asselt & Senstock, 2009).

The implications from van Asselt and Senstock (2009) are that spirituality and training had an impact on which treatment theme the counselor would use. Previously,
no research was collected to examine this relationship. It seems that when a counselor is more spiritually aware, his or her ability to recognize a client's spiritual concerns is also greater. Personal spirituality and spirituality training do make a difference when working with clients presenting spiritual concerns (van Asselt & Senstock, 2009).

Relatively scant attention has been paid to the role of religion in domestic violence perpetration and victimization (Cunradi, Caetano, & Scafer, 2002). Religious factors may be linked to domestic violence through a number of pathways. For example, some feminist theorists contend that Christianity is rooted in a patriarchal structure and philosophy that promotes male dominance and female subservience, which contribute to male physical aggression within marriage. On the other hand, religious factors may exert a protective influence against the occurrence of domestic violence. Some research suggests that religious homogenous couples have higher levels of married happiness and satisfaction than heterogamous couples (Cunradi, Caetano, & Schafer, 2002).

Despite methodological differences, a number of studies suggest that there may be an important correspondence between religious factors and domestic violence. Straus, Gelles, and Steinmetz (1980), based on analysis of the 1975 National Family Violence Survey, found that religiously unaffiliated men and women had higher domestic violence rates than the religiously affiliated.

The results indicate that level of couple homogeny/heterogamy is a weak predictor of domestic violence. Differences in domestic violence rates by level of homogeny were not statistically significant, nor were homogenous couples at decreased domestic violence risk. (Curadi, Caetano, & Schafer, 2002).
Spirituality and African American Women

The use of religion and spirituality has been repeatedly documented as a traditional means of coping in the African American community. Throughout much of American history, religious institutions have maintained an important posture in the African American community and studies have reported that a majority of African Americans are affiliated with a religious denomination. The overarching role of religion in the lives of African Americans can be linked to religion being a vehicle to speak to issues of oppression, quest for liberation, love, hope, and justice (Watlington & Murphy, 2006). According to Moore (1991) the church is a forum to promote a sense of community, provide positive role models, and provide an outlet for shared experiences into a new identity.

Research has indicated that African Americans are generally more religious than European Americans, regarding religion as more personally important and attending religious services more often than their respective counterparts do. Consequently, this would suggest that the examination of religious variables is particularly critical for African American women, as they tend to rely on these means of coping more than traditional mental health services (Watlington & Murphy, 2006).

Few studies have begun to examine the association between intrinsic religiosity and mental health outcomes among victims of domestic violence (Watlington & Murphy, 2006). Jang and Johnson (2004) found that African American women who were religious tended to have more social support from family and friends and tended to be less distressed than African American women who were not religious.
Study results indicated that African American women who report higher levels of spirituality and greater religious involvement reported fewer depressive symptoms. The association between spirituality and depression remained significant after controlling for physical abuse characteristics and personal income. The findings further revealed that women who reported higher levels of spirituality reported utilizing higher levels of religious coping strategies and women who reported higher levels of religious involvement reported higher levels of social support (Watlington & Murphy, 2006).

The significant association found between spirituality and depression provides evidence for the important role of spirituality in the lives of African American women. It is noteworthy to mention that the association between spirituality and depression remained significant after controlling for other variables that are theoretically related to depression-physical assault, psychological abuse, time lapse of most recent episodes of abuse, and personal income (Watlington & Murphy, 2006).

African Americans generally tend to report higher levels of religious involvement than other ethnic groups. As it pertains to clinical training and practice, Miller (1999) has noted that the historical underrepresentation of spiritual and religious issues in clinical training programs has resulted in a lack of sensitivity and clinicians, thus serving as a rationale/explanation as to why therapists are unequipped to address such issues with their clients. Further, psychologist may inappropriately evaluate the role of religion in the lives of their clients. Attending to clients' spiritual and religious issues is an important aspect of being a multiculturally competent counselor and has vital implications for the delivery of mental health services (Watlington & Murphy, 2006). The findings from Watlington and Murphy (2006) confirmed that spirituality and
religious involvement are culturally relevant coping mechanisms for the sample of African American women, suggesting that clinicians should consider ways in which they might use religion/spirituality as a therapeutic tool.

**Spirituality and Support Groups**

Three focused groups comprised of 14 social workers provided findings that recommended that there should be an inclusion of spiritual content in the group work curriculum. It was also determined that an important role is fulfilled by the social worker who can work with the group member who needs to examine spirituality within the context of the growth and development of the whole person. The research further revealed that transcendent experiences that many associate with spirituality were reported to strengthen relationships among the social group and members. The worker’s self disclosure was believed to enhance feelings of connectedness and to facilitate practical solutions (Gilbert, 2000).

Use spirituality in group to foster mutual aid. The group is a powerful source of mutual aid. Group members form an exponential number of helping relationships in which they can share information, gain mutual support, normalize emotional and behavioral reactions to experiences, and participate in problem solving. Social workers found that the use of spirituality contributed to their clients’ resiliency. Group members often coped with challenges by turning to religious values, beliefs, and rituals for strength and claimed positive outcomes (Gilbert, 2000).

Although some spiritual beliefs and practices may be harmful to group members, study participants Gilbert’s (2000) research concurred that spirituality has been a positive
resource in the lives of their clients. Their views are validated by Sheridan (1992) and colleagues, who found that most clinicians respected the functions of spirituality in their clients lives. Bergin's (1983) meta-analysis of 24 studies on the relationship between religiosity and personality, furthermore, identified no support for the view that religious beliefs or activities were correlated with psychopathology (Gilbert, 2000).

Social workers must be attentive to the possible impacts of their personal spiritual values on professional practice. Practitioners' own range of diversity, from those who wholly embrace religion and spirituality, because they believe that they have been wounded, betrayed, and alienated by them, is mirrored in their clients. The spirituality oriented group worker may make assumptions that spiritual language and metaphors are understood when further exploration of meanings is warranted. They also may overlook the pathology included in some beliefs and practices, the misuse of spiritual beliefs to support dysfunctional behaviors, and the use of spiritual beliefs as mechanisms of defense. On the other hand, the non-spiritually oriented group worker may tend to view normal spiritual beliefs and practices as pathological (Gilbert, 2000).

Professional social workers cannot continue to exclude a significant, sometimes central, dimension of an individual's identity in social group work practice and education. Spiritual values, beliefs, and practices are not only keys to culturally competent assessment, but sources of resources of many clients who cope with the challenges of living (Gilbert, 2000).
Spirituality and Social Work

A 1984 Gallup poll indicated that 94% of persons in the United States believe in God, 90% of persons in the United States pray, and 75% of persons in the United States believe that religious participation has been a positive activity for them. Despite the substantial evidence that religion and spirituality are an integral part of human existence for the majority of persons, the religious aspects of the social work profession have been largely neglected. Issues associated with religion and spirituality has been neglected aspects of clinical practice, education, and research for decades. Seventy-nine percent of randomly selected licensed counselors, clinical social workers, and psychologist in Virginia stated that spiritual issues were rarely or never addressed in their graduate training (Gilbert, 2000).

Clarification of the differences between religion and spirituality is essential to the examination of practitioners' responses to spiritual issues in social work group practice. These terms which describe highly abstract and complex phenomena, often are used interchangeably but have different meanings. Religion is the "external expression of one’s faith...comprised of beliefs, ethical codes, and worship practices which unite one to a moral community" (Gilbert, 2000, p. 68). Religion refers to the visible expressions of beliefs though liturgies, rituals, symbols, doctrines, and creeds that serve to identify persons and groups as members of a particular denomination (Gilbert, 2000).

Spirituality is defined as a search or quest for personal meaning and mutually fulfilling relationships among people, the non-human environment, and for some, God. Spirituality in the individual’s capacity is the desire to experience a transcendent
relationship with someone or something. Many social work pioneers were religiously or spiritually motivated and viewed their work as a calling (Gilbert, 2000).

Social work is seen as practical-moral activity in which purpose and mission-meaning and values – are equally important. Social work is a profession with a purpose and the literature on spirituality reflects the theological quest. There are many aspects to the literature on spirituality in social work which reflect multifaceted nature (Gray, 2008).

Much of the literature on spirituality in social work tends to deal mainly with the relationship between religion and spirituality, focusing on definitional issues and on the importance of the spiritual and religious dimensions of people’s lives. Advocating for spirituality sensitive practice, writers in this field lament the lack of training of social workers to deal with spiritual issues and debate whether or not spirituality should be taught in the social work curriculum. In many ways; this literature parallels that on cultural sensitivity with concerns expressed about spiritually competent practice and developing tools for conducting spiritual assessments and interventions (Gray, 2008).

Inherent in much current social work and sociological thinking is the notion that individuals can successfully mastermind their own lives and that morality is possible without religion. In its stead, there is an entirely subjective notion of spirituality in which it is quite literally anything an individual conceives it to be and indeed should be so given that each individual finds his or her own meaning and thus interprets spirituality in terms of this individual (constructivist) life project (Gray, 2008).

Current interest in spirituality in social work stems from its very nature as a modern profession which like modernity, is rational, secular, individualistic and
materialistic. Influenced by social theory, social workers accept that at least three aspects of modern society shape most people’s lives in the Western world (Gray, 2008).

Social work practitioners recognize that religion and spirituality may play an important role in practice (Heyman, et al., 2006). According to Netting, Thibault, and Ellor (1990), religiosity is defined as “a relationship to or membership in an organizational faith community that institutionalizes a system of religious beliefs, attitudes and practices” (p. 17). Spirituality is often linked to religion; however some see it as a distinct concept. Although there is no authoritative definition of spirituality, Canda (1990) defines it as the person’s search for a sense of meaning and morally fulfilling relationships between oneself, other people (and) the encompassing universe.

The literature often defines spirituality to include a sense of transcendence beyond one’s immediate circumstances, and other dimensions such as purpose and meaning in life, reliance or inner resources and a sense of within-person integration or connectedness. While there is often a debate over the definition of spirituality and religion, practitioners recognize that building on the religious and spiritual strengths of the client may enable the client to improve their coping skills and serve as support. Common areas where religious and spiritual participation play a role in treatment are in substance abuse, illness; end of life planning and in group work (Brennan, 2004).

Due to the importance of religion and spirituality in the lives of clients, it is important that social work practitioners develop the ability to incorporate clients’ beliefs into the process (Heyman, et al., 2006). In order to bridge the gap between recognizing the importance of clients’ beliefs and addressing them in practice, it is necessary to understand the attitudes held by practitioners towards religion and spirituality. It was
acknowledged that there was a void in understanding faculty members' views of the importance of religion and spirituality in social work programs. When asked, 26.4% of faculty members at four university schools of social work thought that social work practice that included a spiritual component had a better chance of empowering clients (Dudley, 1990).

In the 1990s, Sheridan and colleagues continued to explore practitioner, educator, and student views regarding spirituality and religion in social work. Sheridan, et al., (1992) found that 79% reported that the topic was never or rarely presented in their education and training. This finding was further supported by Furman and Chandry (1994), who reported that 76% received little or no training in spirituality during their education and about 52% felt that it was important that social workers be prepared to deal with religious and spiritual issues. Sheridan, Wilmer, and Atcheson (1994) expanded Dudley and Helfgott’s (1990) earlier research by conducting a more extensive survey of 25 schools of social work. It examined faculty attitudes on the role of religion and spirituality in practice and their views on its place in the social work curriculum. When asked whether they would favor a course in spirituality, Sheridan, et al., found that the majority (62.4%) supported the course as an elective (Sheridan, Wilmer & Atcheson).

Sheridan and Hermert (1999) furthered their work in this area to understand what influences social workers' practice behaviors with respect to spirituality derived techniques. They found that in considering the appropriateness of the listed interventions, over two-thirds endorsed 18 of the 24 interventions as appropriate for social work practice.
Studies have shown that there is limited awareness on the part of practitioners as to the critical impact that religious and spiritual beliefs have on compliance with healthcare recommendations and the worker-client relationship. Another reason for the discomfort in exploring this area is the perceived deference to boundaries. For example, social workers may feel more comfortable in interviewing clients about their physical, emotional, or social circumstances but remain reluctant to ask about matters of faith because such topics may be considered private. Venturing into this area may also raise uncomfortable feelings on the part of the worker should the worker be unclear about his or her own views and attitudes about their spiritual practices (Heyman, et al., 2006).

Research has shown that for many individuals religion and spirituality are important in their lives. Addressing and understanding client’s religion and spirituality may help to empower them to address different situations they are confronted with. Part of the social worker’s role is to gather information from the individual about their family and the cultural and social system in which they live. Social workers need to be open and be ready to listen and respect clients’ belief (Heyman, et al., 2006).

In Heyman’s (2006) research, the findings showed a positive correlation between social workers’ personal participation in spiritual activities and attitudes toward the role of religion and spirituality in practice. This finding suggests that if spiritual activities are important to a social worker, then he/she may have more positive attitudes about its role. Heyman’s (2006) research further suggested that social workers need to understand clients’ strengths and build on their strengths as part of the helping process. Social workers may refer a client to clergy or formal pastoral counselors when the client is having difficulty due to religious or spiritual conflicts.
Learning of a client’s particular religious belief system can aid the social worker in helping the client strengthen their ability to cope with the various situations they are confronting. One might assume that as a social worker practices in the field, he or she will become more open and embrace different aspects of social work, including spirituality and religion. It is possible that the further removed social workers are from their coursework, the less likely they are to have positive attitudes about the role of spirituality and religion in social work practice (Heyman, et al., 2006).

Heyman’s study further suggested that social workers who have taken a course in spirituality have more positive attitudes toward the role of religion and spirituality in social work practice than those who did not take a course (Heyman, et al., 2006). More than 50% of the social workers they surveyed were utilizing spirituality and religion in working with clients, yet 73% of social workers in the United States had no training in this area (Canda & Furman, 1999).

Spirituality is not connected to external control – it is self defined. Canda and Furman (1999) explained it as a sense of meaning, purpose, and connectedness. It cannot be contained within any specific ideological system but is rather an essential aspect of being. Spirituality is existentially subjective, non local, and trans-rational by its very nature. Spirituality is the Gestalt of the total process of human life and development, encompassing the biological, mental, social and spiritual aspects. In particular, spirituality is concerned with the distinctively spiritual aspects of human experience as it is interwoven with all other aspects. The spiritual aspect refers to experience of quality of sacredness and meaningfulness in self, other people, the non-human world, and the ground of being (Krieglstein, 2006).
Abels (2000) defines spirituality as a desire for social justice and respect for all persons regardless of their circumstances. She connects it to the social work concepts of equality, autonomy, human development, and privacy. Harris (1998) also links spirituality to social justice and views it as the driving force that sustains her social work practice. Vaughn (1991) sees spirituality as enhancing the social work concepts of self esteem and personal responsibility.

Social work is also beginning to address the spiritual relationship between worker and client as well as the religious/spiritual needs of the client (Krieglstein, 2006). A spiritually sensitive practice is defined as a helping relationship in which the worker links personal and professional growth, engages in dialogue with clients about their frameworks for meaning and morality, appreciates diverse religious and non religious expressions of spirituality, supports creative resolutions of the crisis, and connects with a variety of spiritual resources as relevant to the client (Canda, 1990).

There is an interest in including spirituality into social work practice, however there are concerns about its compatibility with social work’s focus on social justice and the impact on social work’s scientific professionalism continue to influence to debate. Krieglstein (2006) writes that some cannot conceive of spirituality disconnected to religion while others see spirituality as an entity in and of itself with no connection to religion. Because of social work’s historic distancing from organized religion, a blurring of boundaries between religion and spirituality can become problematic as the profession tries to sort out its present stance. When thinking of spirituality most think of a connection to a higher being; to a deep peace that comes with mediation or with a force considered “larger than the self” which often seems transformative. While various
aspects of spirituality are certainly being discussed in social work today there is also another aspect, one that is entwined in the very nature of social work. This is called relational spirituality (Krieglstein, 2006).

Krieglstein (2006) states relational spirituality draws on the social work concepts of working with the whole person and building empathy. The whole person includes their bio-psycho-social-cultural and religious/spiritual aspects. In understanding phenomena, one cannot be an observer. As an observer, the knowledge gained is from the practitioner’s perspective. When viewing the world from one’s own paradigm, with all personal ethnic and cultural filters attached, there is the possibility of overlooking the client’s worldview. It is recommended that practitioners should enter deeply into the lives of the client, to become one with them as much as one can in order to understand the client’s world (Krieglstein, 2006).

Relational spirituality derives from feminist theories of psychological, moral, and spiritual development. From this perspective relationships are the central focus of the helping process, not individuals. It is not our credentials that mean the most but the ability to form trusting relationships. Interconnectedness is the relationship between people that is the key to the inner transformation of consciousness for both the client and the social worker. Spirituality is the process of coming into relationship with the reality of the other (Krieglstein, 2006).

Relational spirituality is useful for a better understanding of clients but also for giving the social worker a sense of purpose (Krieglstein, 2006). Ochs (1986) suggests that strengthening one’s relatedness to others is of benefit to both the social worker and the client through the helping process. Spirituality requires openness to others’ reality,
perspectives, which entail honesty and non-defensiveness; and a commitment to ongoing self-awareness and value clarification. The worker-client relationship is the key to promoting a spiritual connection. Relational spirituality gives one an inclusive, non-secretarian, secular conceptualization of spirituality. It helps in moving away from the historical debate of religion/spirituality as the imposition of an external moral doctrine into a dialogue of spirituality as a way of being that infuses the entire social worker/client relationship. In the noteworthy work of Spiritual Diversity in Social Work Practice, researchers emphasized that spirituality as an important theme that needs to be incorporated in social work practice with and by organizations and communities as well as in practice with individuals, families, and groups (Canda & Furman, 1999).

Spirituality is differentiated from religiosity in that spirituality is essentially a state of consciousness that may or may not be manifested through religious patterns or traditions. Spirituality is the essential force behind societal evolution and may be found in various forms of religious practices or belief systems, while it may also exist outside religious institutions or traditions. Thus spirituality is applicable to both religious and secular human service organizations that aim to construct meaningful work environment and deeper human relations (Doe, 2004).

The origin of social work ethical values lies in the spiritual root of professional social work. As a practice-oriented profession, the social work function may well be implemented in human service organizations without linking it explicitly to spiritual aspects. However, for human service organizations to transcend the structural and human relational barriers, ethical values and professional standards need to be drawn from a wellspring of a spiritual impetus for realizing meaningful social relationships. While
social work educators increased their efforts at developing post modern social work paradigms that emphasize holistic and strength-based perspectives, spirituality has also been examined as a relevant educational theme that needs to be more incorporated into micro and macro social work areas (Doe, 2004).

Also, spirituality has been considered as a resource for strengths and healing in micro practice for helping individuals and families (Doe, 2004). Despite the expansive literature on the social and cultural antecedents of domestic violence, and a resurgence of interest in the religion-family connection, the role of religion in legitimating or deterring family violence has received short shrift from researchers. An important line of work suggests that certain religious ideologies may blind clergy and others to the magnitude of domestic violence within churches, and also may restrict the options of women once they are abused. At the same time, however, this research shows that religious communities can provide a haven and resource for the victims of abuse, particularly through the informal support networks of church women (Ellison & Anderson, 2001).

Theoretical Framework

Three theoretical orientations will be explained as they relate to domestic violence and service provision to African American female victims. These frameworks will provide the theoretical perspective for this section. Feminist theory, Afrocentric Perspective, and General System’s theory are the theories to be addressed.

Feminist Theory

Feminism is the “doctrine advocating social, political, and economic rights for women equal to those of men” (Hyde, 1996, p. 62) and the “movement for the attainment
of such rights" (p. 62). Hyde (1996) noted that the feminist perspective was not created by a single person. Instead, numerous writers have contributed their ideas. This to a certain extent is consistent with the desire of feminist to avoid power hierarchies and not to have a single person become the authority. But it also means that the feminist perspective has been drawn from many sources.

There are at least nine principles that underlie the feminist theory. Feminist theory lays emphasis on the elimination of false dichotomies. That is one should critically evaluate the way, thought, and behavioral expectations are structured within the culture. Western culture emphasizes separating people, things, and events into mutually exclusive categories. More specifically, a traditional Western point of view stresses "the division between male and female behavioral traits such as women being the social and emotional caretakers and men assuming the instrumental role" (Land, 1995, p. 15).

A second principle underlying feminist theory is "rethinking knowledge." Rethinking knowledge entails critically evaluating not simply how one thinks about something but also what one thinks about. It involves determining which ideas and thoughts are considered to reflect "facts" and which are thought to have value (Hunter College Women's Studies Collective, 1995).

A third dimension characterizing feminist theory is the recognition that differences exist in male and female experiences throughout their natural life. One aspect of this component is the feminist focus on the impact of gender role socialization. A gender role is the cluster of socially defined opportunities that people of one gender are expected to fulfill (Hyde & Delamater, 2000).
A fourth principle inherent in feminist theory is the end of patriarchy, the doctrine maintaining that men retain positions of power and authority, head families, and provide the basis for tracing descent in family lineage. Feminist theory counters the view of male domination, female acquiescence, and gender intolerance. The fifth feminist principle is that of empowerment. The feminist perspective emphasizes the need to empower women to enhance their potential for self determination and expanded opportunities.

A sixth view motivating feminist theories is that of valuing process equally with product. Feminist theory focuses on aspects of process such as making certain every participant has the opportunity to speak and be listened to, adhering to principles of ethical behavior, working toward agreement or consensus, and considering personal issues as important (Bricker-Jenkins & Hooyman, 1986; Van Den Bergh & Cooper, 1986).

A seventh underlying principle in feminist theory is the thought that personal political experience is fundamentally intertwined with the social and political environment. Another inference of this principle is that the political milieu can be changed and improved by personal actions. In this way, personal experience can be used to alter the political environment in a manner that can enrich the personal experience (Bricke-Jenkins & Hooyman, 1986; Bricker-Jenkins & Lockett, 1995; Van Den Bergh & Cooper, 1986).

An eighth feminist principle involves unity and diversity; related concepts are “sisterhood” and “solidarity.” Women working together can accomplish a healthier quality of life for all. In order to remain unified women must recognize the value of each
others’ differences. Diversity is viewed as a source of strength (Bricker-Jenkins & Lockett, 1995, p. 2531; Bricker-Jenkins & Hooyman 1986).

A ninth and final dimension intrinsic in feminist theory is consciousness elevation, the development of critical awareness of the cultural and political factors that shape identity, personal and social realities, and relationships and of one’s position and opinions with respect to these issues. Conscious rising involves continuing thought, communication, learning, and mutual support (Bricker-Jenkins & Lockett, 1995).

Feminist scholars argue that domestic violence is deep-rooted in gender and power and represents man’s active attempts to continue dominance and control over women (Anderson, 1997).

Feminist researchers assert that violence is part of a system of coercive controls through which men maintain societal dominance over women. In spite of that, researchers (sociologist) make use of National Survey techniques; find strong relationships between domestic violence and age, cohabitating status, unemployment, and socioeconomic status that suggest that other characteristics of the social structure may engender violence. These scholars also suggest that the privacy and isolation of modern households in the United States and cultural support for violence facilitate domestic assaults (Gelles & Straus, 1986).

Feminist scholars propose a methodological critique of the use of large-scale surveys to research domestic violence (Anderson, 1997). They argue that these methods ignore the environment in which violence occurs and thus the issues of gender and power. Additionally, feminist contend that national survey data are biased by the underreporting of male violence due to social desirability (Arias & Beach, 1987).
Feminist scholars emphasize the interchange in relationship between cultural constructions of feminist and structural conditions in analyses of why women do not leave abusive relationships (Anderson, 1997). Dominant notions of the feminist give emphasis to nurturance; women attempt to “heal” abusive men through their love, understanding, and patience. Yet women also remain in abusive relationships because of their restricted fiscal and social resources. Much less attention has been paid to ways that structured inequality and cultural constructions of gender interact in the perpetration of domestic assaults (Anderson, 1997).

Many feminists seek an alternative to the portrayal of women as passively oppressed and victimized (Thompson, 1992). The portrayal as victims preserves conditions as they are and fosters resignation. We need feminist social science that acknowledges women as active agents in their own lives even if not within conditions of their own. Women resist and find ways around the constraints imposed on them. Feminists can empower women by showing them their own strategies and strength. To understand women’s oppression in families, feminist researchers explore what oppression is, how it operates, and how it is experienced in every day life. The family is a source of both oppression and creative rebellion, support, and struggle. This agenda moves beyond documenting inequality; it addresses the contradictions of family relations, hidden oppression, and how women resist, adapt, and even collude with, their oppression (Thompson, 1992).

Feminists can provide a vision of future by exploring sexual equality as a possible and desirable alternative to current domestic arrangements (Thompson, 1992). There is no one feminist epistemology. There are prevailing concerns, however among those who
analyze feminist methodology (a) all inquiry is value sustaining and feminist work is politicized inquiry (b) separation between researcher and researched does not ensure objectivity and a closer connection between the tow may reconcile objectivity and subjectivity; (c) women's experience can be considered as source and justification of knowledge; and (d) there may be no such thing as truth and objectivity. Constructed knowers weave together what they know from personal experience with what they learn from others. They move beyond academic disciplines and their methods as the sole source of authority; and reclaim themselves as sources of knowledge (Thompson, 1992).

Going beyond informed consent, feminist believe that social justice should characterize the process of doing research. Justice has two components equality and freedom. Equality implies that people have the right to define their selves and their situations apart from the standards, constraints, demands, and agendas of others (Thompson, 1992).

**Afrocentric Perspective**

African-centered social work can be defined as a method of social work practice based on traditional African philosophical assumptions that are used to elucidate and solve human and societal problems (Schiele, 1997). It incorporates values, knowledge, and skills that encourage the development of self-definition of African American communities, families, and individuals. Thus, social work is not separated by macro or micro distinctions but instead is viewed as an instrument for social justice on behalf of people of African lineage and humanity. The use of African-centered principles to aid in
healthy identity formation, positive self-worth, and culturally competent intervention planning has been noted by several researchers (Schiele, 1997).

Afrocentricity is a mode of action in which the centrality of African interest, values and perspectives dominate. In regards to theory, it is placing the African people in the heart of any analysis of African phenomena. The principal objective of Afrocentricity is to unfetter the research and study of African people from the hegemony of Eurocentric scholarship. The second objective of Afrocentricity is to return all African Americans to their cultural center. The third goal is to convert African Americans to an ideology of values, spirituality, and ritual. The fourth and final goal is to provide culturally appropriate method of analysis for African Americans (Pellebon, 2007). The core principles for African-centered social work include fundamental goodness, self-knowledge, communalism, interconnectedness, spirituality, self-reliance, language and the oral tradition, and thought and practice (Bent-Goodley, 2005).

From the Afrocentric viewpoint, there are at least two deep-seated problems with the social work profession: 1) The theories and paradigms undergirding social work practice models are based heavily on a Eurocentric worldview; and 2) the cultural values of people of color specifically, African Americans have not been used satisfactorily as a theoretical base to develop new social work practice paradigm. Although these areas of focus are important, they fall short of using the world view and cultural values of people of color as a theoretical basis for new social work practice models (Bent-Goodley, 2005).

There are three primary assumptions of Afrocentric social work: 1) Individual identity is conceived as a collective identity; 2) the spiritual aspect of humans is just as
legitimate as the material component; and 3) the affective approach to knowledge is epistemologically valid (Bent-Goodley, 2005).

Another method of Afrocentric social work includes building on community strengths. Afrocentric social work accepts as true the idea that each community has elements that have and can be used to elevate their status. These elements are skills and talents that community members hold in addition to their spirit of survival and resiliency. From an Afrocentric viewpoint, it is important to identify these strengths, especially in historically oppressed communities (Bent-Goodley, 2005).

Affective professional relationships are inclusive in African centered social work. In Afrocentric social work, aloofness and objectivity are persuaded against as attributes of the helping relationship and process. For Afrocentric social work, emotional distance is seen as unproductive because it precludes the complete development of a trusting authentic helping relationship. Objectivity is viewed as an illusion within an Afrocentric framework because objectivity itself is a value. Moreover, objectivity presupposes that there is a value outside of both the worker and client, an absolute “truth” or reality about the client’s problem that is best deemed and evaluated by the worker (Schiele, 1996).

Although they did not apply the African-centered approach to domestic violence, scholars have documented the importance of using African-centered principles in social work practice. Scholars have noted the importance of using an African-centered approach when addressing domestic violence in the African community (Bent-Goodley, 2005).

Applied to domestic violence, the African-centered paradigm provides a basis for engaging clients and meeting their needs from a culturally competent perspective. These
principles form the foundation for rethinking how to engage African Americans experiencing and perpetrating violence.

There are eight fundamental African-centered principles applied to victim services and domestic violence: fundamental goodness, self-knowledge, communalism, interconnectedness, spirituality, self-reliance, language and oral tradition, thought and practice. Fundamental goodness implies that people are inherently good and the principle impresses upon the practitioner that everyone has the power to change. Self-knowledge asserts that one must understand and know oneself before providing services to others, signifying that the practitioner should initiate services from the client’s perspective. Communalism states that the extended family and community are vital to the growth of the individual which signifies that community and extended family influence can effect and sustain efforts of change. Interconnectedness avers that people are interconnected and their being bonded together informing both the practitioner and client that survival of one is linked to another. Spirituality emphasizes that connecting with spirit is necessary and that healing through spirituality and faith based intervention is necessary. Self-reliance implies that one is expected to make a contribution to the community and society through self expression which may lead to the development of definitions and the building of institutions. Language and oral tradition is attributed to words and expression as important in how one communicates. Finally, thought and practice delves in how one is projected to combine both knowledge and social action (Bent-Goodley, 2005).

In examining the Afrocentric perspective, Kerlinger (1986) stated that Afrocentricity has defined concepts, propositions, and statements that explain
phenomena. However, the rational organization of concepts into explanatory statements is insufficient to conclude their ideas are theories. Afrocentricity does not employ empirical methods to research its central constructs. Many important concepts in Afrocentricity are beyond measurement.

Operating under the presumptions that, concepts such as African cultural system, Afrocentric transformation, collective consciousness, African centeredness, African interest, ancestral communication and eurocentrism are valid constructs, Afrocentrists are not required to formulate operational definitions. Such relations are outside systematic inquiry. Afrocentricity’s acceptance as empirically-based theory requires internally consistent logic, a broad acceptance of its premises, adequately conceptualized and operational zed constructs, and the ability to relate between those constructs under such conditions, this analysis concludes that Afrocentricity is not a theory (Kerlinger, 1986).

**General Systems Theory**

General Systems Theory represents an attempt to amalgamate the perspectives and findings from diverse fields. In the 1960s, General Systems Theory attained a level of popularity in social work, mostly through the contributions of family systems therapy as well as the community mental health movement. The 1970s saw a substantial growth in the applications of General Systems Theory in the profession, as numerous social work texts began to include the perspective (Siponin, 1980).

One of the central notions of systems theory is that of equilibrium homeostasis, or the steady state. Life becomes a succession of steady states, a struggle to constantly maintain one’s balance (Siponin, 1980). Ludwig won Bertalanffy; the founding father of
General Systems Theory (GST) defines GST as a multifaceted with components in mutual interaction. Concepts and principles of Systems Theory are not limited to material systems, but can be applied to any consisting of interacting [components]. Ann Hartman notes one of the perplexing realities about General Systems Theory is that "systems" mean many distinctive things to many different people, so precise and consensual definition is elusive at best (Siponin, 1980).

Straus (1979) stated that General System's model of violence between family members was the first theoretical application of a systems perspective to family violence. Straus attempted to account for violence in the family by deeming the family as a goal-seeking adaptive system. Violence, rather than being viewed as an aberration or outcome of the psychopathology of an individual member, was viewed as a system product or output. Straus' model specified some of the positive feedback process which produces an upward spiral of violence. These include whether the act of violence is consistent with the actor's and the system's goal, the self-concept of the actor as a violent person, the role expectations of the victim, high community tolerance for violence, and low power of the victim. The systems model also specified negative feedback processes that sustain or dampen (lessen) the present level of violence. These included violence not consistent with goals of the actors and the system, low community tolerance for violence, act of violence comes to public attention and low social distance between aggressor and control agency (Straus, 1979).

A more recent presentation of a research systems model is Giles-Sims (1983) examination of domestic violence. She developed six-stages of General Systems Model of violent relationships. The six stages are: the establishment of the family system, the
first incident of violence, stabilization of violence, the Choice Point, Leaving the System, and Resolution to more of the same. Giles-Sims systems model is a useful tool to examine and understand the procedures that influence battered women’s decision to stay, flee, and/or return to violent relationships.

A systems approach to treating family violence is built on a number of assumptions. Those who have considered a systems approach to treating domestic violence agree that this approach is only applicable in cases of mild to moderate violence. In cases of severe and life-threatening violence, it is inappropriate and dangerous to use conjoint or systems interventions. A second assumption is that it is often inaccurate to identify traditional “offenders” and “victims” of conjugal violence. In keeping with the aforementioned assumptions about offenders and victims, it is wise for a therapist to recognize that violence is not just an outcome, but is part of an ongoing process of family relations (Siponin, 1980).

General Systems Theory often emphasizes a hierarchy of systems and subsystems however it is reported that the theory provides no basis or procedure for disentangling the plethora of feedback loops which typically link these systems (Siponin, 1980). Similarly, Drover and Schragge (1977) point out the limited explanatory power of General Systems Theory, suggesting that the difficulties which diminish its power include problems in optization, ideological assumptions, and isomorphic issues such as the assumption that most systems are the same as well as the generality of the theory.

Perhaps one of the most serious criticisms of General Systems Theory is the problem of assumed equilibrium which refers to a tendency of many proponents of General Systems Theory to over emphasize system maintenance functions and negative
feedback loops. An additional criticism of General Systems Theory is that to great a degree of rationality is likely on the part of its users because most social work renditions of General Systems Theory are marred by the problem of assumed equilibrium and lack of operationalization (Siponin, 1980).

In summary, the various theories identified in this chapter have its strengths and limitations. They represent a mass of beliefs about domestic violence by researchers and theorists who have studied the feminist perspective, African center perspective, and General Systems Theory as it pertains to domestic violence. The theories reinforce the need for a broader worldview when providing services to African American female victims of domestic violence. Also the theories confirm the need for training social workers in the area of spirituality, counseling, and supportive services as they continue with a multidisciplinary approach in service provision (Siponin, 1980).
CHAPTER III

METHODOLOGY

Chapter III presents the methods and procedures that were used in conducting the study. The purpose of this study was to ascertain the perspective of social workers on the relationship between spirituality, counseling, and support groups of African American female victims of domestic violence. The dependent variable social work practitioner’s perspective was examined in relationship to spirituality, support groups, and counseling (independent variables). The following are described: research design, description of the site, sample and population, instrumentation; treatment of data, and limitations of the study.

Research Design

Descriptive and explanatory research designs were used in this study. The research designs were used to determine and describe the relationship between social workers perspective and spirituality, counseling, and support groups when working with African American female victims of domestic violence.

The descriptive and explanatory research design allowed for the descriptive analysis of the demographic characteristics of the respondents. Also, this design facilitated on explanation on the relationship between various social work perspective,
spirituality, counseling, and support groups with African American female victims of domestic violence.

Sample and Population

The target population for the research was composed of licensed clinical social workers and licensed master social workers within the state of Georgia. To obtain the sample, a list of social workers was obtained from the Georgia Secretary of State’s Office. There were four hundred sixty mailings, one hundred respondents were selected using a non-probability convenience sampling from among the list of social workers provided by the licensing board of the Secretary of State of Georgia. Non-probability convenience sampling does not involve random selection. Convenience sampling is the most common method of non-probability sampling.

Instrumentation

The research study employed a survey questionnaire entitled, Social Work Practitioners’ Perspective on Spirituality, Counseling, Support and Domestic Violence (See Appendix C). The survey questionnaire consisted of two sections with a total of 21 questions. Section I solicited demographic information about the characteristics of the respondents. Section II solicited information on spirituality, counseling and support groups.

Section I of the survey questionnaire consisted of twelve questions. The questions in the aforementioned section were concerned with race, age, income, marital status, gender, educational level, type of practice, length of practice. The final three questions of this section focused on counseling, domestic violence, spirituality, and
support groups with African American female victims of domestic violence. These questions provided information for the presentation of demographic profile on the respondents of the research study.

Section II consisted of nine perspective questions (13-21). The questions probe social workers' perceptions of spirituality, counseling, and support groups in providing treatment to African American female victims of domestic violence. Items on The Perspective of Social Work Practitioners on Spirituality and Domestic Violence Scale were responded to on a four point Likert Scale. The scale was as follows: 1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree. Questions 13-15 were used to explore the respondent's perspective on spirituality as it pertains to domestic violence. Questions 16-18 were used to explore the respondent's perspective on counseling as pertains to domestic violence. Questions 19 -21 were used to explore the respondent's perspective on support groups as it pertains to domestic violence.

Treatment of Data

Statistical treatment of the data employed descriptive statistics, which included measures of central tendency, frequency distribution, and cross tabulation. The test statistic for the study was chi square.

First, the frequency distribution was used to analyze each of the variables of the study. Furthermore, the distribution was applied to each variable in order to provide a summary of the variable distribution in study. Second, descriptive statistics were used to analyze the demographic information obtained to analyze the demographic information.
The information obtained from the questionnaire was used to construct a demographic profile on the participants.

Third, the cross tabulation, was the technique used to establish an interdependent relationship between the social work practitioners perspective and spirituality, counseling, and support groups. Fourth, the test statistic employed was chi square. Chi-square is a non-parametric statistical test. It compares the observed and expected frequency of occurrence of one or more nominal variables. Chi-square was used to test whether there was a significant statistical significance at the .05 level probabilities among the variables in the study. Weinback and Grinell (2007) state that Chi Square is most often used in social research in that it requires only a nominal level of measure of the dependent variable and independent variables. Chi square is a statistical test of association.

Limitations of the Study

The researcher mailed 460 surveys to licensed clinical social workers and licensed master social workers. Of the four hundred sixty surveys 100 were returned yielding at 22% return rate. Because convenience sampling was utilized in that the researcher made use of the surveys returned the sample reflected in the study may not be reflective of the population of social workers in the state of Georgia. Also, because of the limited responses to the survey the findings can not be generalized to non-licensed social workers in the state of Georgia or throughout other regions of the United States. While the respondents indicated that they have knowledge of working with African
American Female victims of domestic violence, none of the respondents utilized all three of the variables simultaneously when providing services to the population of interest.
CHAPTER IV
PRESENTATION OF FINDINGS

The purpose of this chapter was to present the findings of the study in order to
describe and explain the perspective of social workers on spirituality, counseling, and
support groups when working with African American female victims of domestic
violence. This chapter presents the findings of the study. The findings are organized into
two sections: demographic data and research questions and hypotheses.

Demographic Data

This section provides a profile of the study of respondents. Descriptive statistics
were used to analyze the following: ethnicity, age group, income, marital status, gender,
highest educational level, type of practice, length of practice, experience with working
with African American female victims, the use of spirituality in practice, use of
counseling in working with African American female victims of domestic violence, and
the use of support groups in working with African American female victims of domestic
violence.
Table 1

Demographic Profile of Participants (N=115)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>15.8</td>
</tr>
<tr>
<td>Female</td>
<td>96</td>
<td>84.2</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>17</td>
<td>14.8</td>
</tr>
<tr>
<td>30-39</td>
<td>19</td>
<td>16.5</td>
</tr>
<tr>
<td>40-49</td>
<td>8</td>
<td>7.0</td>
</tr>
<tr>
<td>50-59</td>
<td>28</td>
<td>24.3</td>
</tr>
<tr>
<td>59 up</td>
<td>43</td>
<td>37.4</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>41</td>
<td>36.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>69</td>
<td>60.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>67</td>
<td>58.3</td>
</tr>
<tr>
<td>Never Married</td>
<td>27</td>
<td>23.5</td>
</tr>
<tr>
<td>Divorced</td>
<td>18</td>
<td>15.7</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master</td>
<td>107</td>
<td>93.0</td>
</tr>
<tr>
<td>Doctorate</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>.9</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $20,000</td>
<td>9</td>
<td>7.9</td>
</tr>
<tr>
<td>$20,000 – 40,999</td>
<td>27</td>
<td>23.7</td>
</tr>
<tr>
<td>$41,000 – 60,999</td>
<td>39</td>
<td>34.2</td>
</tr>
<tr>
<td>$61,000 – 80,000</td>
<td>22</td>
<td>19.3</td>
</tr>
<tr>
<td>$80,000 up</td>
<td>17</td>
<td>14.9</td>
</tr>
</tbody>
</table>
Table 1

Demographic Profile of Participants Continued (N=115)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>39</td>
<td>34.2</td>
</tr>
<tr>
<td>Non-Profit Agency</td>
<td>35</td>
<td>30.7</td>
</tr>
<tr>
<td>Private Practice</td>
<td>40</td>
<td>35.1</td>
</tr>
<tr>
<td><strong>Length of Practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 5 years</td>
<td>33</td>
<td>28.9</td>
</tr>
<tr>
<td>5-10 years</td>
<td>13</td>
<td>11.4</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>68</td>
<td>59.6</td>
</tr>
</tbody>
</table>

As indicated in Table 1, the typical respondent of the study was a married, Caucasian female who was 59 years or older, with an income of $41,000 - $60,999. The typical respondent’s highest level of education was a master’s degree, and the typical respondent worked in a private practice for ten (10) years or more.

Table 2 is a frequency distribution of the experience of the 115 social work workers (respondents). Table 2 indicates whether or not the respondents had any experience working with African American female victims of domestic violence.
Table 2

Experience in Working with African American Female Victims of Domestic Violence

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>35</td>
<td>30.4</td>
</tr>
<tr>
<td>Yes</td>
<td>80</td>
<td>69.6</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 2, of the 115 participants, 69.6% had experience in working with African American female victims of domestic violence. Also this table indicates that 30.4% of the respondents had no experience in working with African American female victims of domestic violence.

Table 3 is a frequency distribution of the use of spirituality in their practice by the 115 social work workers (respondents). Table 3 indicates whether or not the respondents use spirituality in their practice.

Table 3

Use of Spirituality in Practice

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>34</td>
<td>29.8</td>
</tr>
<tr>
<td>Yes</td>
<td>80</td>
<td>70.2</td>
</tr>
<tr>
<td>Total</td>
<td>114</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As indicated in Table 3, of the 115 participants, 70.2% utilized spirituality in their practice. Also, this table indicates that 29.8% of the respondents did not incorporate spirituality into their practice.

Table 4 is a frequency distribution of the use of counseling in working with African American female victims of domestic violence by the 115 social work workers (respondents). Table 4 indicates whether or not the respondents use counseling in working with African American female victims of domestic violence.

Table 4

| Use Counseling in Working with African American Female Victims of Domestic Violence |
|--------------------------------------|---------|--------|
| Value | Frequency | Percent |
| No | 35 | 31.0 |
| Yes | 78 | 69.0 |
| Total | 113 | 100.0 |

As shown in Table 4, of the 115 participants, 69% utilized counseling when working with African American female victims of domestic violence. Also, this table indicates that 31% of the respondents did not incorporate counseling when they worked with African American female victims of domestic violence.

Table 5 is a frequency distribution of the use of support groups in working with African American female victims of domestic violence by the 115 social work workers
(respondents). Table 5 indicates whether or not the respondents use support groups in working with African American female victims of domestic violence.

Table 5

Use of Support Groups in Working with African American Female Victims of Domestic Violence

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>60</td>
<td>53.1</td>
</tr>
<tr>
<td>Yes</td>
<td>53</td>
<td>46.9</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 5, of the 115 respondents, 46.9% utilized support groups when working with African American female victims of domestic violence. Also, this table indicates that 53.1% of the respondents did not incorporate support groups when they worked with African American female victims of domestic violence.

Spirituality was defined as the capacity and tendency present in human beings to find and construct meaning about life and existence. It is the choice to move toward personal growth, responsibility and relationship with others. It refers to the human quest for personal meaning and mutually fulfilling relationships among people, the non-human environment and God (Canda, 1990). Table 6 is a frequency distribution of the sub-facets of the perspectives on spirituality among the 115 licensed clinical and master level social work practitioners. Table 6 indicates whether or not the respondents
agreed or disagreed that spirituality helps in treating African American female victims of domestic violence, if spirituality empowers the victim to leave the violent relationship, and that spirituality is an effective treatment.

Table 6

<table>
<thead>
<tr>
<th>Spirituality Sub-facets among the Social Work Practitioner’s Perspective</th>
<th>Disagree #</th>
<th>Disagree %</th>
<th>Agree #</th>
<th>Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality 1: Helps in Treatment</td>
<td>7</td>
<td>6.2</td>
<td>106</td>
<td>93.8</td>
</tr>
<tr>
<td>Spirituality 2: Empowers the Victim</td>
<td>28</td>
<td>25.0</td>
<td>84</td>
<td>75.0</td>
</tr>
<tr>
<td>Spirituality 3: Effective Intervention</td>
<td>14</td>
<td>12.4</td>
<td>99</td>
<td>87.6</td>
</tr>
</tbody>
</table>

As shown in Table 6, the social work practitioners indicated that they agreed (93.8%) that spirituality helps in the treatment of African American female victims of domestic violence. Also, social work practitioners indicated that they agreed (75%) that spirituality empowers the victim to leave the violent relationship and they agreed (87.6%) that spirituality is an effective intervention when working with African American female victims of domestic violence.

Counseling was defined as a tool to address personal, social, vocational, empowerment, and educational concerns. It is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling, and thinking (American Counseling Association, 2010). Table 7 is a frequency distribution of the sub-facets of
counseling among the 115 social work practitioners. Table 7 indicates whether or not the respondents agreed or disagreed that counseling helps in the treatment of African American female victims of domestic violence, appreciates the victims’ point of view in their current life situation, and is an effective strategy in treating African American female victims of domestic violence.

Table 7

<table>
<thead>
<tr>
<th>Counseling Sub-facets among the Social Work Practitioner’s Perspective</th>
<th>Disagree #</th>
<th>Disagree %</th>
<th>Agree #</th>
<th>Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling 1: Helps in Treatment</td>
<td>2</td>
<td>1.7</td>
<td>113</td>
<td>98.3</td>
</tr>
<tr>
<td>Counseling 2: Appreciation of Victims</td>
<td>3</td>
<td>2.6</td>
<td>111</td>
<td>97.4</td>
</tr>
<tr>
<td>Counseling 3: Effective Strategy</td>
<td>3</td>
<td>2.6</td>
<td>111</td>
<td>97.4</td>
</tr>
</tbody>
</table>

As shown in Table 7, the social work practitioners indicated that they agree with the use of counseling when working with African American female victims of domestic violence. The respondents indicated that they agreed (98.3%) that counseling helps in the treatment of victims of domestic violence and they agreed (97.4%) that counseling permits for the appreciation of the victims’ point of view of the current life situation. Also, the respondents indicated (97.4%) that counseling is an effective treatment modality when working with African American female victims of domestic violence.
Support group was defined as an informal resource that attempts to provide healing components to a variety of problems and challenges. The support group helps to facilitate personal growth and change in a way that individual therapy cannot (Hollenshead, 2006). Table 8 is a frequency distribution of the sub-facets of support groups among the 115 social work practitioners. Table 8 indicates whether or not the respondents agreed or disagreed with support groups being helpful in treatment of victims of domestic violence, serves as an effective strategy, and revitalizes along with enhance the coping abilities of African American female victims of domestic violence.

Table 8
Support Groups Sub-facets among the Social Work Practitioner’s Perspective

<table>
<thead>
<tr>
<th>Sub-facets</th>
<th>Disagree</th>
<th></th>
<th>Agree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Support Groups 1: Help in Treatment</td>
<td>2</td>
<td>1.7</td>
<td>113</td>
<td>98.3</td>
</tr>
<tr>
<td>Support Groups 1: Effective Strategy</td>
<td>3</td>
<td>2.6</td>
<td>112</td>
<td>97.4</td>
</tr>
<tr>
<td>Support Groups 1: Coping Ability</td>
<td>2</td>
<td>1.7</td>
<td>113</td>
<td>98.3</td>
</tr>
</tbody>
</table>

As shown in Table 8, the social work practitioners indicated that they agreed with the use of support groups in working with African American female victims of domestic violence. The respondents indicated that they agreed (97.4%) that support groups are an effective strategy in working with victims of domestic violence. The respondents further indicated that they agreed (98.3%) that support groups are helpful in
treatment and they agreed (98.3%) that support groups revitalized and enhance the coping abilities of African America female victims of domestic violence.

Hypotheses

This section provides an analysis of the results from the three hypotheses that were tested in this study.

Hypothesis 1: There is no statistically significant relationship between the social work practitioner’s perspective and the utilization of spirituality and counseling in the treatment of African American female victims of domestic violence in metropolitan Atlanta.

Table 9 is a cross tabulation of the social work practitioner’s perspective on spirituality and counseling when working with African American female victims of domestic violence. It shows the association between the social work practitioner’s perspective on spirituality with the incorporation of counseling in working with African American female victims of domestic violence and indicated whether or not there is a statistically significant relationship between the two variables.
Table 9

The Social Work Practitioner’s Perspective of Spirituality and the Incorporation of Counseling in Working with African American Female Victims of Domestic Violence

<table>
<thead>
<tr>
<th>Perspective of Counseling</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>2.7</td>
<td>23</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0.0</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>2.7</td>
<td>108</td>
</tr>
</tbody>
</table>

As indicated in Table 9, of the 115 respondents, 2.7% indicated that they disagreed with the utilization of counseling African American female victims of domestic violence and disagreed with the incorporation of spirituality when providing them with services. A majority (76.6%) indicated that they agreed with incorporating spirituality and counseling when working with African American female victims of domestic violence. When the spirituality variable was cross tabulated with the counseling variable, 20.7% of the respondents indicated that although they agreed that they utilize counseling in working with African American victims of domestic violence they disagreed with the incorporation of spirituality when working with the same victims. As shown in table 9, when the chi square statistical test for significance was applied, the null hypothesis was rejected (p=.001) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability.
Hypothesis 2: There is no statistically significant relationship between the social work practitioner’s perspective and the utilization of spirituality and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta.

Table 10 is a cross tabulation of the social work practitioner’s perspective on spirituality and support groups when working with African American female victims of domestic violence. It shows the association between the social work practitioner’s perspective on spirituality with the incorporation of support groups in working with victims of domestic violence and indicated whether or not there is a statistically significant relationship between the two variables.

Table 10

The Social Work Practitioner’s Perspective of Spirituality and the Incorporation of Support Groups in Working with African American Female Victims of Domestic Violence

<table>
<thead>
<tr>
<th>Perspective on Support Groups</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>1.8</td>
<td>25</td>
</tr>
<tr>
<td>Agree</td>
<td>1</td>
<td>.9</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>2.7</td>
<td>109</td>
</tr>
<tr>
<td>df=1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=.081</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As indicated in Table 10, of the 115 respondents, 22.3% indicated that they agreed with the incorporation of support groups when working with African American female victims of domestic violence and disagreed with the incorporation of spirituality when providing them with services. A majority (75%) indicated that they agreed with the utilization of support groups and spirituality when working with African American female victims of domestic violence.

As shown in Table 10, when the chi square statistical test for significance was applied, the null hypothesis was accepted (p=.081) indicating that while there is a relationship between the variables it was not statistically significant at the .05 level of probability.

Table 11 is a cross tabulation of the social work practitioner’s perspective on the incorporation of support groups and counseling in working with African American female victims of domestic violence. It shows the association between the counseling variable and the support group variable and indicated whether or not there is a statistically significant relationship between the two variables.
Table 11

The Social Work Practitioner’s Perspective of Counseling and the Incorporation of Support Groups in Working with African American Female Victims of Domestic Violence

<table>
<thead>
<tr>
<th>Perspective on Support Groups</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>1.8</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>1</td>
<td>.9</td>
<td>110</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>2.6</td>
<td>111</td>
</tr>
</tbody>
</table>

As indicated in Table 11, of the 115 respondents, 1.8% indicated that they disagreed with the utilization of support groups and counseling when working with African American female victims of domestic violence. A majority (96.5%) indicated that they agreed to the incorporation of support groups and counseling when working with African American female victims of domestic violence.

As shown in Table 11, the chi square statistical test for significance was applied. While the researcher is focused on the relationship between the variables of spirituality, counseling, and support groups it is imperative to note that there is a statistically significant relationship (p=.000) between the counseling and support group variables at the .05 level of probability.
Hypothesis 3: There is no statistically significant relationship between the social work practitioner’s perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta.

Table 12 is a cross tabulation of the social work practitioner’s perspective on the relationship between spirituality, counseling, and support groups in working with African American female victims of domestic violence. It shows the association between spirituality and counseling while controlling for support groups and indicated whether or not there is a statistically significant relationship between the three variables.
Table 12

The Social Work Practitioner’s Perspective of Incorporation of Counseling, Spirituality, and Support Groups in Working with African American Female Victims of Domestic Violence (Controlling for Support Groups)

<table>
<thead>
<tr>
<th>Perspective on Counseling</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Support Groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>66.7</td>
<td>0</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>66.7</td>
<td>1</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>0.9</td>
<td>23</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0.0</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0.9</td>
<td>107</td>
</tr>
</tbody>
</table>

As indicated in Table 12, a majority (66.7%) disagreed with the use of counseling and spirituality while controlling for support groups when working with African American female victims of domestic violence. A majority (77.8%) of the respondents agreed with the incorporation of counseling, spirituality and support groups when working with African American female victims of domestic violence while controlling for support groups.
As shown in Table 12, when the chi square statistical test for significance was applied, the null hypothesis was accepted (p=.083), indicating that while there was a relationship between the variables however it was not significant at the .05 level of probability.

Table 13 is a cross tabulation of the social work practitioner’s perspective on the relationship between spirituality, counseling, and support groups in working with African American female victims of domestic violence. It shows the association between spirituality, counseling and support groups while controlling for spirituality and indicated whether or not there is a statistically significant relationship between the three variables.
Table 13

The Social Work Practitioner’s Perspective of Incorporation of Counseling, Spirituality, and Support Groups in Working with African American Female Victims of Domestic Violence (Controlling for Spirituality)

<table>
<thead>
<tr>
<th>Perspective on Support Groups</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td><strong>Spirituality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>7.7</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0.0</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>7.7</td>
<td>24</td>
</tr>
</tbody>
</table>

| Counseling                    |      |      |      |      |      |      |
| Disagree                      | 0   | 0.0  | 0   | 0.0  | 0   | 0.0  |
| Agree                         | 1   | 1.2  | 84  | 98.8 | 85  | 100.0|
| Total                         | 1   | 1.2  | 84  | 98.8 | 85  | 100.0|

\[ \text{df} = 1 \quad \text{p} = .000 \]

As indicated in Table 13, of the 115 respondents, 88.5% agreed with the use of support groups and counseling while controlling for spirituality. A majority (98.8%) of the respondents agreed with the use of support groups and counseling while controlling for spirituality.
As shown in Table 13, when chi square, the statistical test for significance was applied, the null hypothesis was rejected (p=.000) indicating that there was a statistically significant relationship between the variables at the .05 level of probability.

In sum, social work practitioners responded to the survey by indicating that they agreed with the incorporation of spirituality, counseling, and support groups. When these variables were combined it was determined that there was a significant relationship between spirituality and counseling as well as counseling and support groups. Yet, there was no relationship between social work practitioners’ perspective and the use of spirituality and support groups when working with African American female victims of domestic violence.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

This study was designed to answer three questions concerning social work practitioners' perspective on the relationship between spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence. The social work practitioners in this study are licensed to provide services throughout the state of Georgia.

The conclusions and recommendations of the research findings are presented in this chapter. Recommendations are proposed for future discussions for policymakers, social work practitioners, administrators, and educators. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Is there a relationship between the social work practitioner’s perspective and the utilization of spirituality and counseling in the treatment of African American female victims of domestic violence in metropolitan Atlanta?

In order to determine if there was a relationship between the social work practitioner’s perspective and the utilization of spirituality and counseling in the treatment of African American female victims of domestic violence, three questions were developed. These questions were designed to assess the social work practitioner’s
perspective on spirituality in working with victims of domestic violence. Three questions were also developed to assess the social work practitioner’s perspective of counseling in working with victims of domestic violence. Of the 115 social work practitioners surveyed a minority, 4.5% of the respondents disagreed with the perspective that spirituality helps in treating domestic violence victims, empowers domestic violence victims to leave violent relationships and is an effective method of treatment. However a majority of the respondents, 85.5% agreed that spirituality is effective in treating African American female victims of domestic violence (See Table 6).

Furthermore, of the 115 social work practitioners surveyed, a minority (2%) of the respondents disagreed with the perspective that counseling helps in the treatment of victims of domestic violence, allows for an appreciation of the victims point of view, and is an effective method of treatment when working with female victims of domestic violence. Conversely, a majority (97%) of the respondents agreed with the perspective that counseling is effective when working with victims of domestic violence (See Table 7). However, when the social work practitioners’ perspective on spirituality was cross tabulated with the social work practitioners’ perspective on counseling when working with African American female victims of domestic violence 76.6% of the respondents’ perspective agreed with the utilization of counseling and spirituality when working with African American female victims of domestic violence.

When the statistical test for significance chi-square was applied the null hypothesis was rejected (p=.001) indicating that there was a statistically significant relationship between the two variables at the .05 level of probability (See Table 9).
Research Question 2: Is there a relationship between the social work practitioner’s perspective and the utilization of spirituality and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta?

In order to determine from the social work practitioner’s perspective if there was a relationship between the incorporation of spirituality and support groups in the treatment of African American female victims of domestic violence, three questions were formulated to assess the social work practitioner’s perspective on spirituality in working with African American female victims of domestic violence. Three questions were also developed to assess the social work practitioner’s perspective of support groups in working with victims of domestic violence. Pertaining to support groups, the questions focused on support groups helping in the treatment of victims, being an effective strategy in working with victims of domestic violence, and aiding in the coping ability of victims of domestic violence.

Of the 115 social work practitioners surveyed, a minority of the respondents (14.5%) disagreed with the perspective that spirituality helps in treating domestic violence victims, empowers domestic violence victims to leave violent relationships, and is an effective method of treatment. However a majority of the respondents, 85% agreed with the perspective that spirituality is effective in treating African American female victims of domestic violence (See Table 6).

Furthermore, of the 115 social work practitioners surveyed a minority, 2% of the respondents disagreed with the perspective that support groups helps in the treatment of domestic violence victims, is an effective strategy, and helps with the coping skills of
domestic violence victims. On the other hand, a majority (98%) of the respondents agreed with the perspective that support groups are effective when working with victims of domestic violence (See Table 8).

When the social work practitioner’s perspective on spirituality was cross tabulated with the social work practitioner’s perspective of support groups when working with African American female victims of domestic violence, 75% of the respondents’ perspective agreed with the utilization of spirituality and support groups when working with African American female victims of domestic violence. However when, the statistical test for significance, chi square was applied the null hypothesis was not rejected (p=.081), indicating that there was not a statistically significant relationship between the two variables at the .05 level of probability (See Table 10). It was further determined through cross tabulation that there is a statistically significant relationship between the variables of counseling and support groups (See Table 11).

Research Question 3: Is there a relationship between the social work practitioner’s perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in metropolitan Atlanta?

In order to determine whether or not there is a relationship between the social work practitioner’s perspective and the utilization of spirituality, counseling, and support groups in the treatment of African American female victims of domestic violence in the metropolitan Atlanta area, all three sub-facets of spirituality, counseling, and support groups were analyzed. When the social work practitioner’s perspective on spirituality
was cross tabulated with their perspective on counseling and support groups, a minimum (66.7%) of the 115 social work practitioners disagreed with the perspective that spirituality, counseling, and support groups should be utilized when working with African American female victims of domestic violence. While a majority (77.8%) of the respondents agreed that counseling, spirituality, and support groups should be utilized in the treatment of victims of domestic violence. When the statistical test for significance, chi square was applied, the null hypothesis was not rejected (p=.08) indicating that there was not a statistically significant relationship between the three variables when controlling for support groups at the .05 level of probability (See Table 12).

When the social work practitioner’s perspective on spirituality counseling, and support groups were cross tabulated controlling for spirituality, a minority (7.7%) disagreed with the perspective that counseling, support groups, and spirituality should be utilized when providing services to African American female victims of domestic violence. On the other hand, 88.5% of the respondents agreed with the use of support groups and counseling when providing treatment but disagreed with the use of spirituality. However, 98.8% of the respondents agreed with the perspective that counseling, support groups, and spirituality should be utilized when providing services to African American female victims of domestic violence. When the statistical test of significance, chi square was applied, the null hypotheses was rejected (p=.000) indicating that there was a statistically significant relationship between three variables when controlling for spirituality at the .05 level of probability (See Table 13).
Recommendations

These findings may be used as a contribution to the existing body of knowledge as it pertains to spirituality, counseling and support groups in the treatment of African American female victims of domestic violence. It is recommended that more empirical research on the utilization of the three aforementioned variables should be conducted. Furthermore, continued research is recommended on the utilization of social work practice skills and victim services. The research would substantiate the necessity for social work practitioners to provide interdisciplinary services to their clients. Also, the continued research will provide schools of social work with the data for the enhancement of social work curriculums. These curriculum developments will ensure the value and viability of social work practitioners. Listed below are four specific recommendations for future research.

Recommendation 1: More research should be conducted on why the variables (spirituality, support groups, and counseling) are important to the treatment of African American female victims of domestic violence from a qualitative research approach. Operating from feminist and African centered perspective, researchers may facilitate groups with African American female victims of domestic violence and social work practitioners as the samples to document and analyze their perspective with the use of their own words.

Although researchers are beginning to consider cultural differences more research should focus on how African American women survive in abusive
relationships, how they prepare to leave, and how they cope with the initial crisis after leaving. African Americans welcome prevention efforts, particularly if practitioners use culturally sensitive intervention techniques. However, fear and mistrust of researchers have made many African American women reluctant to volunteer for research studies, especially studies which focus on sensitive topics (West, 2002).

Recommendation 2: Further research should be conducted to aid in the development of an interdisciplinary curriculum for social work students. With this curriculum, students will be trained in the areas of counseling, spirituality, and support groups as it pertains to victims’ services.

The Council on Social Work Education (CSWE) encourages schools of social work to produce social workers who understand the diversity that characterizes and shapes the human experience. Furthermore, the CSWE purports that social workers recognize and communicate their understanding of the importance of differences in influencing life experiences as well as view themselves as learners. Also, CSWE incorporates an education policy that states that social workers advance human rights and social and economic justice through the understanding of forms and mechanisms of oppression and discrimination, advocate for human rights, and engage in practices that advance social and economic change (Council on Social Work Education, 2010).

Recommendation 3: Further research can focus on the evaluation of agencies and programs that utilize the variables of spirituality, counseling, and support groups to determine which variables are most effective in the treatment of African American female victims of domestic violence.
Domestic violence has been part of the fabric of many societies and cultures worldwide and has often gone unnoticed and failed to receive the level of concern in light of the devastating effect it can have on children and families. When there have been societal responses to domestic violence, they have been largely centered on crisis intervention, on providing services to individuals and families already impacted by domestic violence in order to prevent further harm. There is also a strong need for proactive strategies of prevention. Recent changes in public policy, legislation, and service delivery illustrate a growing commitment to finding ways to reduce the harmful effects of domestic violence (Wolfe & Jaffe, 1999).

Community-based domestic violence services exist through the country and seek to provide shelter, emotional support, crisis intervention, and many other forms of assistance to battered women and their children. Battered women's advocates characterized domestic violence as a socio-cultural phenomenon, reflecting women's powerlessness in society, rather than simply as a feature of private interpersonal relationships. The types of services offered by battered women organizations are proliferated. Emergency hotlines, crisis counseling, support groups, and other non-resident services became common. Direct services often included vocational counseling and referrals for job training, assistance in finding housing and relocating (Saathoff & Stoffel, 1999).

Recommendation 4: Finally, as it pertains to the family system, more research should be facilitated to determine how the variables can significantly impact the rebuilding or redevelopment of the family unit from the victims' perspective.
Research for women is consciously aimed at emancipating women and enhancing their lives. An agenda of family studies research for women should:

(a) help women connect their personal experience in families to the larger social context;
(b) capture how women struggle against and adapt to family relations that nurture and oppress them; (c) provide a vision of non-oppressive family relations, (d) embrace the diversity among women and families by race, class, age, and sexual preference; and (e) challenge prevailing concepts and assumptions in the discipline, including how we think about gender (Thompson, 1992).

Feminists can help women comprehend their family experiences and connect their personal experiences to the broader social context. Feminists believe that the everyday, personal experience of every woman has worth and should be understood in all its complexity and richness. Women have certain experiences because society is structured in certain ways by gender. Feminists who advocate this agenda emphasize the importance of social process and context. The agenda moves beyond filling the gaps in women’s experience; it embeds personal experience in a broader social context (Thompson, 1992).

Research on women aims to document and correct for sexism. Feminists compile evidence to show what is amiss in the way women are treated in various social institutions including marriage and family. Besides documenting sexual inequality, research on women fills in the gaps in our knowledge about women. Such research aims to unmask male bias in social science and reclaim the concerns of women. Those who do research on women hope to sensitize people to the reality of women’s lives, including sexism and social injustice (Thompson, 1992).
Implications

The results of this study revealed implications that may impact social work practice, policy and education. In order for social workers to continue to gain experience and formal training, curriculums must include classes and courses that integrate spirituality, counseling, and group facilitation. In essence the research aids in the advancement of spirituality in curriculums to assist future social work practitioners in effectively incorporating spirituality into program development and direct service provision.

While social work practitioners strive to enact change in communities and families, research on spirituality from the perspective of the social work practitioners and victims of domestic violence encourages a renewal in the incorporation in social work practice. Also, this research fosters the use of social work practitioners in faith based programming as it pertains to domestic violence.

As researchers, practitioners can continue to document the effects of the current disconnect between social work practice, spirituality, counseling, and support groups as it pertains to domestic violence. Furthermore, it fosters the use of mix methods research designs and statistical analysis to reflect an accurate depiction of the perspective and perceptions of African American women as well as practitioners.

Finally, as it pertains to practitioners, as administrators this research will encourage the development of domestic violence programs as proposed by the Violence Against Women’s Act. These programs should be interdisciplinary in nature to encourage the collaboration between social work practitioners, faith-based agencies, and
schools of social work in the development of programs for women involved in violent relationships.
APPENDIX A

IRB REVIEW LETTER

CLARK ATLANTA UNIVERSITY
Institutional Review Board
Office of Sponsored Programs
November 9, 2009

Ms. Angela R. Taylor <Taylor_ar@bellsouth.net>
School of Social Work
Clark Atlanta University
Atlanta, GA 30314

RE: A Study of the Perspective of Social Work Practitioners on the Relationship Between Spirituality, Counseling and Support Groups of African American Female Victims in Metropolitan Atlanta Area.

Principal Investigator(s): Angela R. Taylor

Human Subjects Code Number: HR2009-11-343-1

Dear Ms. Taylor:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your protocol and approved of it as exempt in accordance with 45 CFR 46.101(b)(2).

Your Protocol Approval Code is HR2009-11-343-1/A

This permit will expire on November 8, 2010. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office. The CAU IRB acknowledges your timely completion of the CITI IRB Training in Protection of Human Subjects — “Social and Behavioral Sciences Track”. Your certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.

Sincerely:

Paul I. Musey, Ph.D.
Chair
IRB: Human Subjects Committee

cc.
Office of Sponsored Programs, “Dr. Georgianna Bolden” <gbolden@cau.edu>
Dr. Richard Lyle <rlyle@cau.edu>
APPENDIX B

INFORMED CONSENT

Whitney M. Young Jr. School of Social Work
Angela R. Taylor, MSW
P.O. Box 1453
223 James P. Brawley Drive, S.W.
Atlanta, Georgia 30314

INFORMED CONSENT

Dear Social Worker:

I am a student in the PhD Program at the Whitney M. Young Jr. School of Social Work at Clark Atlanta University. I invite you to participate in a study that explores treatment of African American female victims of domestic violence. The questionnaire will take only five minutes to complete.

The purpose of the study is to learn about social work practitioners’ perspective of spirituality in treating African American female victims of domestic violence through counseling and support groups. The findings will be used in an analysis for my dissertation. I would appreciate your cooperation.

Because we want all of these responses to remain confidential, please do not put your name on the questionnaire answer sheet. Choose only one answer for each question. Please respond to all questions. There are two questionnaires. Record your answers on one of the questionnaires and return it in the enclosed envelope along with this signed consent form. You may keep the duplicate of the Informed Consent and questionnaire for your records.

All responses to the questionnaire will remain private, confidential and physically secured. There are no known risks or personal benefits to participants who agree to take part in this research. However it is hoped that this study will advance research in the field of social work. Participation in this study is voluntary. Your prompt response is greatly appreciated.

If you have any questions about this study you may contact the principal investigator Angela Taylor by email at taylor_ar@bellsouth.net or Whitney M. Young Jr. School of Social Work at (404) 880-8006.

My signature below verifies that I have read the statement above and agree to participate in this study.

__________________________________________  __________________________________________  __________________________
Print Name                                           Signature                                          Date
APPENDIX C

SURVEY QUESTIONNAIRE

The Perspective of Social Work Practitioners on Spirituality, Counseling, Support Groups and Domestic Violence

Section I: Background
Place a mark (x) next to the appropriate item. Choose only one answer for each question.
1. Race: 1)_____ African American 2)_____ Caucasian 3)_____ Asian 4)_____ Hispanic 5)_____ Other

2. Age: 1)_____ 20-29 2)_____ 30-39 3)_____ 40-49 4)_____ 50-59 5)_____ 59 and older

3. Income: 1)_____ Under $20,000 2)_____ $21,000 - 40,999 3)_____ $41,000 - 60,999 4)_____ $61,000 - 80,000 5)_____ Over $80,000

4. Marital Status: 1)_____ Married 2)_____ Never Married 3)_____ Divorced 4)_____ Widowed

5. Gender: 1)_____ Male 2)_____ Female

6. Highest Educational Level: 1)_____ Master 2)_____ Doctorate 3)_____ Other

7. Type of Practice: 1)_____ Public Agency 2)_____ Non-profit Agency 3)_____ Private Practice

8. Length in Practice: 1)_____ Under 5 years 2)_____ 5-10 years 3)_____ Over 10 years

9. Do you have experience working with African American Female Victims of Domestic Violence?
   1)_____ No 2)_____ Yes

10. I use spirituality in my practice.
    1)_____ No 2)_____ Yes

11. I use counseling in working with African American female victims of domestic violence.
    1)_____ No 2)_____ Yes

12. I use support groups in working with African American female victims of domestic violence.
    1)_____ No 2)_____ Yes
APPENDIX C
(continued)

SECTION II: This section asks questions about social workers' perceptions of spirituality, counseling and support groups in providing treatment to African American female victims of domestic violence. Write the appropriate response number in the blank beside each statement using the following scale:

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<th>Agree</th>
<th>Strongly Agree</th>
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14. Incorporating spirituality into treatment empowers the victim to leave her violent relationship.

15. When treating female victims of domestic violence, spirituality is an effective intervention.


17. Individual counseling permits for the appreciation of the victim’s point of view in their current life situation.

18. When treating female victims of domestic violence, counseling is an effective strategy.


20. When treating female victims of domestic violence, support groups are an effective strategy.

21. Support groups help victims revitalize and enhance their coping ability.

Thank you very much.
APPENDIX D

SPSS PROGRAM

TITLE 'A STUDY OF SPIRITUALITY AND DOMESTIC VIOLENCE'.
SUBTITLE 'Angela R Taylor PhD Program CAU School of Social Work'.

DATALIST FIXED/
ID 1-3
RACE 4
AGEGRP 5
INCOME 6
MARITAL 7
GENDER 8
EDUCA 9
TYPE 10
LENGTH 11
WORKING 12
SPIRIT 13
COUNSEL 14
SUPPORT 15
INCORP 16
EMPOWER 17
TREAT 18
HELPS 19
PERMIT 20
VICTIMS 21
GROUPS 22
STRATGY 23
REVITAL 24.

COMPUTE SPIRIT1 = (INCORP + EMPOWER + TREAT) / 3.
COMPUTE COUNSEL1 = (HELPS + PERMIT + VICTIMS) / 3.
COMPUTE SUPPORT1 = (GROUPS + STRATGY + REVITAL) / 3.

VARIABLE LABELS
ID 'Case number'
RACE 'Ethnicity of Respondent'
AGEGRP 'Age Group'
APPENDIX D

(continued)

INCOME 'Income'
MARITAL 'Marital Status'
GENDER 'Gender'
EDUCA 'Highest Educational Level'
TYPE 'Type of Practice'
LENGTH 'Length of Practice'
WORKING 'Do have experience working with African American Female Victims of Domestic Violence'
SPIRIT 'I use spirituality in my practice'
COUNSEL 'I use counseling in working with African American female victims of domestic violence'
SUPPORT 'I use support groups in working with African American female victims of domestic violence'
INCORP 'Incorporating spirituality helps in the treatment African American female victims of domestic violence'
EMPOWER 'Incorporating spirituality into treatment empowers the victim to leave her violent relationship'
TREAT 'When treating female victims of domestic violence spirituality is an effective intervention'
HELPs 'Incorporating counseling helps in the treatment of African American female victims of domestic violence'
PERMIT 'Individual counseling permits for the appreciation of the victims point of view in their current life situation'
VICTIMS 'When treating female victims of domestic violence counseling is an effective strategy'
GROUPS 'Incorporating support groups helps in the treatment of African American female victims'
STRATGY 'When treating female victims of domestic violence support groups are an effective strategy'
REVITAL 'Support groups help victims revitalize and enhance their coping ability'.

VALUE LABELS
RACE
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2 'Caucasian'
3 'Asian'
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2 'Yes'/

INCORP
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2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

EMPOWER
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2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

TREAT
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3 'Agree'
4 'Strongly Agree'/

HELPS
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PERMIT
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2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

VICTIMS
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

GROUPS
1 'Strongly Disagree'
2 'Disagree'
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4 'Strongly Agree'/
APPENDIX D

(continued)

STRATEGY
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2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

REVITAL
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2 'Disagree'
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COUNSEL1
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3 'Agree'
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SUPPORT1
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2 'Disagree'
3 'Agree'
4 'Strongly Agree'/.

RECODE INCORP EMPOWER TREAT (1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE HELPS PERMIT VICTIMS (1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE GROUPS STRATEGY REVITAL (1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE SPIRIT1 COUNSEL1 SUPPORT1 (1 THRU 2.99=2) (3 THRU 4.99=3).

MISSING VALUES
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WORKING SPIRIT COUNSEL
SUPPORT INCORP EMPOWER TREAT HELPS PERMIT VICTIMS GROUPS
STRATEGY REVITAL
SPIRIT1 COUNSEL1 SUPPORT1 (0).

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APPENDIX D

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APPENDIX D

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FREQUENCIES
/VARIABLES RACE AGEGRP INCOME MARITAL GENDER EDUCATE TYPE LENGTH WORKING SPIRIT COUNSEL
SUPPORT INCORP EMPOWER TREAT HELPS PERMIT VICTIMS GROUPS STRATGY REVITAL
SPIRIT1 COUNSEL1 SUPPORT1
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REFERENCES


Rothenburg, B. (2003). We don’t have time for social change: Cultural compromise and the battered women syndrome. *Gender & Society*, 17(5): 771-787.


