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The Role of the Black Church in Addressing IPV at the Community Level

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THE ROLE OF THE BLACK CHURCH IN
ADDRESSING IPV AT THE COMMUNITY LEVEL

Presented in
Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

BY
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August, 2012

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CHAPTER I

INTRODUCTION

Although it is well established that women experience more Intimate Partner Violence (IPV) than men and that a majority of the violence against women is primarily IPV, as perpetrated by men, it remains a nuanced and complicated issue to discuss (Catalano, Smith, Synder & Rand, 2009; Tjaden & Thoennes, 2000). Not only are there different forms of abuse but there also exist historically contextualized frameworks through which an understanding of it can be offered. Typically IPV has been interpreted within larger social systems that promoted more ethnocentric, racially sexualized and heterosexist views that often led to a polarized discourse on IPV among underrepresented groups and invisible minorities. The historical discourse on IPV has prompted the need to illuminate more culturally-based approaches that address the specific needs of female survivors of IPV across a broader range of diverse populations. In order to better understand the issue of IPV, a general overview of the traditional definitions, trends, and approaches in this topic area are provided. This will be followed by a discussion of more multicultural and ecological approaches within the Black community and bring us to the specific focus of this research which is to examine the critical role of the church in addressing IPV at the community level.

Historical Discourse on IPV

What to call the emotional and physical abuse inflicted on a person by someone with whom they are in a close relationship has evolved over time. In part, this is because the field of psychology has increased its sensitivity to shifts in

the trends across cultures which subsequently and simultaneously called for an expansion in the fundamental definition of IPV. What decades ago might have been referred to as "wife beating" was changed by feminist advocates to the legally respected term of "domestic violence" which also further recognition that it is not always females who are the victims. But most recently, the name for "domestic violence" has evolved again in recognition that this kind of abuse occurs not just between heterosexuals but also among members of the LGBTQ community, and that the abuse is not confined to the home, as the word "domestic" might imply. Thus the term commonly used today is intimate partner violence or "IPV which is broad enough to include physical abuse but also the kind of most emotional abuse that stems from inequalities of power and control (George, Sujeta & Milsap, 2003)."

Clarifying the Definition

IPV refers to acts of violence that occur between current or former spouses, boyfriends, or girlfriends (Hampton, Oliver, Magarian, 2003). It is most often defined as a pattern of abusive behavior in which a person uses coercion, deception, harassment, humiliation, manipulation, and/or force to establish and/or maintain power over his or her intimate partner (Jordan, 2002; West, 2002). Physical abuse can include hitting, kicking, burning, pushing, choking, throwing objects, and using a weapon (Jordan, 2002). Physical consequences of abuse can include, rape, unwanted and aborted pregnancies, stress related illness, increased substance abuse, pregnancy complications, suicide attempts and homicide (Bent-Goodley, 2005). Emotional abuse can include humiliation, name calling,

intimidation, extreme jealousy, refusal to speak, and isolating someone from friends and family members (Jordan, 2002). Culturally specific forms of verbal abuse are important to note as there may be a tendency for the abuser to make references to skin color, hair texture and African features among African Americans (Faith Trust Institute, 2009). Those who have been abused can experience mental health issues, such as anxiety attacks, post traumatic stress disorder, chronic depression, acute stress disorder, and suicidal thoughts and ideation (Bent-Goodley, 2005). The effects of IPV, in general, are felt most among the disadvantaged community that are already struggling against a number of other social, mental and physical health issues.

Understanding the Development of Theories

The discourse on IPV has significantly evolved over the years; progressing from genetic to psychological and social frameworks, as well as from ethnocentric to ethno gender centric and multicultural models (Woodin & O'Leary, 2009). Early models of IPV were proposed that individuals were simply genetically predisposed to aggressive and/or impulsive behavior. Compounded by systems of sexism, Christianity and heterosexism early models also posited that female survivors of abuse “asked for it” because of their reluctance to adhere to traditional gender roles. However, with the progress of the field of psychology more cognitive and behavioral understandings of IPV began to emerge. Cognitive mechanisms between anger and aggressive behavior were postulated, personality factors were hypothesized to link social learning and early-development models and violent behavior in intimate relationships among adults, and combinations of

distal and proximal factors were evaluated to explain the link between substance use and IPV. Simultaneously, as the cognitive frameworks progressed so to did the work of the women's movement in their attempts to dispel the widely accepted practice of blaming the victim. In the 1970-1980 the feminist movement put a name to the systematic oppression of living in a patriarchal society that socializes men to dominate women. The work of the feminist movement not only created significant shifts in the understanding of power dynamics between men and women in a patriarchal society, in general, but it created the impetus for psychological approaches to consider gender as a key lens through which IPV could be more fully understood. It was also during this time that evidence established that there might be differential rates of IPV among minority populations. Although, evidence now shows that this once highly believed trend may be better accounted for by social economic status or class than race/ethnicity (Gillum, 2009). In uproar, of the ethnocentric focus of the feminist movement, primarily Black women, proclaimed the need for culturally appropriate models and frameworks, effectively shifting the "one size fits all" model of IPV towards more multidimensional conceptualizations (Woodin & O'Leary, 2009).

Many of the current psychological frameworks reflect the integration of women and gender studies (e.g., Gender roles, power and control, patriarchy, etc) and sociological (e.g., nested-ecological, background and situational and lifespan development) perspectives. Although there have been increasingly more contextualized models that push our general understanding of IPV and culturally appropriate frameworks that address the unique experiences of IPV among

historically oppressed populations, there is still not a lot of widely disseminated information about IPV among diverse groups. Nor is the information that is available sufficient to explain the multitude of factors at each level of society that influence and interact to shape IPV among African American female survivors, as an example (Gillum, 2009). Multisystemic models of IPV have begun to create space for the sharing of the experiences of racism, sexism, classism and heterosexism among diverse women; outlining the unique combination of historical forces and modern day social influences that continue to shape the psychological underpinnings of women of color in America. Although great progress has been made much of the advancement in our understanding of IPV has grounded in the experiences of White women. Due to the historical lack of focus on IPV among Black women detailed look at IPV through the experiences of Black women is warranted.

Addressing IPV among marginalized women. The challenges faced by African American women victims of male perpetrated IPV (there is a small but growing literature addressing IPV within the LGBTQA community that will be addressed later as a unique challenge confronting African American culture due to the promotion of heterosexist ideals in the Black church) are a consequence of a multitude of factors experienced in the African American culture, in general. The standard discourse about the definition in addition to the cycle of violence, and therefore IPV, in the African American community (also referred to as the Black community or community so as not to reinforce the need to identify African American as the counter reference to European American culture as the norm, and

therefore a standard by which the African American experience should be measured) is so deeply complex that little solace has been found for the 17% of African American women who report suffering at least one act of violence every year (West, 2002).

When it comes to the dialogue about IPV among marginalized women, in general, and African American women, in particular, researchers are in conflict about how best to represent the unique contributions of structural forces, cultural standards and norms and the compounded effect of structural forces on Black culture (Sokoloff & Dupont, 2005). The dialogue of IPV in the community is often wrought with painful reflections about the overall status of African Americans, the impact of slavery and the fragmented integration of European ideals into African American culture (also referred to as Black culture). Perplexing sentiments about the gender divide between men and women and conflicted feelings about the institutions that have helped to both liberate and, at times, hold back the progression of the African American people. The discourse on gender and the theology on the liberation of the woman has been a disquieting movement within the community since the times of slavery and throughout the Civil Rights Movement (CRM); since, little resolution has been reached (Betch Cole & Guy-Sheftall, 2003). Given the progression of race dialogue in the United States, it remains unclear as to why the issues facing women have not been equally vetted (Betch Cole & Guy-Sheftall, 2003). Most African Americans have and would still concede that during the imminent abolition of slavery would not have been the time to address the specific needs of African American women,

other than violence (e.g., lynching, whipping, rape, etc.) afflicted upon African American women by White men and women; at the time, the liberation of the African American race was deemed to be the critical need. It is important to note that the lack of duality within the American political structure would not bear a struggle about both race and gender. While it may seem reasonable that discussions of race might logically lead to the liberation of African American women, such discussions were not widely tolerated (Betch Cole & Guy-Sheftall, 2003). Some might say that the leading efforts of African American women were minimized and suppressed by an American patriarchal culture that continuously normalizes the importance of men's needs over the rights of women, and therefore the issues of race over gender (Betch Cole & Guy-Sheftall, 2003). Even later, during the CRM, women unsuccessfully tried to bring equal voice to the African American woman's experience and the complex nature of their dual identity (Betch Cole & Guy-Sheftall, 2003). The voices of women were often trumped and minimized by the needs of the African American man (who had already internalized the European American Christian values and succumbed to the patriarchal hierarchy of the United States) (Betch Cole & Guy-Sheftall, 2003). Even today, the experiences and the hardships of African American women have yet to be fully embraced by African Americans as a cultural priority, necessary for the progression of the race as a whole (Betch Cole & Guy-Sheftall, 2003).

While many researchers have responded, the extent and depth of attention to the issue has proven insufficient. Researchers explicitly call for more consideration of the structural forces that shaped African American and women

culture's history with violence and the intersection of multiple forms of oppression that have shaped African American women's experiences (Skoloff & Dupont, 2005). The issue of IPV remains trapped between the margins of racism, sexism, classism and heterosexism. The discussion of what it means to experience abuse as an African American woman, at the hands of a African American man, is a dynamic discourse on the multiplicity of oppression that African American women uniquely endure (Betch Cole & Guy-Sheftall, 2003; Sokoloff & Dupont, 2005; West, 2004). The dialogue on violence against women must be expanded, not only through our understanding of the community, cultural and societal forces that play into the continuance of IPV among African Americans, but a model of healing must be provided so that the transformation of political discourse can be more fully realized.

The lens of the ecological framework will provide an in-depth record of the key historical and cultural occurrences that have fostered a mindset and an environment within African American culture that is inherently oppressive of Black women. A comprehensive delineation of key factors and events will be provided that it is meant to serve as an thorough but not all encompassing overview of the ways in which the structural forces, of the time, played a significant role in not only defining Black culture but determining the constraints placed upon women and modeling a culture of violence among such marginalized groups. Finally, the compounded impact that racism, sexism, classism and heterosexism has had on the ways in which Black women relate to their experiences of IPV (Sokoloff & Dupont, 2005). Through this discourse, the

contextualized experiences of Black women will be understood within the broader structural framework (Sokoloff & Dupont, 2005).

IPV Among Same Gender Loving Women. Although much of the literature on IPV focuses on male perpetrated violence against women violence, within the LGBTQ community the topic has become of increasingly recognized (McClennen, 2005). In particular, the discussion of IPV among same gender loving folk has not only brought a voice to an often ignored minority but also challenged the theories on IPV (McClennen, 2005). Specifically, some researchers have established the social psychological theory as the most appropriate etiological framework for IPV among lesbian women (McClennen, 2005). Others have stated that the patriarchal social-psychological theory is more apropos (McClennen, 2005). Similar to IPV among heterosexual couples, power imbalance is at the core of IPV among same gender loving women; “for lesbian partners the correlate of power imbalance has been attributed to the combined factors of perpetrators’ lack of communication and social skills, perpetrators’ experiencing intergenerational transmission of violence and exhibiting substance abuse and fake illnesses, victims’ internalized homophobia, and couples status differentials (McClennen, 2005). Other correlates of IPV among lesbian women include dependency and jealousy.

A more enriched story of the cultural practices and behaviors that Black women must constantly negotiate, and therefore the hurdles that women must overcome to remain safe in their community, will be brought forth. One of the key cultural institutions considered to be at the core of sustaining and maintaining the

status quo will be discussed so that the opportunity for transformation can be realized at a more systematic level. Please note that while the following section of this paper will focus on the application of multisystem approaches, in particular the ecological framework, on the experiences of African American women, it must be acknowledged that this discourse is not intended to take priority over the experiences of other diverse groups across race/ethnicity or identification with the LGBTQA community. This discourse is intended to serve as a platform for continued discussion and discourse on the issue of IPV among diverse populations and calls for the need for a more fully contextualized understanding of IPV among all populations.

Applicability Of the Ecological Framework

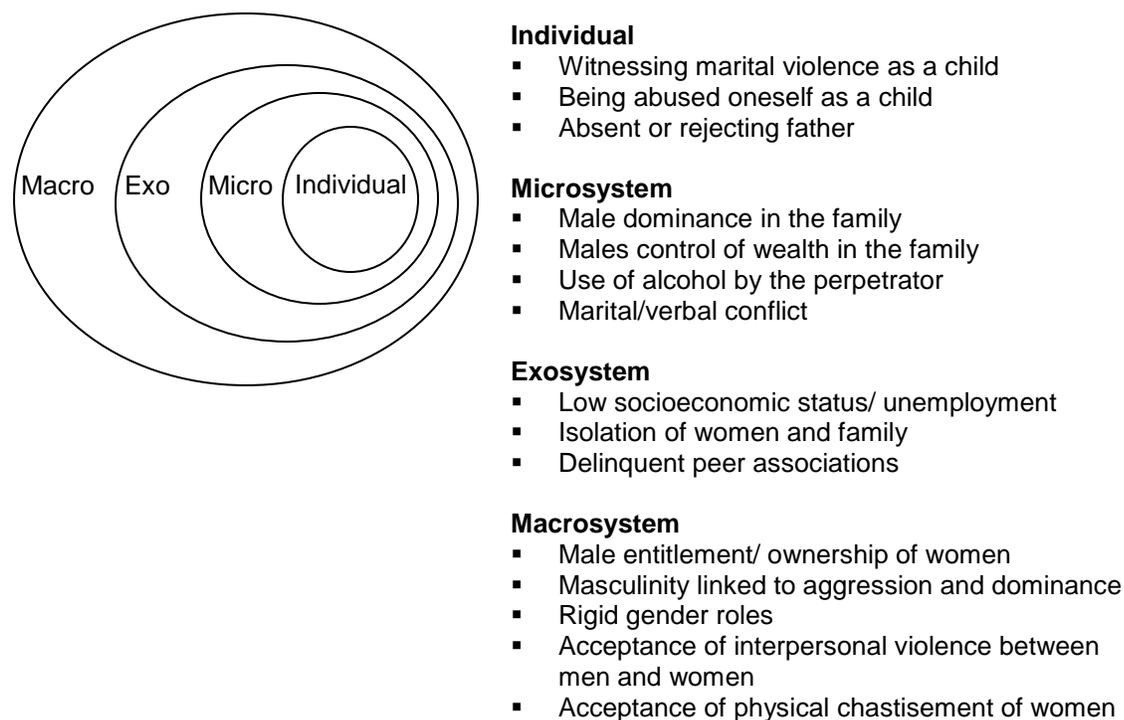
“An ecological approach to abuse conceptualizes violence as a multifaceted phenomenon grounded in an interplay among personal, situational and sociocultural factors (Heise, 1998, 99. 262).” Models of IPV have addressed necessary but insufficient factors that cannot fully account for the persistent and disproportionate rates of abuse against women; further, Black feminists argue that “future research should reflect the diverse backgrounds and experiences of African American women (Heise, 1998; West, 2002)”. Many of the factors associated with IPV against women do not sufficiently account for the variance of abuse across different groups of victims (e.g., White women versus women of color) or acts of violence across perpetrators (e.g., male non-drug users and drug users) nor do theories provide enough explanatory power to explain why women regardless, of race, socioeconomic status, religion or disability status are

disproportionately the victim of IPV (Heise, 1998; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009; West, 2002). Increasingly the ecological framework has not only become a lens through which community leaders can more fully consider all the factors and the ways in which they interact but it has also serve as a framework through which new avenues of research and action can continue to be identified (Heise, 1998; Mancini, Nelson, Bowen & Martin, 2006).

The intricate nature of the factors that foster a climate prone to gendered violence against women necessitates a multi-level and intra-connected ecological framework to help put the matter, and each element of the issue, into the proper context (Heise, 1998). Ecological frameworks are often used to better understand an individual within the context of their environment (Bronfenbrenner, 1979). Bronfenbrenner's ecological framework highlights the interaction between the person and their environment, and is seen as bi-directional and as the focus of intervention. Various levels of the environment (e.g., individual, community and society) are modeled as a nested arrangement of concentric circles beginning with the individual and extending outward through more external environmental factors (Bronfenbrenner, 1979). Within the IPV literature the ecological framework has allowed for a more intricate understanding of the milieu of individual, community and societal factors that need to be considered when discussing the high rates of violence against women. Ecological frameworks lend significant utility understanding the trends of IPV against women. Looking beyond single factor models ecological frameworks bring forth the

interrelatedness between various factors across different contexts (Hampton, Oliver, Magarian, 2003; Heise, 1998).

Figure 1: Ecological factors related to IPV against women



Modified from Heise (1998).

In accordance with the ecological framework, researchers have aligned the factors significantly associated with IPV across the multiple levels of society, including the personal, microsystem, exosystem and macrosystem (See Figure 1). Personal or individual factors like witnessing marital violence as a child, being abused oneself as a child and having an absent or rejecting father have long been considered key features of a particular person's developmental experience or personality that significantly shape his or her response to the various contexts that exist outside of oneself (Heise, 1998). The microsystem characterizes “those interactions in which a person directly engages with others,” or one’s immediate

context (Heise, 1998). Several factors associated with the traditional family, including male dominance in the family, male control of wealth in the family, use of alcohol, and marital/verbal conflict have been shown to be related to increased risk of sexual coercion, childhood sexual abuse and/or physical abuse of adult women (Heise, 1998). Low socioeconomic status/ unemployment, isolation of women and family, delinquent peer associations are factors of the exosystem that impinge on the immediate settings and influence what goes on (Heise, 1998). The macrosystem factors refer to the “broad set of cultural values and beliefs that permeate and inform the other layers of the ecological framework;” “they operate through their influence on other factors and structures lower down in the system (Heise, 1998).” Previously highlighted, much of the feminist discussion on IPV focuses on the broader social conditions that have historically constrained women to second class citizens (Heise, 1998). Male entitlement of women, masculinity linked to aggression and dominance, rigid gender roles, acceptance of interpersonal violence and acceptance of physical chastisement are seen as not only central to shaping societal norms, in general, but are also considered interrelated with other key factors in the personal, microsystem and exosystem (Heise, 1998). Through the lens of the ecological frameworks unique combinations of variables can be appropriately identified and studied in culturally relevant explanatory models of IPV against women across various contexts. Researchers more readily challenge the primacy of gender as the explanatory model of IPV among diverse women and emphasized the relevance of other structural factors, including race, gender, class and sexual orientation as

intersecting pathways and compounded spheres of influence on the lives of minority women (Sokoloff & Dupont, 2005).

Few have challenged the potency of ecological framework in understanding IPV to further contextualize the experience among diverse women and across contexts, however, it must be noted that some of the initial applications of the ecological framework were still biased towards the experience of White women (e.g., lack of discussion regarding differential treatment of Black women by service providers, poor treatment of Black male perpetrators by the legal system, etc.). The task of theory building in IPV among women of color has been complicated by not only the narrowness of traditional academic disciplines and the tendency to focus on single factor frameworks but also the continued positioning of White ethnocentric etiological frameworks as the baseline upon which all other ethnocentric models must be substantiated. Often this occurs for no other reason than because of the requirements of academic rigor which researchers are mandated to follow when referencing previous works of widely accepted theories (biased or not) as novel research is developed. It must be acknowledged that the progression of the scientific discourse of IPV among African American women has been continuously burdened by not only society's structural barriers but also by the various constraints of academia at the organizational level. This compounded effect has likely to have created an incremental sharing of the unique experiences of African American women and inhibited the full telling of the story of abuse among Black women (Heise, 1998; Sokoloff & Dupont, 2005). Because the experiences of minority women are

constantly positioned to justify their unique experiences in comparison to normalized history White European Americans and/or White European American women there is a constant need to ensure that there is sufficient documentation of the contextualized experiences of minority women (Sokoloff & Dupont, 2005). In particular, researchers have to continue to leverage the experiences of African American women to establish a baseline through which the studies into other diverse women could be launched. In part, this is one of the other unspoken reasons, above and beyond the disproportionate number of Black women who report experiences of IPV, why the fully contextualized voices of African American must continue to be fully delineated. The delineation of the experiences of IPV in the African American community will be told to not only highlight the unique experiences of Black women but to also serve as a model of investigating abuse among any and all marginalized groups (Sokoloff & Dupont, 2005). Furthermore, the voices of African American women, and other marginalized groups, have a role in unveiling distinctly cultural solutions for woman abuse that may not only better serve the needs of marginalized women but may set a new model for all women (Sokoloff & Dupont, 2005).

Contextualizing The Issue Of IPV In The Black Community

Male perpetrated violence against African American women in America has been historically unaccounted for and the issue of IPV marginalized in the community. The National Family Violence Survey previously established that African American women report higher rates of IPV and that a higher percentage of Black males were perpetrators of abuse than their White counterparts

(Hampton, Oliver, Magarian, 2003; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). When rates of severe violence were considered, Black women were frequent victims of wife battering;” 7% kicking, choking, beatings or assault with a weapon (West, 2002). African American women are also at a greater risk for contracting HIV as a result of domestic violence, as well as death and serious injury resulting from domestic violence (Jordan, 2002; West, 2002).

Specifically research indicates that African American women have been disproportionately represented in over half of violent deaths among women (West, 2004). In 2007, Black female victims of homicide by an intimate partner were twice as likely to be killed by a spouse and four times more likely to be murdered by a boyfriend or girlfriend than White females (Catalano, Smith, Synder & Rand, 2009). Furthermore, previous reports suggest that murder by intimate partner was one of leading cause of premature deaths among female African American homicide victims between the ages of 15 to 44 (West, 2004). Homicide by heterosexual intimate partners remains one of the leading causes of death for African American women between the ages of 15 to 24 (West, 2002). While African American women are twice as likely to be killed as a result of domestic violence as European American women, and they are also more likely to kill a partner; and indication of the reciprocal pattern of abuse that has surfaced within the Black community (Bent-Goodley, 2005; Betch Cole & Guy-Sheftall, 2003; Hampton, Oliver, Magarian, 2003; West, 2002).

With an understanding of the magnitude of IPV in the Black community what remains unclear is the extent to which rates are significantly higher than

White European Americans. Subsequent analysis showed that variance in rates of abuse among women and perpetration among men decrease when income level was accounted for, except for in the lower brackets (Gillum, 2009; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Other national studies, including the National Violence Against Women (NVAW) and National Crime Victimization Surveys (NCVS) found somewhat conflicting results. The NVAW established that there was comparable rates of sexual assault, IPV and stalking among African American and Caucasian women while that NCVS survey specified that not only did Black women experience higher rates but that they were likely to report experiencing both minor and severe male perpetrated IPV (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). As in previous studies, differences found in the NCVS were better accounted for by income level which is considered to be inextricably linked with race in the United States (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Similarly, the National Survey on Family Households found higher reports of IPV among African American couples than European American Couples that were eliminated when income was accounted for (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). The National Comorbidity Survey found similar results as the NVAW survey but the differences were not significant (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). In general, there are reports that male perpetrated violence against women is reported more in the African American community but the extent to which is it significantly more than in other racial/ethnic groups is not well established (Gillum, 2009). Over the years, what has become more established are the structural forces that perpetuate

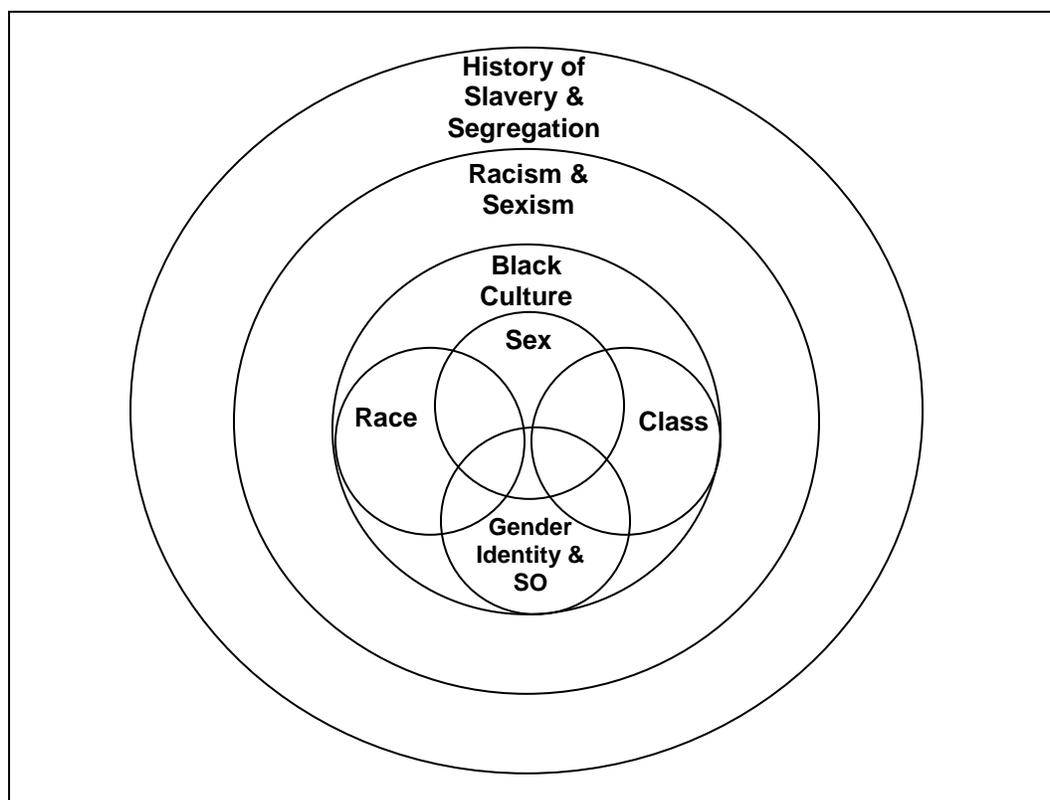
the cycle of abuse and the systematic challenges that African American female victims of IPV experience when reporting, coping with abuse, accessing culturally appropriate interventions.

Integrated Ecological Framework

The ecological framework will provide a lens to more fully illuminate the intertwining structural forces that uniquely enable the cycle of IPV in the African American community. Advancements in the understanding of the factors that shape an individual's experience of violence and abuse have increasingly acknowledged the role played by cultural factors (Yoshioka & Choi, 2005). From the societal to the individual level, the discussions of gendered violence in the community have been historically laden by racism, sexism, classism and all the social complexities associated with having to navigate from a third to second class citizen in the United States (Betch Cole & Guy-Sheftall, 2003, Mullings, 1997; Sokoloff & Dupont, 2005). The ecological framework also allows for the patterning of social and environmental events over the course of time (Dalton, Elias & Wandersman, 2007). Moving from the societal to the individual level the effects of racism, sexism and poverty on the high rates of IPV in the community, over the course of time, will be presented. A more comprehensive model of the structural and cultural factors that accurately speak to the experiences of Black women, as it relates to the discourse on IPV, is needed to ensure that all levels of influence can be identified, and culturally competent and sensitive interventions can be realized (Hampton, Oliver, Magarian, 2003). An interlocking framework across race, gender and class will also be used to illustrate the intersections race,

gender and class have upon the lives of African American women as a racialized gender (Refer to Figure 2). The extent of heterosexism imposed upon same gender loving folk the relevance of the specific form of violence targeted toward the African American LGBTQA community will also be discussed.

Figure 2: The intersection of race, gender & class for African American women



*Model modified from Bell & Nkomo (2001).

The Potency Of A Racialized History

The issue of racism (old fashioned, as well as modern, symbolic and aversive) is complex when it comes to domestic violence; there is a triple-edged sword. Although race itself is not a determining factor in who may be involved in situations of IPV, racism does play a role in not only the historical familiarity of using violence as a mechanism to sustain oppression (since violence was so

commonly used as a mechanism to restrain African Americans throughout slavery and the CRM), but also the continual prioritization of race over gender and the subsequent lack of resources dedicated to African American women throughout the community (Jordan, 2002). The all consuming pervasiveness of racism in America has and continues to infiltrate so many aspects of the African American experience, including individual, community and cultural associations with violence.

No discussion on the topic of violence, let alone concerns regarding IPV, can be responsibly held without understanding the historical underpinnings of how violence has been used as a tool of oppression of African Americans across generations. Throughout slavery African Americans experienced an overwhelmingly unimaginable and irreconcilable amount of violence; from verbal abuse, physical assault, rape, murders, lynchings and torture to the guiltless breaking of bonds between brothers and sisters, abduction of children from their mother's breasts and intentional destruction of any semblance of a family unit (Betch Cole & Guy-Sheftall, 2003; Mullings, 1997). Further, there was a gendered experience of violence for which the magnitude of assaults and the subsequent implications are rarely acknowledged. Not only were African American men disproportionately victims of lynching and tortuous acts, but African American women were sexually assaulted and raped at alarming levels with little to no concern over the long-term psychological and physical effects of burdening such violence across multiple generations of women and over an

extended duration of time. This complex history of violence makes the process of designating IPV as an issue in the Black community a continual challenge.

Primarily, when addressing the issue of IPV in the African American community, there is a narrow understanding of the definition, and therefore little sense of the oppression resulting from the abuse (Jordan, 2002). It is important to note that the “abuses” of slavery were not labeled as such and therefore the violence enforced on one human being by another took on a different history and meaning for many African Americans. To now call the abuse of African American females at the hands of African American males “abuse” is a perplexing and emotionally charged evolution that simultaneously causes one to not only reflect on the historical relationship between the abuse of the African American race by Whites but also the conflicting pathways through which violence continues to manifest itself within the African American community (Betch Cole & Guy-Sheftall, 2003). It also reinforces the cultural standard that African American women submit to the cause of the African American male as her contribution to the fight against racism (Betch Cole & Guy-Sheftall, 2003). What was labeled as slavery must be acknowledged as abuse for the atrocities enforced upon the African American female by the African American male to be recognized as abuse and therefore IPV.

It is only from this context of cultural awareness and sensitivity that the current experience of IPV in the African American community can be fully depicted and eventually transformed. Today, survivors of IPV acknowledge “racism and disparities between partners as external sources” of tension in their

relationships, not the cultural belief and expectation that Black women hold an inherent strength that will allow them to overcome but also the compounded effect of Black men not having a respected sense of power in society (Gillum, 2008). Conflicting roles between men and women throughout modern society are simultaneously strained by the shared experience of being a historically oppressed and racialized group within a highly gendered and economically stratified culture.

The Convolution Of Racialized Sexism

Like other communities in the United States, African American communities are shaped by normative attitudes about gender that impact our ‘relationships’ within and beyond our families. These pervasive and largely unexamined beliefs about gender—men should be dominant, women subservient—are so ‘natural’ that they often go unchallenged, even in communities that believe passionately in the ‘unnaturalness’ of racial oppression (Betch Cole & Guy-Sheftall, 2003, pp. 32).

Slavery

Today the balance of power among African American men and women continues to be strained. American society’s understanding of gender is grounded in the belief that men and women have biological differences that necessitate different roles in society. This belief is further embedded in the American culture through Christian values which hold that the man is the head of the household (Betch Cole & Guy-Sheftall, 2003; Mullings, 1997). Although these views are in alignment with many people’s modern day views about gender roles and power, it

is juxtaposed to the experience and evolution of more egalitarian perspectives on gender based divisions across work and family among African Americans.

First, it is important to recognize that although there were some divisions of labor across genders in Africa, that the lines of separation were not the same as those in America and such distinctions may not have been given as much validity (Mullings, 1997). Regardless, as indentured servants, slaves and third class citizens in the United States, the labor divisions across men and women were nearly erased (Mullings, 1997). Some researchers say that while there may be some disagreement about the division of labor across certain sectors of slave work (e.g., field negroes vs mammies), recent findings suggest sexual equality (Mullings, 1997). Although African Americans may have initially transformed the bondage of slavery enforced upon them into a climate of equality, it was later turned against Black culture and used to further degrade Black women and emasculate Black men.

African American women have historically worked in several dimensions of labor, not only as a part of understanding of their own sense of strength and contribution, but because they feel compelled to play an instrumental role helping their families and community overcome their oppression (Mullings, 1997). The more dominant role that African American women, served in the community as a part of survival during slavery was later misconstrued as taboo, unfeminine and pitted against the “superior” model of European American women (Mullings, 1997). After emancipation the high levels of participation by African American women in the public workforce was juxtaposed to the significantly lower levels of

public work engaged in by European American women and then distorted to imply that African American men were lesser men who could not provide for their families. It is imperative to acknowledge that while this division of labor was only reserved for upper class European American females it was put forth as the dominant model and therefore continued to be the eventual standard against which both the images of the Black emasculating women and lazy Black are perpetuated (Betch Cole & Guy-Sheftall, 2003; Mullings, 1997; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Furthermore, while it was the experience of African Americans throughout the institution of slavery that the division of labor was socially constructed; that any such divisions were based more on race/ skin color and status as a third class citizen than on gender, the myths of the “Black super woman,” “Black matriarch” and “emasculating Black woman” still permeated Black cultural dialogues on gender and the role of Black women in work and family (Betch Cole & Guy-Sheftall, 2003; Mullings, 1997; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). The stereotype of the Strong Black Woman (e.g., independent, strong, resilient, etc.) and Black matriarchy (e.g., pillar of strength in the Black community, head of the household, key decision maker, etc.) created the myth of the emasculating Black woman (e.g., invulnerable, insensitive, stoic and in need of control and domestication) which remains at the center of the polarized discourse between African American men and women, in general, and as it specifically relates to high rates of IPV in the community (Betch Cole & Guy-Sheftall, 2003; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Some researchers argue that the

degradation of the Black male and the subsequent prioritization of Black men over women came after slavery when European Americans were looking for ways to further validate their beliefs about the inequality of Black culture and Black men in particular. Black men were to be socialized more like White men; to believe that “to be a man is to be innately superior to women and that within the context of male-female relationships that men are [to] dominate their wives and girlfriends (Hampton, Oliver & Magarian, 2003).” These patriarchal Christian beliefs were further engrained in society through the industrial revolution and entrenched in Black culture through the CRM and Women’s Liberation movements (Betch Cole & Guy-Sheftall, 2003; Mullings, 1997).

Industrial Revolution

Coming out of slavery and transitioning into the industrial revolution, new forms of racism and sexism emerged and continued to transform the unique experience of African American women (Bell & Nkomo, 2001). This change was brought about as the discourse on the collective struggle for freedom among African Americans was slowly converted into the plight of the Black male. This is not to say that racialized sexism did not have a unique impact on the struggle of Black men that was worth significant priority, but it does bring into question the process through which the experiences of Black men were prioritized over that of Black women (Bell & Nkomo, 2001). The effect of the specific nuances of the Industrial Revolution on the struggle among African Americans to achieve citizenship must be more fully acknowledged in the discourse on IPV.

Wages during the industrial revolution were set so that working class European American women could safely withdraw from the workforce while their husbands could maintain sufficient earnings to support a family. Initially the extent of racism and segregation during the post-slavery era collectively kept African American men and women from the possibility of establishing a family wage (Mullings, 1997). African American men were not hired into many of the new jobs that resulted from the industrial revolution and the continuance of divisions of labor across gender lines prevented women, as a whole, from participating (Mullings, 1997). Therefore, the Industrial revolution did not shift the type of work available to Black men as it did for men of other cultures (Mullings, 1997). However, African American women continued to have more mobility and access to resources through their jobs since the prohibitions placed upon European American women in the work force did not apply (Mullings, 1997; Wyatt, 1997). African Americans continued to work in lower unskilled jobs that they had previously worked but now found more widely available. Black men had significantly less access to jobs that could provide them with the much desired patriarchal status than Caucasian American men held as *heads of their households*. Overtime the patriarchal values of American society became a stronghold for African American males to measure their worth as a man. To achieve the status as *head of the household* would signify that the African American man held a status equal to that of the White man contradicting widely held beliefs in the inferiority of Black men and therefore the *Negroid* race. Furthermore, in the African American community, racism was seen as a system

that held more privileges for Black women, “reversing the natural order of things with respect to manhood and womanhood (Betch Cole & Guy-Sheftall, 2003).”

Throughout this era, the unhinging of the collectively shared experience of African Americans through slavery became normalized. This is not to minimize the reality that the origins of the gender divide in the African American community likely began in slavery, but to highlight the extent to which the racialized sexism that occurred during the post-slavery era significantly polarized men against women and changed the egalitarian dynamic between African American men and women (Bell & Nkomo, 2001; Betch Cole & Guy-Sheftall, 2003). Racialized sexism critically compounds the impact of racism in the African American experience and becomes a central force through which the imbalance of power dynamics in the community is brought to the forefront (Bell & Nkomo, 2001).

Civil Rights Movement

Arguably, sexualized racism experienced through the industrialized revolution was the start of the modern day sexism that was fostered throughout the CRM and continues to exist in today’s Black community. The internalization of traditional gender ideologies and values became further entrenched within Black culture through the active suppression and minimization of the role of Black women throughout the CRM. The compounded effect resulted in the adoption of two fundamental tenets of modern day Black culture that have long been associated with IPV: 1) the adversity confronting men is superior than the

experiences of racism or sexism among women and 2) the status of Black culture is predicated on the status of men and not women.

Throughout the CRM the experiences, concerns and involvement of Black women were minimized and marginalized in salvage of the plight of the Black male (Betch Cole & Guy-Sheftall, 2003). Even though women served in essential and fundamental roles that not only led to the start of the CRM (e.g., Rosa Parks) but carried the progress forward (e.g., Daisy Bates) they were often only acknowledged as the “back bone” of the movement while the males were touted as leaders (Betch Cole & Guy-Sheftall, 2003). The many ways in which Black women responded to the lack of recognition and blatant sexism on the part of African American men over the years; the issue of gender politics was on the hearts of many Black females leaders are also not acknowledged (Betch Cole & Guy-Sheftall, 2003). The discourse on the substantial role of Black women in CRM constantly undermined by the internalization of racialized sexism on the part of African American males and the subsequent demonization of African American females as a “traitor-to-the-race” for wanting equal rights as women (Bell & Nkomo, 2001; Betch Cole & Guy-Sheftall, 2003).

In modern times, the continued positioning of the “struggle for the Black man” has become synonymous with the “Black cause;” a reality which further strains the gender dynamic between African American men and women and the discourse on the importance in addressing IPV as an important issue and community problem. Black men, “privileged by their gender and their potential power over women,” came to reinforce society’s normative ideas about gender

(Betch Cole & Guy-Sheftall, 2003). While this deliberation was far from settled at the end of CRM, the discourse on gender dynamics, African American culture would be essentially silenced by the women's liberation movement.

Women's Liberation

The struggle for women's rights further complicated the scene for African American women (Betch Cole & Guy-Sheftall, 2003; Mullings, 1997). Gender based comments and "feminist" statements made by African American women were quickly coupled with the "anti-male" statements made by upper middle class European American women, so much so that in many cases the views of Black women were consistently held responsible for the continuing problems that confronted Black men (Betch Cole & Guy-Sheftall, 2003). In the community talking about issues of gender came to be seen anti-Black discourse and outside of the context of Blackness (Betch Cole & Guy-Sheftall, 2003). Therefore, feminism was labeled as a White middle-class movement that impeded racial unity and drew Black women from the more urgent work of eradicating the racial oppression that held their men back (Betch Cole & Guy-Sheftall, 2003). The discourse of the struggle for equality among African American women reduced the voices of the leaders of the Black feminism to militant outbursts from delinquent women who did not understand their place and were not "down for the cause". Since the 1970s, few Black women have risked being ostracized from the Black community to stand up for the rights of women. Although the image of the emasculating matriarch is still rampant in the community, for many the plight of the Black woman has either been marginalized to the role of the woman who

stands “behind every great man” or the role of the woman of God who joyfully serves her community (while Black women continue to serve as community organizers and developers, heads of households and leaders of single parent families they are most acknowledged for their role in the Black Church as the doers of Gods work and not the leaders of the congregation).

The Complexity of Classism

From a sociological perspective, poverty is another significant factor in domestic violence trends (Jordan, 2002). Poverty is typically seen as a significant factor or stressor (in addition to racism) in traditional frameworks that attempt to explain high rates of IPV in the Black community. While one’s socioeconomic status can be a key source of stress in one’s life, it does not account for the paternalistic beliefs that are highly correlated with IPV; whether it is considered as a single indicator or in the context of the multiple stressors associated with IPV. The ecological framework not only integrates one’s current economic status but also reflects the historical and contemporary influence of classism as another interlinking variable that influences Black culture and therefore the experiences of IPV among Black women. Among African American’s one’s socioeconomic status and experiences of classism vary according to the context, as it relates to IPV. The multiple intersections of classism vary at the societal, community and family context and across each intersection between levels of influence.

Low socioeconomic status is widely referred to as an indicator of increased stress. This model is especially purported in the stress-diathesis model, in which low-income is seen as a stressor equivalent to racism, sexism, etc. Black

males confronted by racism and classism, heavily linked structural forces for African Americans, may endorse hypermasculine roles as a way to prove their manhood or socialized identity as men in comparison to their White male counterparts (Hampton, Oliver and Magarian, 2003; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Increasingly studies report that Black women who surpass their husbands in education, income, and occupational status have higher rates of IPV than those in marriages in which there is equality across education, income and occupational status (Hampton, Oliver and Magarian, 2003). However, as previously discussed, when controlling for socio-economic status some researchers have found that abuse rates were even across ethnic groups (Bent-Goodley, 2005). Therefore, poverty may not be a factor contributing to trends in domestic violence among women of color, but it may be related more to the barriers that contribute to the perpetuation of domestic violence in the African American community. Most notably, low-socioeconomic status is often linked to higher levels of engagement with the judicial system. Furthermore, due to racial profiling African Americans are likely to not only be picked-up more frequently but also receive harsher sentencing. The compounded effect of racialized sexism (of Black men) has resulted in a disproportionate number of African American men in prison and therefore the number of men who will be limited in their job seeking and earning potential due to their criminal record once they are released (Bell & Nkomo, 2001). Not only does the judicial system disproportionately affect how both African American victims and perpetrators are treated, but it also affects the amount of resources that are

available to assist African Americans during the rehabilitative process (Jordan, 2002). From the perspective of women, race can play a major role in how an act of domestic violence is perceived by the criminal justice system; how a woman is perceived as the victim (e.g., many women of color are stereotyped as loose-*Jezebel* like women who ask for the violence) and how the perpetrator of color is treated by the criminal justice system (e.g., Will he be treated fairly? Will he be brutalized?) (Jordan, 2002; Wytte, 1997). With all of this under consideration, it is important to note that, at the end of the day, African American women are less likely to call the police as a means of protecting African American men (Jordan, 2002). If poverty is not separate and distinct from racism and sexism then we must understand the combined impact of racialized sexism and classism on the experience of African American women, as it relates to the high rates of IPV (Bell & Nkomo, 2001).

For African Americans, low socioeconomic status is historically intertwined with the racialized sexism that has oppressed African Americans for generations. Institutionalized racism has limited the educational progression, job salary attainment and career trajectory of African Americans (Bell & Nkomo, 2001; Mullings, 1997; Thomas, 2001). Furthermore, African American men, in particular, have been wrongfully stereotyped and stigmatized as lazy and incompetent workers. Racialized sexism imposes a standard upon which the ability of men to be the breadwinners and to serve as head of their households is used as the baseline by which African American culture is constantly measured against European American, Christian values and patriarchal ideologies (Bell &

Nkomo, 2001). African American men and women are designated a poverty status that is dependent upon the relative earned power of African American men against known structural forces that would prevent Black culture from truly institutionalizing the subordination of women, as in White culture (Hampton, Oliver & Magarian, 2003). Black men were thereby labeled as embodying a subordinate form of masculinity, in comparison to White men (Hampton, Oliver & Magarian, 2003). Furthermore, because the dominant culture refuses to acknowledge the cultural differences and overtime Black culture has sufficiently internalized the standards of the dominant culture, overtime, Black men redefined their conceptualization of “manhood” towards a more hyper masculinized version of manhood (the tough guy, the hustler, the player and the gangsta) deemed to be more achievable (Hampton, Oliver & Magarian, 2003). It is within this socially induced context that lower and working class Black women find themselves at an increased risk for becoming a victim of IPV (Hampton, Oliver & Magarian, 2003).

Although the structural and social factors associated with domestic violence in the African American community are many, there are still other factors that are correlated with IPV, including the sense of entitlement of the abuser, exposure to violence in the community, and childhood exposure to violence (Jordan, 2002). However, it is important to highlight that these factors are not causal but rather resultant of the debilitating combination of racism, sexism and classism confronting the plight of Black culture.

The Role of The Leading Black Cultural Institution

In the African American community, the Church is one of the oldest and most stable infrastructures; among African Americans the Church has been the place where important issues concerning the Black community were addressed (Jordan, 2002). Given that most African Americans indicate Christianity as their religious, any references to the “Black Church” will focus on Christian leaders, teachings and practices. It is well known that African Americans significantly use faith/ religion and spirituality as a way to overcome adversity (Potter, 2007). The *Black church* refers to any predominately African American congregation (even when part of a predominately white congregation) in which the tenets of elements of Africa religion, Euro-Christianity and Islamic and Judaic sectarianism are integrated and presented as a *reclaimed* and reworked version of Christianity (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005; Gillum, 2009)”. It is the unique social structure of the Black Church that historically provided refuge to Blacks throughout slavery and the CRM, serving both as a sacred space for slaves and a training ground for the development of African American leadership and the liberation of African American thought. However, the institutionalization of American Christian ideals throughout African-American religious organizations has waged a silent but longstanding battle on African American women that has yet to be fully acknowledged (Betch Cole & Guy-Sheftall, 2003).

This discourse is made more complex by the significant role that the Church has served in being a site of “Black feminist activism and a source of

comfort for victimized Black women (West, 2002).” However, the issue of IPV has not been entrenched as a part of the cultural dialogue and many of the biblical teachings continue to instill values of gender segregation and submission between men and women, respectively (West, 2002). Due to the historical role that the Black Church played in helping the community to overcome transgressions against African Americans, few question the initial integration and application of European American patriarchal values and beliefs to the more gender neutral culture of African Americans. Subsequently, when racialized sexism became normalized throughout the community; notions of women being submissive to men, men being the heads of households and strict labor divisions among men and women synched with the Christian values that privileged the males over females were accepted in the name of advancing Black people (Bell & Nkomo, 2001; George, Sujeta and Milsap, 2003; Hampton, Oliver, Magarian, 2003). Although many of the tenets of the Black Church have been challenged over the years and several of the barriers that previously prevented women from taking leadership in the Church have eroded over time, issues like IPV remain hidden from the dominant discourse within the community. For example, in 2007, the African American religious community was shaken by the public announcement that Juanita Bynum, a Chicago born native, was leaving her husband, Thomas W. Weeks III, Pastor of Global Destiny Church, due to reasons of domestic violence (Essence Magazine, 2007). After the assault, Meeks was charged with aggravated assault for allegedly stomping and kicking her in an Atlanta hotel parking lot on August 21 (Essence Magazine, 2007). Until incidences like this, the issue of

domestic violence remains a fairly dormant issue in the African American community, only discussed on a case by case basis, behind closed doors and away from the public arena. Even after this case one could rightfully question whether the community's response was sufficient. It is clear that key elements of European Christian values have fostered an irrational and unjustifiable culture of privilege among Black males that is unwarranted and misplaced, given the history of equality among African American men and women. The silencing of African American women's experience of abuse has become institutionalized and politicized through the foundational role that the Church plays throughout the community (Betch Cole & Guy-Sheftall, 2003).

It is undeniable that the African American Church has served the community well. However, as it relates to the issue of domestic violence there is a pervasive "active-passive denial" regarding the oppression of African American women by African American men (Jordan, 2002; Levitt & Ware, 2006). The continued diffusion of silence and ignorance of the dichotomy between African American women and African American men is further perpetuated by the African American Church and the teachings of the Bible (Jordan, 2002; Hampton, Oliver, Magarian, 2003; Potter, 2007; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Inherent in the spiritual and religious teachings of the African American church are three common themes: 1) Men are the head of the household; 2) Women are to submit to their men and 3) A woman is to stand by their man. Again, in the African-American community the concept of male privilege is being maintained through the influence of the church as men often

quote sources such as the Bible to justify their actions (Bent-Goodley, 2005; Jordan, 2002; Potter, 2007).

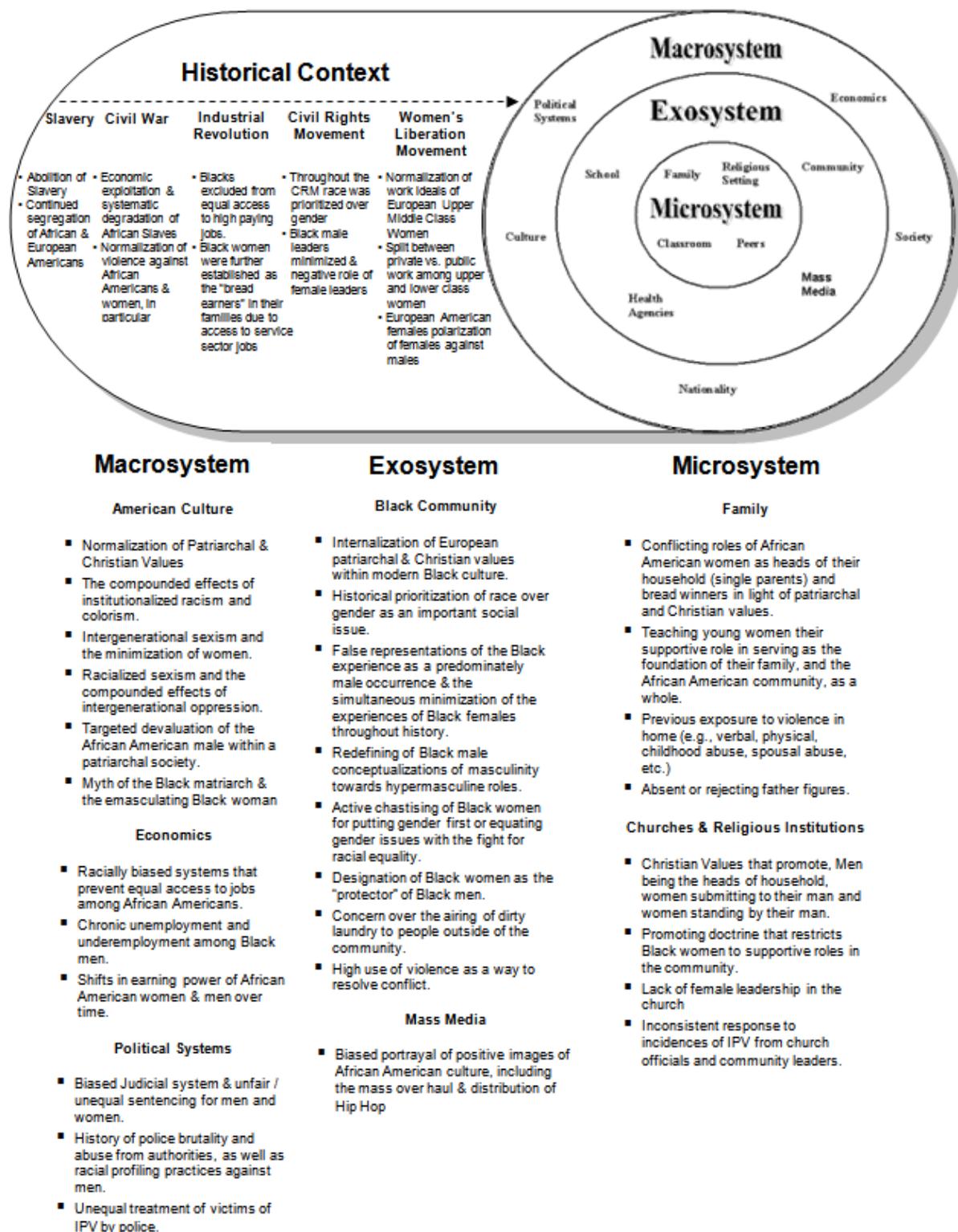
Many community organizations are often silent about the issue of abuse and IPV. The role of religion in perpetuating the cycle of abuse and domestic violence among African American women is a deeply rooted seed in the African American community. Religion has served as the central support structure for the African American community through slavery and the civil rights movement. The African American Church should be a “haven” for women who have experienced IPV; however, while it is served as the mechanism for achieving resilience in the face of “domestic assault” it has also served as a contributing factor in abuse (Jordan, 2002; Potter, 2007). The teachings of the African American Church often perpetuate the oppression and abuse of African American women by African American men. Thus, the issue of IPV is tolerated as a normative behavior. Although the African American Church has played an integral role in blaming victims of abuse, there are some religious leaders who are coming to the forefront to shed light on the issue of domestic violence. Furthermore, recent studies clarify previous findings suggesting that women “embedded in their religion” were found to have stayed in their marriages and abusive (Potter, 2007). Studies now show that women holding orthodoxed religious views might be at a lower risk for IPV (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Although, this has generated some conflict in the literature it is reasonable that a woman with orthodoxed views is likely to hold gender norms (beliefs, expectations and behaviors) that are more consistent with men; therefore, less conflict may be

likely to result in relationships in which both the male and female partners beliefs are in alignment (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). In addition, many religious institutions may not recognize same sex couples thereby ignoring the issue of IPV among lesbian women all together (McClennen, 2005). Even considering the challenges in working with faith-based organizations survivors of IPV see churches and religious organizations in the African American community as a central resource in their healing (Gillum, 2008). Progress is being made, but still some of the fundamental problems remain unaddressed. To make a substantial difference, the way in which the African American Church views IPV must fundamentally change; IPV must become a problem of the community, and a shift must occur at the systems level (e.g., the community as a place for prevention, target of intervention and force for intervention) to allow for second order change to effectively evolve the fundamental beliefs and therefore the discourse on IPV in the community (Mancini, Nelson, Bowen, & Martin, 2006).

It is at the same time apparent and inconceivable that African American women continue to live in “the dangerous intersection of race, gender and class; internal and external oppression prevents African American women from addressing the various issues of violence in the community (See Figure 3) (Jordan, 2002). This issue can no longer remain a problem of Black women and “must be perceived as a community problem in this [second] decade of the new millennium that must be collectively addressed with at least the same intensity in which the Black community addresses other forms of violence (Sokoloff &

Dupont, 2005; Betch Cole & Guy-Sheftall, 2003; West, 2002).” More culturally appropriate community-based interventions must be developed in light of the varied experiences (e.g., positive and negative) that have led to a general resistance among survivors to engage in formal intervention services (Gillum, 2008).

Figure 3: An integrated ecology of IPV among Black women



The Intricacies of Being Black and Blue As A Black Woman

The perspective of the African American woman must be acknowledged for the voice of the survivors of IPV to be more fully heard and healed. Increasingly, the unique cultural manifestations of violence against women are being measured and therefore identified; however, more discourse is warranted to determine effective systems of prevention and intervention (Potter, 2007). The historical integration of the impact of racism, sexism and classism on the plight of the African American woman enriches one's understanding of the intricate values/beliefs and cultural practices, of what is now considered to be "Black culture" that perpetuate a cycle of IPV. So that it is unequivocally understood that for a Black woman to fully acknowledge the presence of IPV in the Black community is to all at once reveal all of the unaddressed burdens of racism, sexism and classism that continue to plague Black culture and that to publically contest the treatment of women is to finally put ones needs first, before the needs of the Black race, Black men and other women. Black women who are victims of IPV are not only held hostage by the past, but are contained by the systems that continue to foster the internalization of racialized sexism that is pervasive throughout Black culture in the most convoluted of ways; founded on myths perpetuated by the culture of European Americans and entrenched in the mistruths of White women that have been infused into Black ideals (Bell & Nkomo, 2001; Bent-Goodley, 2004; Hampton, Oliver, Magarian, 2003) (See Figure 3). To stand up against IPV and to call it what it is, is to overcome all that has led to the oppression of Black women in the first place. To speak up about the abuse

delivered at the hand of a Black man is to be simultaneously liberated, recognized, politicized and ostracized.

Cultural Stress And Psychological Sequelae

The psychological pain associated with the consideration and realization of the extent of the African American males engagement in sexist beliefs and behaviors as a primary force of oppression in lives of African American women can be spiritually and emotionally overwhelming (Betch Cole & Guy-Sheftall, 2003). For an African American woman to acknowledge an African American male as the cause of her oppression can create an unavoidable and unbearable state of cognitive dissonance for which there is little peaceful resolution. African American women find themselves culturally bound by racialized sexism that exacerbates the prevalence of IPV in their relationships and hinders their ability to react accordingly (Bell & Nkomo, 2001; Bent-Goodley, 2004).

Many women find themselves trapped in an abusive relationship by a community code of silence that holds sacred anything that might further tarnish the image of the Black male and upholds the myth of the strong Black woman can survive anything without assistance (Taylor, 2002; Bent-Goodley, 2004).” As the perceived “protectors of Black men,” other women feel culturally compelled to pledge their allegiance to the plight of the Black male by excusing abusive behaviors as a result of the disproportionate levels of racism, and therefore stress, that African American men endure (Bent-Goodley, 2004; Betch Cole & Guy-Sheftall, 2003; Gillum, 2008; Taylor, 2002). Due to the poor treatment of African American men in American society, African American women have allowed

some African American men to treat them as though they are the “men’s worst enemy (Jordan, 2002).” And for standing against this “physical and emotional sacrifice,” women have been accused of trying to usurp the African American man’s power and dignity (Jordan, 2002). Furthermore, high rates of drug abuse, homicide, unemployment and incarceration leaves a scarcity of marriageable Black men in many communities; heterosexual women are left to try and “hold on” to any man that they can find (Taylor, 2002). The pressure to hold on to one’s man, regardless of his actions, is further compounded by the historical context of what it means for a Black woman to be a protector of Black men in this country. The role of protector often makes it difficult for some women to turn in their abuser (assuming that he is male and African American) for fear that he may be treated unfairly or unjustly brutalized by the police (Bent-Goodley, 2004; Taylor, 2002). There are also the social pressures burdened upon Black women to not, in anyway, tarnish the image or disrupt the “cohesiveness” of the Black family and to therefore maintain *the family* at all costs (Bent-Goodley, 2004; Hampton, Oliver, Magarian, 2003; Taylor, 2002). In addition to the many cultural forces that deter women from leaving abusive relationships, there are also the cultural rewards that women receive for being a strong Black woman who can “stand by her man” despite one’s own oppression.

The collective fight in the plight of the Black male has become so normalized and rewarded within the culture that few women would choose otherwise. Especially considering that other African American women will not only not follow but will look down upon one for being weak and not “standing by

your man” (Betch Cole & Guy-Sheftall, 2003; Taylor, 2002). Furthermore, many African American men who have signed up to fight against racial oppression, “so completely identify with the image of the oppressor being a White male that the image of themselves as potential oppressors of African American women [is] an irreconcilable one (Betch Cole & Guy-Sheftall, 2003, pp. 44)”. To call out an African American male for being oppressive and abusive towards an African American woman is to betray the plight of the African American race and is likely to result in questioning of one’s “Blackness” by both women and men; to choose gender over race is the privilege of White women and is not considered culturally appropriate for African American women (Betch Cole & Guy-Sheftall, 2003; Hampton, Oliver, Magarian, 2003). With so many challenges in finding a peaceful resolution, many women chose to excuse the abuse; it is a high risk to stand out against IPV. The other option is to regrettably accept that the collective fight towards liberation of the African American race does not include equality for women (as many women had hoped) and take a stand against African American men who abuse African American women (Betch Cole & Guy-Sheftall, 2003; Hampton, Oliver, Magarian, 2003). African American female survivors of abuse may also manifest a variety of other clinical symptoms of mental illness, ranging from dissociation, to post-traumatic stress disorder (PTSD), depression, suicide, anxiety, somatic complaints and substance abuse (Potter, 2007; West, 2002). However, even for those women who chose to seek help structural forces make it difficult to find culturally appropriate services that can provide a full-

range of options for women (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009).

Coping Strategies

African American women use a variety of coping mechanisms, including social support (e.g., friends and family), the utilization of formal service organizations (legal system, domestic violence shelter programs,) and spiritual/religious groups (e.g., attending church, prayer, individual spirituality) (Gillum, 2008; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009; Potter, 2007). One of the first places for heterosexual women to seek solace is in the confines of the Black Church (Levitt & Ware, 2006; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Most notably, researchers have consistently established that women's endorsement of spiritual and/or religious coping strategies (Bent-Goodley, 2004; Gillum, 2008; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). More specifically, Black women are more likely than White women to report the use of prayer as a helpful coping mechanism (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Gillum (2008) reported the need for churches to provide much needed services for individuals who are in situations of abuse and for survivors who are trying to remain free from the abusive cycle, as reported by a group of female IPV survivors. It is important to note that the role of the church in acknowledging IPV as a key source of violence in the community, providing services to victims of IPV and providing a continuum of support for survivors to remain away from the abusive cycle is not so easily navigated for members of the LGBTQ community. A survivor's reliance

upon religious institutions, regardless of her use of prayer, may not be relevant for lesbian women who often have a complex relationship and invisible identity with the Black church (McClennen, 2005). It must also be acknowledged that the Black church also has a complex role in perpetuating sexist views about women, in general.

Access to Culturally Appropriate Services

For many women finding access to services in their community will prove to be difficult (Bent-Goodley, 2004; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). In urban communities there is often limited access to sufficient “transportation, employment opportunities, affordable medical care, social and mental health services, homeless and domestic violence shelters, police protection and legal services,” etc. (Betch Cole & Guy-Sheftall, 2003; Gillum, 2008; Taft, Bryant-Davis, Woodward; Taylor, 2002; Tillman & Torres, 2009). Some service agencies have insufficient hours of operation that make it difficult for women to receive the necessary services that they are seeking (Bent-Goodley, 2004). Furthermore, if a woman finds services she may experience discrimination from service providers who hold negative stereotypes of African American culture and/or women, in general (Betch Cole & Guy-Sheftall, 2003; Gillum, 2008; Taft, Bryant-Davis, Woodward, Taylor, 2002; Tillman & Torres, 2009). Victims may also be mistreated on the basis of class. It must be noted that among middle and upper class community agencies, leaders and members might place additional pressure on victims of IPV to keep silent if their partners hold a powerful (as determined by one’s religious, social, political or economic position in the Black

community) status in the community (Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). Again, this is done to save face in the plight of the Black male.

There also many women who chose to leave. For many women there is a defining moment in which the stories of the abuse endured by another woman, witnessing the abusers violence towards others, observing the impact of the abuse on their children, finally accepting their partners rejection and/or receiving enough encouragement from other women “[pierces] through their defenses and denial, [shifting] their consciousness and eventually [moving them to action] (Taylor, 2002). In general, there are few places that women can go. Four primary sites of intervention were found in the literature: 1) legal system, 2) formal IPV service organization, 3) community-based interventions and 4) faith based interventions.

Biased Legal Services

Much of the efforts in helping survivors of male perpetrated IPV have been focused on the legal system; improving the protection of survivors, increasing offender accountability and deterring offender’s behavior (Mancini, Nelson, Bowen & Martin, 2006). Specifically, efforts to improve legal services have focused on increasing the rights of survivors, requests for fair sentencing across race/ethnic groups, improving rights of Black men who are charged with IPV related crimes (Gillum, 2008; Mancini, Nelson, Bowen & Martin, 2006). However, survivors of IPV continue to report that three specific key issues, some of which has been highlighted above, when dealing with the legal system. These issues include, the lack of assistance that they received, harsher treatment women receive from the system when they act out violently in self-defense, and the extent

of racism in the legal system, in general (Gillum, 2008; Mancini, Nelson, Bowen & Martin, 2006). It is also well-established that police officers have a history of being unresponsive to Black women experiencing IPV who call for assistance (Taylor, 2002).

Formal Service Organizations

IPV shelter programs, hospital services and other mission-driven organizations provide services to survivors of IPV. However, it is common for African American women experiencing IPV to have negative interactions with social agencies (Taylor, 2002). According to Gillum (2008), women generally express dissatisfaction with such services. In particular, women report a lack of cultural competence in shelter programs, including a lack of staff, products to meet the basic hygiene and dietary needs of African American women and a high number of negative interactions with White shelter workers (Bent-Goodley, 2004; Gillum, 2008). Common stereotypes about the strength of Black women prevail in the service sector where many women are viewed as someone “who can sustain anything, has no fear, and can easily protect herself (Bent-Goodley, 2004).” Shelter programs, in particular, have been found to be “geographically inaccessible and not community based” (Bent-Goodley, 2004). Furthermore, some shelters have denied housing to African American women on the basis that they “do not sound fearful enough” (Bent-Goodley, 2004). Other researchers report that African American women feel disrespected, mistreated and sexually harassed by medical providers (Taylor, 2002). Survivors of IPV report mixed experiences with hospitals and medical facilities (Gillum, 2008). Although several

women have had positive experiences the negative experiences were associated with a lack of empathy on the part of hospital staff, threats to take children away from mothers who appeared to suffering from abuse, and refusals to provide services (Gillum 2008).

Organized Community Responses

Although community-wide responses to IPV are strongly encouraged they are rarely achieved; responses to violence in the community remain reactive and not proactive (Mancini, Nelson, Bowen & Martin, 2006). Furthermore, community responses tend to exclude formal community agencies, such as healthcare, faith-based or community organizations (Mancini, Nelson, Bowen & Martin, 2006). Some community –wide tactics include public awareness campaigns, advertisements or public service announcements (Mancini, Nelson, Bowen & Martin, 2006). Such approaches are characterized as “passive, less intensive and lack[ing in] focus (Mancini, Nelson, Bowen & Martin, 2006).” While mass media education and awareness prevention campaigns show change is attitudes research indicates that only 7% to 10% of those involved in a community campaign change their behavior, a necessary outcome for IPV interventions (Mancini, Nelson, Bowen & Martin, 2006). Community response are also criticized for being overly female focused, excluding males from the target audiences (Mancini, Nelson, Bowen & Martin, 2006), Other limitations include programs being unstandardized, lacking in key programmatic components and slight on evaluation (Mancini, Nelson, Bowen & Martin, 2006).

Faith Based Initiatives

Few consider the church as a primary site of intervention, even though it is often the religious leader who is first to hear about the abuse (Levitt & Ware, 2006; McClennen, 2005; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009). The role of faith/ religion as a source of support among IPV survivors is well established. Recent research shows that belief in a higher power is a source of strength and comfort and greater religious involvement is associated with increased psychological well-being and decreased depression, especially among African American women (Gillum, 2008; Levitt & Ware, 2006; Potter, 2007). Furthermore, many churches provide some services to partners reporting incidences of IPV (even though few church leaders have sufficient training to intervene effectively) (Levitt & Ware, 2006). Although there are positives associated with the use of faith-based services and interventions, survivors of IPV report that some belief systems of churches are persistently problematic and often led to a blaming the victim mentality (Gillum, 2008; Levitt & Ware, 2006; Potter, 2007; Pyles, 2007). A better understanding of this complex discourse is warranted, especially when considering that doctrine can often influence how a woman's identifies as a victim of abuse, how she may relate to the perpetrator of her abuse, how she will cope as a victim and ultimately how she will chose to survive within her family, community and culture (Levitt & Ware, 2006).

The Role of The Black Church in Addressing IPV

When solutions and interventions to address IPV in the community are contemplated, there is one institution that is consistently called into action, the

Black church (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005; Bent-Goodley, 2004; Betch Cole & Guy-Sheftall, 2003; Gillum, 2008; Pyles, 2007; Taft, Bryant-Davis, Woodward, Taylor, 2002; Tillman & Torres, 2009; West, 2002). There are few cultural institutions in the community like that of the Black Church; it is widely considered the “oldest and most influential institution founded, maintained and controlled by African American people (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005).” Often referred to as the “pulse of the African American community, attending to the social, psychological and religious needs of African Americans” the Black church has been the place where important issues concerning the African American community are addressed; few could overlook it’s formal role in serving as a sanctuary for many Blacks across the generations of adversity (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005; Taft, Bryant-Davis, Woodward, Tillman & Torres, 2009; West, 2002). Some even credit the Black church with being the “genesis of a self-controlled corporate entity though which African Americans could organize and mobilize their resources.” (Adkinson-Bradley, Johnson, Sanders, Duncan, & Holcomb-McCoy, 2005).

Religious involvement is generally higher among African than among European Americans (Gillum, 2009). Research shows that more than 80% of African Americans consider themselves Christian, Baptist or Methodist, and more than 65% attend church regularly (Levitt & Ware, 2006; Potter, 2007; Project FIBA, 2008). In addition, 62% of African Americans say that they read their

Bible within every seven days in comparison to 31% of their White counterparts (Project FIBA, 2008). Furthermore, the Black church has a history of becoming actively involved in building the capacity of the community to fill the gap where other community services and organization fail; providing access to healthcare, drug treatment, HIV/Aids testing, income and housing support, clothing, etc (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005).

Historically, the Black church has served as a site of activism among feminist activist and increasingly, some of the religious doctrine and more progressive interpretations of text have been used to protect women and highlight the importance of their role in the community (Levitt & Ware, 2006; West, 2002).

Women of the church are also playing a more significant role as leaders (Levitt & Ware, 2006). The combination of the historical role that the church has played in the Black community, the high percentage of African American's attending church, and the significant role that faith plays in healing process among African American survivors of IPV warrant a further investigation into the Black church as a key and primary center of education, intervention, service and vessel for building community capacity to address IPV in the Black community (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005; Levitt & Ware, 2006). However, before this can occur researchers must assess the extent to which the church is truly well-suited to take on such a role. A better understanding of the churches' current service model to address IPV needs to be understood to clarify the extent of the role that religious institutions are and can continue to serve in addressing IPV (Gillum, 2009; Levitt & Ware, 2006).

Religious Institutional Factors Surrounding IPV

Many studies focused on IPV in the Black community rightfully started with illuminating the perspective of the. The increased emphasis of the role of the Black Church in the cycle of abuse and intervention/treatment has led some researchers to investigate the attitudes and beliefs of church leaders (Gillum, 2009; Levitt & Ware, 2006). With more acknowledgement of the critical role that church leaders play in the lives of their members it is become imperative that researchers focus on more institutional level factors, including church leader attitudes/beliefs towards IPV, the extent of services provided, the type of training of church and ministry leaders and engagement with secular IPV services serving (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005). It is important to again note that the focus on this paper is on those churches deemed to be “Black churches.” It is acknowledged that different faiths or other denominations within Christianity may have different norms, standards and practices that are integral to the fight against IPV in their community.

Church leader attitudes and beliefs. Church leaders have varying perspectives on which party is responsible in instances of IPV. Specifically, it was established that approximately fifty percent of faith leaders, in a sample of 22, consider the behaviors of the perpetrator indefensible (Levitt & Ware, 2006). Faith leaders also reported that the perpetrator holds some responsibility and that provocation by the victim is not a justifiable excuse for the escalation of abuse. Some (7 out of 22), faith leaders felt that the victim “needed to take action to leave the abusive situation and become complicit in the abuse if she failed to do

so;” responsibility for remaining safe was placed on the victim and one’s unwillingness attributed to lack of self-esteem, personality or lack of will to leave. A few (4 out of 22) religious leaders reported that they felt that women could be manipulative in the provocation of violence and therefore partially responsible. A few (3 out of 22) felt that responsibility was owned by both parties to not let a disagreement escalate to the point of violence through the use of more effective communication skills or by walking away. Regardless, approximately 40% of faith leaders did not consider the attribution of responsibility to either the survivor or the abuser as conducive to the process of recovery (Levitt & Ware, 2006). It must also be noted that pastoral views regarding the guidelines for marriage and divorce also play an important role how incidences of IPV are handled.

Extent of services provided. Many faith leaders provide pastoral support to survivors of abuse, however, the extent of support and the type of choices offered to women often vary. Although some women report receiving support from leaders throughout the Church, including the pastor, some women avoid seeking cleric assistance because of their perceptions that the church will not be supportive and most women who do seek help report unfavorable experiences (Potter, 2007). In addition to the promotion and use of prayer (individual prayer, prayer meetings, alter prayer and pastoral prayer), churches also utilize ministries, including community-wide initiatives involving multiple congregations, to give specific attention to important issues (Pyles, 2007). Although the names and titles of ministries often vary across churches, most Black churches have something that effectively serves as a women’s’ ministry, mens’ ministry and/or marriage

ministry (couples counseling) (Gillum, 2008). In the Black community, individuals consider the pastor as a healer and therefore counselor of sorts (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005). However, there is great variance in the type of support that survivors receive, the training of the church representative providing support and the extent to which the church leverages other agencies and services in providing a continuum of care. Regardless of the extent of support some representatives of the church do not provide women reporting incidences of abuse with non-religious options. Throughout the research there are reports that Christian clergy members and leaders of the church recommended that women “make better attempts at being a ‘good wife’;” were told “to remain in their relationships and ‘work things out’ (Potter, 2007; Pyles, 2007).” Related, pastoral views regarding the guidelines for marriage and divorce also play an important role how incidences of IPV are handled (e.g., encouragement to stay in the relationship or referrals to therapy versus leaving the abuser), except for in emergency cases (Levitt & Ware, 2006). The actions of the church to be neglectful and often resulting from lack of awareness, preparation, denial and minimization, solo ministry and theological confusion (Pyles, 2007). Although the advice given to women experiencing IPV by religious leaders contradicts common beliefs and practices offered in the secular community other researchers offer more promising explanations. Pyles (2007) states that clergy may have a tendency to “cling to excessive optimism” about the cycle of abuse rather than actively promoting power differentials intentionally promote male perpetrated violence against women. Meaning that

clergy are likely to believe that abusive men want to stop their violence or that with help the perpetrator can stop their violence or that abusive relationships can be transformed into healthy family living (Pyles, 2007).

Extent of training among service providers. Finally, many churches are not tied into the network of services available to individuals reporting with instances of IPV (Ware, Levitt & Bayer, 2003). This not only is demonstrated by the lack of training that some church staff have available to individuals serving survivors of abuse but also the limited extent of community based resources that the church can refer members to. Church representatives providing services may have a wide variety of unstandardized supervision and training in dealing with instances of IPV. Although, little information can be found on the training of service providers in the faith communities. It is commonly known that in many cases churches have their own variations of selection criteria and training programs for individuals who are looking to serve leadership roles in various ministries throughout the church. This is also compounded by the fact that many churches may not have a relationship with an outside agency who is credentialed to serve the needs of survivors of IPV.

Extent of engagement with community services. Proactive collaboration and communication between churches and social service providers is lacking (Pyles, 2007). Although it has been established that the number of collaborative relationships ministers have with community agencies associated positively with the number of referrals clergy made to professionals (mental health), early research established that clergy had little contact with secular organizations and

services and did not actively engage in some of the traditional interventions (e.g., contacting shelter workers, bringing an abused woman to the house, inviting staff to make presentations at the church and volunteering themselves or church resource) available in the community (Adkinson-Bradley, Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005; Pyles, 2007). Within churches, the highest awareness of the challenges facing female survivors of IPV comes from advocates or staff of local agencies or other survivors. However, in general, there is little information about the institutional-level. Further investigation is warranted given the extent of variance in acceptance, knowledge, services provided and extent of collaboration across different religious institutions.

The study of IPV at the institutional level may be viewed by some as an attack on the Black Church, African American men, and the Black community, at large. But the silence surrounding the abuse of African American women has to be broken in order for the community to more effectively assess to what extent churches' can play a significant role in the fight against IPV (Jordan, 2002; Fortune, 2008). As Bent-Goodley (2004) states "one cannot educate the community without also educating those leaders who influence their daily lives." Survivors of IPV indicate that churches are an "overlooked strength" that should be "at the forefront of community-based domestic violence collaboration (Pyles, 2007)."

Rationale

When speaking of the African American community it is critical to acknowledge the role of the African American Church as a key contributor for individuals and their families to overcome, thrive and prosper against the structural forces that continue to hold diverse communities back (Adkinson-Bradley, Gillum, 2009; Johnson, Sanders, Duncan &, Holcomb-McCoy, 2005; Jordan, 2002). Research experts addressing the issue of IPV among African American women persistently call for violence against women to be perceived as a community problem (Betch Cole & Guy-Sheftall, 2003; Gillum, 2008; Gillum, 2009; Pyles, 2007; Taft, Bryant-Davis, Woodward, Taylor, 2002; Tillman & Torres, 2009; West, 2002). Many feel that is “critical to move beyond isolated program efforts and to begin to design comprehensive, multilevel, community-based strategies for the prevention [and intervention] of IPV (Mancini, Nelson, Bowen & Martin, 2006).” However, as signified by the differential treatment so often reported by IPV survivors across churches, there is a wide variety of attitudes beliefs among church leadership and little standardization in the prevention and intervention practices of IPV. Understanding the rationale behind why any given church responds to IPV in a particular manner is complex, regardless of how simple it appears on the surface, however the answer is imperative given the role of the Black church as the key service provider in the community.

Therefore, the purpose of this research is to gain a more clear understanding church leader beliefs as it relates to IPV. Given the role of church

leaders in setting the culture of any given church understanding their beliefs towards IPV is believed to be critical to explaining the variance in how IPV is treated across different churches. More specifically, the aims of this study are to gain a deeper understanding of church leader beliefs regarding: 1) who is considered to be responsible for the cycle of IPV in the community, 2) appropriateness of various responses to incidences of IPV, 3) the type and extent of services that should be made available for individuals who present with concerns regarding IPV, in general.

The results of the research will provide a clearer picture of the relationship between church leadership beliefs and the extent of services that a church provides to survivors of IPV. Understanding this relationship may also help to clarify the extent to which churches have the leadership and service model and therefore capacity to lead the advancement of a continuum of IPV services at the community level. Assessing the role of the Black church at the institutional level must be formally evaluated if it is really expected that community-based prevention and intervention efforts in the Black community are to be effective.

Statement of Hypotheses

Hypothesis 1: Church leaders who indicate more conservative attitudes towards gender roles, as assessed by scores on the SRES, will:

Hypothesis 1a: Be more likely to endorse a conservative approach when responding to an incident of domestic violence, as measured by questions on the CLAS regarding their most likely response to a report of domestic violence by a church member, than leaders who endorse more liberal beliefs.

Hypothesis 1b: Have more conservative beliefs towards domestic violence, as measured by their endorsement of items on the CLAS about the general acceptability of domestic violence than leaders who endorse more liberal beliefs.

Hypothesis 1c: Have more conservative beliefs regarding who is to blame for IPV, as measured by their agreement or disagreement with various statements on the CLAS about who is more responsible for perpetuating the cycle of domestic violence, than leaders who endorse more liberal beliefs.

Hypothesis 1d: Be less open to address domestic violence, as measured by the extent to which they report openly addressing issues of domestic violence across a variety of contexts listed on the CLAS, than leaders who endorse more liberal beliefs.

Hypothesis 1e. Be less likely to endorse addressing domestic violence in a variety of church programs, as measured by the extent to which they

believe that domestic violence should be addressed in various church-related services listed on the CLAS, than leaders who endorse more liberal beliefs

Hypothesis 1f: Be more likely to feel that the response of their church is sufficient, as measured by the extent to which they agree or disagree with a statement on the CLAS about whether they feel that the response of their church is adequate in addressing the issue of IPV in the community, than leaders who endorse more liberal beliefs.

Hypothesis 1g: Be more likely to feel that the response of the Black church is sufficient, as measured by the extent to which they agree or disagree with items on the CLAS about whether they feel that the response of the Black church is adequate in addressing the issue of IPV in the community, than leaders who endorse more liberal beliefs.

CHAPTER II

METHOD

The specific aim of this study was to conduct an organizational level analysis of the extent to which the leaders of Black churches address issues of Intimate Partner Violence (IPV) at the individual, organizational or community level. A sample of religious leaders of Black churches in a historically African American community within a large metropolitan area was surveyed. This section will explicitly delineate the participants, procedure and analysis for this study.

Participants

How participants were recruited is first described. Then what the demographics were for those who completed the questionnaire are presented, along with the length of affiliation with their churches.

Recruitment

Representatives from historically Black churches in a major metropolitan city were recruited through a combination of emails, phone calls and informational meetings by the lead investigator. Specifically, church leaders including, pastors, deacons and ministry leaders participated in this study.

As a first step the researcher conducted a general online search of contact information for church leaders within select zip codes of historically and predominantly Black communities in Chicago, Illinois. The contact information for each church and/or church leader (e.g., email and phone number) was identified through publicly published information on the internet. Church leaders contact information, primarily emails, were collected using a using a Spider

search technique that pulls select pieces of information from publically listed websites. The researcher only documented the URL and email information from each church to ensure that the name of the church was kept separate from the contact information. Approximately 300 emails were identified. The list is then downloaded into excel for review, cleaning and use. To clean the list of emails the researcher went through each of the email addresses to search for extraneous information. For example, those emails that began with webmaster@ or info@) were removed. The final list included approximately 150 emails of church leaders within predominately Black communities.

The primary recruitment strategy was to email churches to invite them to participate in the study. Approximately 150 invitations were sent by email. Due to the low response rate (<5%), other recruitment strategies were employed, including phone calls and informational meetings. A study invitation script was followed when making phone calls or participating in informational meetings. When making phone calls the script was read out loud. During informational meetings church leaders were given a study invitation letter and the researcher responded to any questions about the study. If the leader of the church (e.g., Pastor) was not available, then, the researcher spoke to another qualified church representative who was asked to participate and/or forward the study information to the appropriate leader. In such cases, church representatives were asked to pass the study information to a chosen leader who was knowledgeable of the church's history, programs and services for intimate partner violence (IPV), including the Pastor, Deacon or Ministry Leader. If during the phone call or informational

meeting church leaders indicated that they were interested in participating in the study then the researcher offered to also send the study invitation form via email to ensure that potential participants could easily access the study link. When making phone calls and informational meetings snowball sampling was employed as faith leaders from one church were encouraged to forward the study invitation to leaders at other churches to inform them of the survey opportunity.

Through the online consent process and procedures it was confirmed, prior to completing the survey, that each participant did in fact play the role of a church leader and that he or she identified as such. Descriptive statistics were analyzed using SPSS. Frequency data, including the total number of respondents, demographic information and organizational variables were assessed.

Demographics

Demographical information was collected by a standard series of questions regarding race/ethnicity, sex, and age. An additional question was asked about the length of time participants had been in an official capacity at the church. Each participant's identity remained confidential. No personal identifiers were collected. Organizational variables were measured by a standard two questions, including the number of years that the church has been operating and the zip code in which the church resides.

In total 36 individuals were recruited for participation in this study. Approximately, 22% (8) of respondents indicated that they were not church leaders and did not qualify to complete the survey. Of those who qualified to complete the survey, 11% (3) submitted insufficient results (i.e., more than 30%

of data missing) and were removed from all final analysis. Twenty-five church leaders in the Black Church submitted responses with greater than 70% completion that were included in the final analysis. Sixteen respondents identified as male and nine identified as female. There was no option for participants to identify as any other gender identity other than male or female due to Institutional Review Board constraints. Questions regarding sexual orientation were similarly removed from the final analysis (although, it must be noted that some of the participants who were recruited for participation in the study were openly gay). Eighty-four 84% (21) indicated that their ethnic identity was African American and 16% (4) self-identified as Caucasian. Most respondents (36%) were between the ages of 26-40, 24% were 25 and under, 16% were 41-55, 16% were 56-60, and 8% were 61-65 years of age. Most (48%); had been working at their church in an official capacity for more than 15 years, 32% for 2-5 years, 8% 6-10 years, 8%, 11-15 years, and 4% (1) has been working less than 1 year. All participants indicated that their church was Christian and 52% said their church had been in existence for over 50 years. The remaining indicated that their church had been in existence for less than 10 years (28%), 11-20 years (8%), and 21-30 years (12%).

Given the number of years that participants have been affiliated with the church in a leadership capacity it is reasonable to assume that the church leader is knowledgeable of the services that the church provides, qualified to speak on behalf of the Church, and that their views regarding Intimate Partner Violence

(IPV) are somewhat reflective of the culture of the church. See Appendix G for an overview of all of the demographic information.

Procedure

Immediately prior to taking the online survey, participants: consented to participate in the study, verified their role as a leader, confirmed that they did not already participate in the study, and indicated that they read the survey instructions and agree to proceed with the study. The details of this process are outlined below. First, participants were asked to read through an overview of the study and provide their consent to participate by checking “I agree to take the survey.” See Appendix E for a copy of the Consent Form. Those who did not agree to participate in the study were directed to a closure page thanking them for their consideration.

Participants who agreed to proceed with the study were then asked to confirm that they were a leader within the church by selecting "Yes" to a question about their role as a leader in the church. Participants who indicate that they were not a church leader were asked to conclude their participation in the study and were directed to a page thanking them for their consideration. If the participant selects "Yes," then they were asked to confirm that they had not already completed the survey. Those who indicated that they had completed the survey were directed to the study closure page to thank them for their consideration. Those who indicated that they had not completed the survey were then directed to the first page of the survey where they were provided with additional instructions specifically stating that they could skip any question(s) that they did not wish to

answer and could stop the study at any time for any reason. Lastly, participants gave final confirmation that they had read the instructions and agreed to proceed with the study by selecting "Yes". This initiated the online survey, through which all data was collected. Those who selected "No" to the final confirmation were directed to the study closure page where they were thanked for their consideration. All participants who completed the survey were directed to a thank you page, including contact information for the researcher and other authorized parties at DePaul University. All participants were encouraged to keep a copy of the study information for their records. No special provisions for sex, age, sexual orientation, religion or political affiliation will be made. All participation was voluntary.

Materials

Participants were asked to complete an online survey assessing church-based services related to domestic violence. There were two sections to the survey. The first was a measure of attitudes and beliefs towards IPV called the Church Leader Attitudes Survey (CLAS). The first measure also includes a brief three-item qualitative assessment of church leader perceptions of the strengths, weaknesses and limitations of their IPV-related services. The second was a standardized measure of views towards traditional versus non-traditional roles across men and women called the Sex Role Egalitarianism Scale (SRES).

Questions were completed in the following order: CLAS (Individual Response Questionnaire, Acceptability of IPV Questionnaire, Beliefs Responsibility for IPV Questionnaire, Church Leader Behaviors Questionnaire, Church Ministry Needs

Questionnaire, Church Counseling Needs Questionnaire, Church Responsiveness to IPV and Open Ended Items Questionnaire), Sex-Role Egalitarianism Scale, demographics (e.g., age, race/ethnicity, sex, gender, sexual orientation, religion, role at the church and years worked at the organization) and organizational variables (e.g., location of church community, year church was founded, size or congregation, etc.). Participants had the option to skip questions at any time. Upon completion, participants submitted their completed survey, at which time respondents were automatically sent to a page with a study debriefing statement, including contact information for the lead investigator. Participants were encouraged to print a copy of the information sheet for their records.

Measurement Items

A 75-item total packet of questionnaires was developed for use in the study. The questionnaire was broken up into three key areas, including the Church leadership Attitudes Scale (CLAS), the Sex Role Egalitarianism Scale (SRES) and the demographic and organization questionnaires. The survey consisted of 35 items measuring the attitudes (beliefs and behaviors) of church leaders towards IPV, including views regarding IPV, response to IPV as a religious leaders and the adequacy of organizations response to IPV. The questionnaire took approximately 10 to 15 minutes to complete. Below is a brief overview of the psychometric properties of each scale and/or the major components that make up the scale.

Church Leader Attitudes Survey

The CLAS was designed to assess church leadership beliefs regarding IPV and questions targeted seven key areas, namely 1) attitudes regarding the responsibility for the cycle of IPV, 2) thoughts on one's individual responses to a report of IPV, 3) beliefs regarding church ministry needs for IPV services, 4) beliefs regarding church counseling needs for IPV services, b) views regarding the adequacy of their church's response to IPV and 7) the reaction of the Black church, as a whole. Participants were provided with the following definition of domestic violence: Any act of emotional, verbal or physical abuse used by an individual to control a current or former spouse, boyfriend, girlfriend or partner) when responding to questions. (See Appendix A for the entire CLAS).

Psychometric properties for each of the subscales were identified.. Mean substitution was used to replace missing data for all scales, but was only calculated for respondents with greater than 70% completion; respondents with less than 70% completion were removed from the final analysis (Means and standard deviations for each of the measures designed for specific use in this study, including the subscales of the CLAS, are provided in the results section).

Individual response. To measure how church leaders would respond to a reported incidence of Intimate Partner Violence (IPV) a vignette (VINDRESPON) was created depicting a situation in which someone is reporting abuse. In the vignette, a member of the congregation presents to the church with concerns regarding three separate incidences in which they were hit by their spouse. Participants were asked to review a series of four statements and indicate

the extent to which each was reflective of how they would respond. The four statements were: 1) “Share with the wife that sometimes women have problems understanding that the man is the head of the household and that they are going to have problems as a couple until she has more understanding of his role (SHARE),” 2) “State that although there is no good reason for a man to hit a woman that it is best that the couple try to work things out and recommend becoming more involved in the church (INVOLVE),” 3) “Advise that she leave her husband immediately and seek community resources (LEAVE),” and 4) “Discuss various options available to couples in their situation and provide them with alternative options (OPTIONS).” Each statement was rated on a 5-point Likert Scale, in which 1= Not At All Like Me, 3= Moderately Like Me, and 5= Extremely Like Me.

This measure has no previous psychometric properties as it was developed for use in this study. The average score, reliability and exploratory factor analysis (principal components analysis with varimax rotation) was measured on a preliminary sample of 25 respondents. As indicated above, there were 4-items that comprised this scale. The mean for the first response statement, VINSHARE, was 1.17 (SD =.471), indicating that most participants felt that this statement was “Not At All Like Me.” The mean for the second response statement, VININVOLVE, was 1.96 (SD =1.428), indicating that most people participants felt that this statement was “Slightly Like Me.” The mean for the third response statement, VINLEAVE, was 3.00 (SD =1.44), indicating that most people participants felt that this statement was “Moderately Like Me.” The mean for the fourth response

statement, VINOPTIONS, was 4.50 (SD = 1.00), indicating that most people participants felt that this statement was “Extremely Like Me.” The initial internal consistency for this scale was calculated (Chronbach’s alpha = -.552), indicating that there were negative inter-item correlations and/or two separate dimensions being measured (Cortina, 1993). The negative inter-item correlations were expected due to the positive or more progressive responses on the first two response statements were opposite from those on the last two. Further, Principal component analysis with varimax rotation revealed a two component solution. The Kaiser-Meyer-Olkin (KMO), a measure of sampling adequacy, was .509, which is considered low in comparison to the minimum recommended value of .60, and Bartlett’s test of sphericity (Bartlett’s) was significant ($\chi^2 = 14.37, p < .05$) (Pett, Lackey and Sullivan, 2003). Eigenvalues greater or equal to 1 were used as the criteria for determining the number of factors. The eigenvalues for the two components were 1.74 and 1.17, respectively. Item 1 (factor loadings = .92) and item 2 (factor loadings = .893) loaded onto the first component which is believed to be a measure of what one would not do in response to the scenario outlined in the vignette. Item three (factor loadings = -.80) and item four (factor loadings = .73) loaded on to the second component which is believed to be a measure of what one would do in response to the scenario outlined in the vignette. The initial eigenvalues showed that the first component explained 41% of the variance, the second factor 31% of the variance. Each of the four items on the scale was retained for final scoring purposes. The final correlation matrix and subsequent component structure are provided in Appendix H.

Responses on the VIN were calculated according to ranked response types. A response type was calculated for each participant. Individual responses were assigned an “L” for a response of 1 or 2, indicating that the score was Not at All Like Me or Slightly Like me, and an “H” for a response of 3, 4 or 5, if the score was Moderately, Very Much or Extremely Like Me. Based on their responses each participant was the assigned one of 16 possible types, cross-cut by high or low across for each response type, and are reflective of the extent to which respondents felt like only one, multiple or all of the statements were like them or not. Each participant’s response was then ranked. The ranking of the response types represents the extent to which a particular type would be reflective of more progressive or conservative reactions to IPV. A higher ranking is indicative of more progressive reaction (i.e., suggesting the wife leave her husband or discuss various options available to couples in their situation) and a lower ranking is reflective of a more conservative response (i.e., share with the wife that sometimes women have problems understanding that the man is the head of the household and that they are going to have problems or recommend that while there is no good reason to hit a woman that the couple try to work things by becoming more involved in the church).

Acceptability of IPV. A modified version of the *Domestic Violence Against Women (DVAW)* questionnaire was used to measure acceptability of Intimate Partner Violence (IPV) (European Commission, 1999). Participants were asked to indicate the extent to which they felt that each of four statements reflected their views towards IPV (IPVBELIEF). The four statements were: 1) “I

believe that domestic violence is unacceptable in all circumstances and always punishable,” 2) “I believe that domestic violence is unacceptable in all circumstances but not always punishable,” 3) “I believe that domestic violence is acceptable in some circumstances,” and 4) “I believe that domestic violence is acceptable in all circumstances.” Responses were rated on a 5-point Likert Scale, in which 1= Not At All Like Me and 5= Extremely Like Me. Low scores indicated low acceptance of IPV and high scores were indicative of high acceptance. This measure was initially used in a study of Europeans and their views regarding IPV in which the mean was .33 (SD = .7) indicating that participants did not tend to accept IPV against women (European Commission, 1999; Garcia & Herrero, 2006).

Although this measure has been used in prior research no specific psychometric properties could be found. The average score, reliability and exploratory factor analysis (principal components analysis with varimax rotation) was measured on a preliminary sample of 25 respondents. As indicated above, there were 4-items that comprised this scale. The mean for the first view, BELIEF ALL U/P, was 3.74 (SD = 1.09) indicating that most participants felt that this statement was “Very Much Like Me.” The mean for the second view, BELIEF NOT ALLP, was 3.44 (SD = 1.378) indicating that most participants felt that this statement was “Very Much Like Me.” The mean for the third View, BELIEF ACCEPT SOME, was 1.21 (SD= .815) indicating that most participants felt that this statement “Not At All Like Me.” The mean for the fourth view, BELIEF ACCEPT ALL, was 1.17 (SD= .799) indicating that most participants felt that this

statement was “Not At All Like Me.” The initial internal consistency for this scale was calculated (Chronbach’s alpha = .242), indicating that the items were poorly correlated. Low reliability was due to negative inter-item correlations among items with responses with opposite meanings in the responses. Principal components analysis with varimax rotation revealed a 2- factor solution with item 1 (factor loading = -.874) and item 2 (factor loading = .816) loading onto one component and item 3 (factor loading = .984) and item 4 (factor loading = .988) loading onto the other. Eigenvector > 1 was used to determine the number of factors (Eigenvalues = 2.11 and 1.34, respectively), accounting for 86.2% of the variance. The Kaiser-Meyer-Olkin (KMO) was .52, below the recommended value of .60, and Bartlett’s test of sphericity (Bartlett’s) was significant ($\chi^2 = 68.20$ ($p < .05$)). The final correlation matrix and subsequent component structure are provided in Appendix H.

Responses on the IPVBELIEF were calculated according to ranked response types. Three types were created based on participant responses. To create the response types the response items were rank ordered in terms of the most progressive statement to the most conservative belief statement. Participant responses were assigned a score if they ranked the most progressive response higher than all other responses, they ranked most progressive belief and the next most progressive view to be equal, or whether they indicated that the second most progressive item to be most like them. Specifically, participants who ranked BELIEF ALL U/P as the response that was most like them received a “3”. Participants who ranked BELIEF ALLU/P and BELIEF NOT ALLP to be

equivalent were given a score of “2”. Participants who ranked BELIEF NOT ALLP higher than BELIEF ALL U/P were given a score of “1,” since it was the least desirable response. There were no other response types identified in this preliminary analysis. Almost all participants rated item 3 (BELIEF ACCEPT SOME) and item 4 (BELIEF ACCEPT ALL) as a Not at all like them or equivalent to a 1 as indicated by the means listed above. High scores are indicative of participants who indicate more progressive beliefs towards IPV than those with lower scores.

Beliefs responsibility scale. A measure of church leader beliefs regarding who is responsible for Intimate Partner Violence (IPV) was developed for use in this study. Specifically, the measure was designed to assess responsibility for IPV across various levels of the ecological framework, including the individual, community organizational (e.g., Black Church) or societal levels (RESPONTot). A series of four questions were developed, including 1) “I think that the individual attitudes and actions of specific people are responsible for perpetuating the cycle of domestic violence in the Black community,” 2) “I think that certain doctrine within the Black Church (e.g., women are to submit to their man; men are the head of the household, women are to stand by their man, etc.) are responsible for perpetuating the cycle of domestic violence in the Black community,” 3) “I think that certain African American cultural norms (e.g., single family headed households, matriarchal family structure, use of violence to resolve conflict) are responsible for perpetuating the cycle of domestic violence in the Black community” and 4) “I think societal forces (e.g., racism, biased judicial

system, unequal access to quality education, etc.) outside of the Black community are responsible for the cycle of domestic violence in the Black community.”

Participants were asked to indicate the extent to which they felt that each of the four statements reflected their beliefs regarding IPV. Responses were rated on a 5-point Likert Scale, in which 1= Strongly Disagree and 5= Very Much Agree. Responses were individually scored.

This measure has no previous psychometric properties as it was developed for use in this study. The average score, reliability and exploratory factor analysis (principal components analysis) for RESPON_{Tot} was measured on a preliminary sample of 25 respondents. As indicated above, there were 4 items that comprised this scale. The mean for the first item, RESPON IND, was 3.00 (SD =1.26). The mean for the second item, RESPONSE CHURCH, was 2.58 (SD = 1.44). The mean for the third item, RESPNS BLACK, was 3.00 (SD = 1.35). The mean for the fourth item, RESPONSE SOC, was 2.92 (SD = 1.42). The initial internal consistency for this scale was calculated (Chronbach’s alpha = .750), indicating that the items were reasonably well correlated. In addition, principal components analysis revealed a single component solution (factor loadings for items 1, 2, 3, and 4 were .60, .72, .92, and .78, respectively). Eigenvector > 1 was used to determine the number of factors (Eigenvalue = 2.325), accounting for 58.1% of the variance). The Kaiser-Meyer-Olkin (KMO) was .58 and Bartlett’s test of sphericity (Bartlett’s) returned a significant value ($\chi^2 = 30.61, p < .05$). The final correlation matrix and subsequent component structure are provided in Appendix H.

Responses on the RESPON^{Tot} scale were calculated according to ranked response types. To create the response types the responses were coded according to whether someone rated one or more of the response statements a 4 or 5. For each response with a rating of 4 or 5, participants were given an I (Individual), C (church), B (Black Community) and/or S (Society). If no rating above a 4 or 5 was provided then no type was assigned. As a result, fifteen types were created based on the permutation of all possible participant responses, whether they were I, C, B, or S. Each of the RESPON types was then rank ordered from the least to most ecological response (the order listed above). Those that did not receive a response type were assigned a score of “1.” Those who considered the responsibility of IPV to be held at increasingly multiple levels of the ecological framework were given higher scores. For those types where the same number of levels of the ecological framework were viewed as responsible for IPV, differentiation was made by giving higher levels of the ecological framework more weight, such that an “S” type was scored higher than an “I” type, and so forth.

Church leader behaviors scale. A measure of church leader behaviors was developed, for use in this study, to assess the extent to which Church leaders feel that they address the topic of Intimate Partner Violence (IPV) in their practice (BEHAV^{Tot}). A series of 11 questions regarding the extent to which respondents openly address issues of abuse in various programs and services (e.g., individual prayer private consultation, making statements in service, designating an entire sermon to dealing with the issue of domestic violence, etc.) throughout the church

was developed. Responses were rated on a 5-point Likert Scale, in which 1= Never, 3= Occasionally, and 5= Very Frequently. No psychometric properties were available for this scale since it was developed specifically for use in this study.

The average score, reliability and exploratory factor analysis (principal components analysis with varimax rotation) for BEHAVETot was measured on a preliminary sample of 25 respondents. As indicated above, there were 11 items that comprised this scale. The range of average scores was from 1.38 to 3.16, on a 5-point Likert Scale; across a series of behavioral indicators like address abuse through individual prayer (Mean= 3.16, SD= 1.07) or on a case by case basis (Mean= 3.04, SD= 1.20). Behavioral indicators also included making the following statements during service, including supportive comments for survivors (Mean= 2.72, SD= 1.10), comments against perpetrators (Mean= 2.60, SD = .91), comments that acknowledge IPV among same sex couples (Mean= 1.38, SD = .70), encouraging comments for survivors to seek help at the church (Mean= 2.72, SD = 1.10), or encouraging comments for perpetrators to seek help at the church (Mean= 2.36, SD = 1.0). Finally, items included making statements that distinguish between religious doctrine and controlling and/or abusive behavior (Mean= 2.40, SD =1.41), designate an entire sermon to the issue of abuse (Mean= 2.12, SD = 1.09), provide additional services (Mean= 2.76, SD=1.33), or workshops or host a guest speaker from outside agencies to address the issue among the congregation (Mean= 2.44, SD= 1.19). The Means and SD are listed in Table X in Appendix H. The initial internal consistency for this scale was

calculated (Chronbach's alpha = .81), indicating that inter correlations among items was good. Additional reliability item-deleted analysis suggested that removing item 5 (BehSSex) would slightly improve internal consistency. Principal components with varimax rotation revealed a four component solution, including general supportive statements about Intimate Partner Violence in church related services, address IPV through counseling, workshops and presentations, encouraging perpetrators and survivors to seek help and making comments acknowledging IPV among same sex couples. Items related to general supportive statements about IPV in service, included items 2 (factor loading = .49), 3 (factor loading = .92), 4 (factor loading = .88), 6 (factor loading = .62), 8 (factor loading = .76), and 9 (factor loading = .67). Items related to addressing IPV through counseling, workshops and presentations included items 1 (factor loading = .63), 10 (factor loading = .72), and 11 (factor loading = .85) loading onto component 2. Items related to encouraging perpetrators and survivors to seek help included item 6 (factor loading = .68) and item 7 (factor loading = .815) loaded onto component 3. Item 5 (factor loading = .95) related to making comments acknowledging IPV among same sex couple loaded onto component 4. Eigenvector > 1 was used to determine the number of factors (Eigenvalues = 4.22, 1.78, 1.14, and 1.05, respectively), accounting for 74.5% of the variance). Kaiser-Meyer-Olkin (KMO) was .59, slightly below the recommended value of .60, and Bartlett's test of sphericity (Bartlett's) was significant ($\chi^2 = 126.18, p < .05$). Based on Reliability item-deleted and principal component analysis item 5, "acknowledging domestic violence among same sex couples" was removed from the scale.

Final reliability and principal component analysis with varimax rotation were conducted. Chronbach's alpha = .815 indicating that inter item correlations were good. Principal component analysis resulted in a 3 component solution with Eigenvalues equal to 4.17, 1.76, and 1.13. The KMO was .67, above the recommended value of .60, and Bartlett's was significant ($\chi^2 = 118.38, p < .05$). The final correlation matrix and subsequent component structure are provided in Appendix H. Total scores for this subscale were calculated. Low scores indicated that church leaders never or rarely openly address issues of abuse in a wide range of programs and services at their church. High scores indicated that church leaders occasionally or frequently address issues of domestic violence.

Church ministry needs scale. A measure was developed for use in this study to assess the extent to which church leaders believe Intimate Partner Violence (IPV) should be addressed as a part of church services and programs (CSERVTot). Specifically, a series of four questions was developed to measure the extent to which a church leader believes that IPV should be addressed as a part of various church programs and services (e.g., women's ministry, men's ministry, etc.). Responses were rated on a 6-point Likert scale of 0 to 5, in which 0= Service Not Provided and 5= All the Time. This measure has no previous psychometric properties as it was developed for use in this study.

The average score, reliability and exploratory factor analysis (principal components analysis with varimax rotation) for CSERVTot was measured on a preliminary sample of 25 respondents. As indicated above, there were 4-items or a list of 4 church services that comprised this scale. The ranges of average scores

for the Women's Ministry (Mean = 3.20, SD =1.55), Men's Ministry (Mean= 3.00, SD= 1.38), Ministry or group for women who have sex with Men (Mean= 2.24, SD 1.76), and Ministry or group for Men who have sex with Men (Mean= 1.16, SD=1.41) is from 1.16 to 3.20. The initial internal consistency for this scale was calculated (Chronbach's alpha = .69), indicating that the items were moderately correlated. Additional reliability item-deleted analysis suggested that removing items 4 (CServWSexW) would increase internal consistency. In addition, principal components with varimax rotation revealed a two component solution with items 1 (factor loadings= .92), 2 (factor loadings= .94), 3 (factor loadings= .60) loaded onto the first component and item 4 loaded (.94) onto the second component. Eigenvector > 1 was used to determine the number of factors (Eigenvalues = 2.22 and 1.18), accounting for 85.18% of the variance). The Kaiser-Meyer-Olkin (KMO) was .566, just below the recommended value of .60, and Bartlett's test of sphericity (Bartlett's) was significant ($\chi^2 = 36.03, p < .05$).

Final reliability and principal component analysis with varimax rotation were conducted. Chronbach's Alpha = .785 indicating that inter item correlations were good. Principal component analysis resulted in a single component solution (Eigenvalue equal to 2.19) accounting for 73% of the variance. The KMO was .568, just below the recommended value of .60, and Bartlett's was significant ($\chi^2 = 31.359, p < .05$). The final correlation matrix and subsequent component structure are provided in Appendix H. Total scores for this subscale were calculated. Low scores indicated that church leaders believe that IPV should not be addressed as a part of various church programs and services. High scores will

indicated that church leaders believe that IPV should frequently or regularly be addressed as a part of various church programs and services.

Pastoral counseling needs scale. A measure was developed, for use in this study, to assess the extent to which church leaders believe Intimate Partner Violence (IPV) should be addressed as a part of pastoral counseling services (SERVCOUNTot). Specifically, a series of four questions was developed to measure the extent to which a church leader believes that IPV should be addressed as a part of various counseling services (e.g., pastoral counseling led by an ordained minister, couples counseling led by a representative of the church, referrals to organizations that address abuse, follow-up consultations. etc.). Responses were rated on a 6-point Likert scale of 0 to 5, in which 0= Service Not Provided and 5= All the Time. This measure has no previous psychometric properties as it was developed for use in this study.

The average score, reliability and exploratory factor analysis (principal components) for SERVCOUNTot was measured on a preliminary sample of 25 respondents. As indicate above, there were 4-items or a list of 4 church counseling services that comprised this scale. The ranges of average scores for the pastoral counseling (Mean = 2.84, SD =1.34), couples counseling (Mean= 2.36, SD= 1.50), referrals (Mean= 2.88, SD 1.51), and follow-up consultations (Mean= 2.96, SD=1.40) is from 2.36 to 2.84. The initial internal consistency for this scale was calculated (Chronbach's alpha = .76), indicating that the items were moderately correlated. In addition, principal components revealed a one component solution with factor loading equivalent to .83, .72, .63, and .87 for

items 1, 2, 3, and 4 respectively. Eigenvalue > 1 was used to determine the number of factors. Eigenvalue was equivalent to 2.379, accounting for 59.47% of the variance. The Kaiser-Meyer-Olkin (KMO) was .660, above the recommended value of .60, and Bartlett's test of sphericity (Bartlett's) was significant ($\chi^2 = 28.53, p < .05$). The final correlation matrix and subsequent component structure are provided in Appendix H. Total scores for this subscale were calculated. Low scores indicated that church leaders believe that IPV should not be addressed as a part of various church counseling services. High scores will indicate that church leaders believe that IPV should frequently or regularly be addressed as a part of various church counseling services.

Church responsiveness to IPV scale. A measure of the adequacy of church responsiveness to Intimate Partner Violence (IPV) was developed for use in this study to measure the extent to which church leader's belief that their church and the Black church, as a whole, adequately responds to the issue of IPV (ADEQUATTot). Two questions were developed to assess church leader's beliefs regarding the adequacy (on a Likert scale of 1 to 5, in which 1= Strongly Disagree and 5= Very Much Agree) of their church's reaction and the response of the Black Church' on the issue of IPV. This measure has no previous psychometric properties as it was developed for use in this study.

The average score, reliability and exploratory factor analysis (principal components analysis) for ADEQUATTot was measured on a preliminary sample of 25 respondents. As indicated above, there are 2-items that comprised this scale. The average score for "my church adequately responds (CAdequateTot)"

was equivalent to 3.00 (SD =1.38) and the mean for “Black churches, in general (BCAdequateTot)” was 2.40 (SD= 1.35). The initial internal consistency for this scale was calculated (Chronbach’s alpha = .20), indicating that the items were poorly correlated. In addition, principal components revealed a one component solution with factor loadings equivalent to .75 and .75 for items 1 and 2, respectively. Eigenvalue > 1 was used to determine the number of factors. Eigenvalue was equivalent to 1.11, accounting for 55.56% of the variance. The Kaiser-Meyer-Olkin (KMO) was .556 and Bartlett’s test of sphericity (Bartlett’s) was non-significant ($\chi^2 = .280, p < .05$). The final correlation matrix and subsequent component structure are provided in Appendix H. Total scores for this subscale were not calculated as it was deemed that CAdequateTot should be scored independently from BCAdequateTot.

Open ended questions. A measure to clarify church leaders' perceptions regarding strengths, weaknesses, and limitations of the services that their church has available to address Intimate Partner Violence (IPV) was included. Three questions, based on sections A (Community Efforts) and B (Community Knowledge of Efforts) of the Community Readiness Assessment Interview Questions, were modified for use in this study (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000; Plested, Edwards & Jumper-Thurman, 2006). Sample items from this measure include, “In your own words, please describe the strengths of the services provided by your faith-based organization to address domestic violence?”, “In your own words, please describe the weaknesses of the services provided by your faith-based organization to address domestic violence?”

and “Would there be any segments of the community for which these efforts/ services may appear inaccessible?” Responses will be used to further clarify the leader’s perception of the extent of services provided at their particular church.

Sex-Role Egalitarianism Scale

Views regarding the role of women were measured using the *Sex-Role Egalitarianism Scale (SRES)*. The SRES was initially developed to provide a measure of attitudes towards equality between men and women across domains of adult life; in particular, the SRES includes items reflecting the thoughts towards adult men and women in non-traditional roles (King & King, 1990). Sex-role egalitarianism was defined as “an attitudinal propensity to make judgments about others independent of their gender (King, King, Gudanowski & Taft, 1997, pp. 221.).”

There are four versions of the Sex-Role Egalitarianism Scale (SRES), including two alternate 95-item full forms and two alternate 25-item abbreviated forms (King & King, 2006). The SRES-BB short form (25 items) SRES will be used in this study. Alternate forms will not be needed since participants will be completing the survey in a private setting not surrounded by others. It is well established that the SRES is a reliable and valid measure. Coefficients (test-re-test reliability, internal consistency and equivalence) for the alternate forms of the SRES have consistently performed, in the .80-.90 range (King & King, 1990).

The SRES is based on a five factor model; questions are divided into five sub-scales of adult living across marital, parental, employment, social-interpersonal, heterosexual and educational content areas (King & King, 1990;

King & King, 2006). The five domains of egalitarianism are non-orthogonal and highly intercorrelated (Caron & Carter, 1997). Each subscale on the long form consists of 19-items each (King & King, 1990). Five items with the highest item-domain total correlations from each of the sub-scales on the full SRES form make-up the 25-item SRES-Short form. Participant responses were measured on a 5-point Likert response scale, in which 1= Strongly Disagree and 5 = Strongly Agree. Higher values indicate a more egalitarian response and low scores indicate a less egalitarian response (King & King, 1990). Sample items from each of the sub-scales include items like “the husband should be the head of the family,” “keeping track of a child’s out-of-school activities should be mostly the mother’s responsibility,” “Women are more likely than men to gossip about their acquaintances,” “home economics courses should be as acceptable for male students as for female students,” and “Women can handle pressures from their jobs as well as men can (King, King, Gudanowski & Taft, 1997).”

Measures of validity indicate significant differences in the expected direction across sex (men and women), target populations (college students, police officers and senior citizens), and college majors (psychology versus business) (King & King, 1990). King and King (1990) provide sufficient evidence of discriminate validity between the SRES and the Attitudes Towards Women Scale (AWS). Specifically, it was established that individuals who are very high egalitarians and measured by the SRES are not necessarily the same people who score high on the AWS (King & King, 1990). Although the SRES has been primarily validate among European American populations the abbreviated form

was normalized on a sample of African American men and women during which no significant difference were found between the norming and study samples (McGhee, Johnson, Liverpool, 2001). This measure is outlined below and can be found in its entirety in Appendix H.

CHAPTER III

RESULTS

Descriptive statistics and principal component analyses were used to analyze the various dependent measures on the questionnaire and scales. Independent samples t-tests were employed to assess statistical significance. Finally, the open-ended questions were subjected to a content analysis for purposes of identifying emerging themes.

Church Leader Attitudes Survey

The Church Leader Attitudes Survey (CLAS) was developed for use in this study. The survey is comprised of 35 items across 8 quantitative subscales, including Individual Response Questionnaire, Acceptability of IPV Questionnaire, Beliefs Responsibility for IPV Questionnaire, Church Leader Behaviors Questionnaire, Church Ministry Needs Questionnaire, Church Counseling Needs Questionnaire, and the Church Responsiveness to IPV Questionnaire. The low sample size (N=25) was insufficient to meet the rules of normality. Further, all responses to items on the CLAS were based on a Likert scale which often does not follow the rules of normality (Bartlett, Kotrlik, Higgins, 2001). Responses on the CLAS were not normally distributed.

The first three subscales of the CLAS were quantified as types. The Individual Response, Acceptability of IPV, and Beliefs Responsibility for IPV subscales were relabeled the BehaveType, IPVBeliefType, and EcoResponseType scales. The most frequent response for the BehaveType (how a church leader would respond to a church member reporting with concerns regarding abuse) was

LLHH (Low, Low, High, High). Individuals with LLHH do not feel that statements like “share with the wife that sometimes women have problems...”, or “state that there is no good reason for a man to hit a woman but that it is best that the couple work it out” are at all like they would respond to an incidence of abuse being reported by a member of their church. However, they do feel that statements like “advise that she leave her husband immediately...” and “discuss various options...” are extremely like them. The most common response for IPVBeliefType was BeliefALL U/P (“I believe that domestic violence is unacceptable in all circumstances and always punishable”) being ranked higher than BeliefNotALL P (“O believe that domestic violence is unacceptable in all circumstances but not always punishable”). The most frequent response for the EcoResponType was ICBS, those who agree that the individual, Black Church, Black Community and Society as a whole, are all responsible for perpetuating the cycle of domestic violence in the community. Four of the subscales, including the Church Leader Behaviors Questionnaire (BehavTot), Church Ministry Needs Questionnaire (CServeTot) and Church Counseling Needs Questionnaire (ServeCounTot) were calculated as total scores. The mean and standard deviation for each of these 4 subscales are provided in Table 1. Total scores were not calculated for the Church Responsiveness to IPV Questionnaire (AdequateTot).

The overall reliability of the CLAS was poor. Initial reliability estimates, including all subscales, were poor (Chronbach’s alpha = .532). Reliability item-deleted suggested the removal of two single item scales measuring the Adequacy of Church and Adequacy of Black Church. The second reliability estimate was

higher but still low (Chronbach's alpha= .589). Exploratory Factor Analysis (principal component with varimax rotation) was conducted to verify the final component structure. The analysis revealed a three component solution. Eigenvalue > 1 was used to determine the number of components. Eigenvalues were equivalent to 2.063, 1.435, and 1.013, accounting for 75.18% of the variance. BehavTot (.863), CServeTot (.687), and ServCountTot (.743) loaded onto the first component and IPVBeliefType (.783) and EcoResp (.850) loaded onto the second component. BehaveType (.969) loaded onto the third component. The Kaiser-Meyer-Olkin (KMO) was .538 and Bartlett's test of sphericity (Bartlett's) was non-significant ($\chi^2 = .25.881, p < .05$). The final correlation matrix and subsequent component structure are provided in Appendix I.

Table 1.

Summary of CLAS Subscale Means & Standard Deviations

Subscales of the CLAS	Mean	SD
Individual Response Type (BehaveType) Individual responses to a vignette	6.36	2.00
Acceptability of IPV Type (IPVBeliefType) Beliefs regarding the acceptability of IPV	2.12	0.93
Beliefs Responsibility Type (EcoResponType) Beliefs regarding who is responsible for IPV in the Black community	7.32	4.67
Church Leader Behaviors (BehavTot) Behaviors that church leaders engage in to address IPV	26.32	7.05
Church Ministry Needs (CServeTot) Church-based services in which churches address IPV	8.44	3.65
Church Counseling Needs (ServeCounTot) Church-based counseling services in which churches address IPV	11.04	4.39
Church Responsiveness to IPV (CAdequateTot) Extent to which church is adequately responding to IPV	3.00	1.38
Black Church Responsiveness to IPV (BCAdequateTot) Extent to which black church is adequately responding to IPV	2.40	1.35
Sex-Role Egalitarianism Scale (SRESTotR) Views regarding gender roles ^a	50.0	10.0

Note: In general, the higher the number, the higher the church leader engagement in more liberal beliefs or services that support Intimate Partner Violence (IPV) .

^a SRESTotR scores were converted to T-scores.

Sex-Role Egalitarianism Scale

The Sex-Role Egalitarianism Scale-BB Short (SRES) is a 25-item standardized measure of conservative or liberal views towards sex roles. Total scores are calculated based on the assignment of 1 point to the most egalitarian response. Items 5-8, 10-21, and 23 were reverse coded prior to calculating the final scores. Total scores ranged from 87 to 125, indicating that all participants scores qualified as having egalitarian views ($>$ standard T score of 50). The mean in this sample was 109 with a $SD = 10.21$. Means and standard deviations for each of the items are listed in Table 2. Reliability was good (Cronbach's $\alpha = .864$). A factor analysis could not be calculated likely due to the low sample size. The matrix was not positive definite (determinant = 0) (Pett, Lackey and Sullivan, 2003). There was no missing data. No changes were made to the number of items included in the scale.

Table 2.

Summary of SRES Item Means & Standard Deviations

Items on the SRES	<i>Mean</i>	<i>SD</i>
1 - Home economics courses should be as acceptable for male students as for female students.	4.48	0.71
2- Women have as much ability as men to make major business decisions.	4.84	0.37
3- High school counselors should encourage qualified women to enter technical field like engineering.	4.84	0.47
4- Cleaning up the dishes should be the shared responsibility of husband and wives.	4.74	0.74
5- A husband should leave the care of young babies to his wife.	1.72	1.02
6- The family home will run better if the father, rather than the mother, sets the rules for the children.	4.00	1.19
7- It should be the mother's responsibility, not the father's, to plan the young child's birthday party.	4.80	1.15
8- When a child awakens at night, the mother should take care of the child's needs.	4.16	0.90
9- Men and women should be given an equal change for professional training.	4.80	0.48
10- It is worse for a woman to get drunk than for a man.	4.24	1.17
11- When it comes to planning a party, women are better judges of which people to invite.	3.28	1.24
12- The entry of women into traditionally male jobs should be discouraged.	4.48	0.82
13- Expensive job training should be given mostly to men.	4.76	0.52

14- The husband should be the head of the family.	2.44	1.61
15- It is wrong for a man to enter a traditionally female career.	4.40	0.87
16- Important career-related decisions should be left to the husband.	4.52	0.65
17- A woman should be careful not to appear smarter than the man she is dating.	4.52	0.71
18- Women are more likely than men to gossip about people they know.	3.80	1.19
19- A husband should not meddle with the domestic affairs of the household.	4.64	0.49
20- It is more appropriate for a mother, rather than a father, to change their baby's diapers.	4.84	0.37
21- When two people are dating, it is best if they base their social life around the man's friends.	4.76	0.44
22- Women are just as capable as men to run a business.	4.80	0.50
23- When a couple is invited to a party, the wife, not the husband, should accept or decline the invitation.	4.12	0.97
24- Men and women should be treated the same when applying for student loans.	4.88	0.33
25- Equal opportunity for all jobs 12 of 24 regardless of sex is an ideal we should all support.	4.76	0.44

Note: In general, the higher the number, the higher the church leader endorsement of more liberal beliefs regarding gender roles between men and women.

Analyses

The primary analytical plan included a two-step process. The first step was to establish that there is a difference between conservatives (non-egalitarian, participants who scored ≤ 50 on the SRES) to liberals (egalitarian, participants who scored ≥ 50 on the SRES) according to standardized T-scores, determining significance at the p-value $\leq .05$. An independent samples t-test was conducted, $t(24) = -7.502$; $p < .001$ such that conservatives ($M = 41.408$ and $SD = 6.227$) did have a significantly lower mean score than liberals ($M = 57.931$ and $SD = 4.741$).

The secondary step was to test hypotheses 1a-g, by conducting independent samples t-tests to compare the conservative group to the liberal group, according to scores on the SRES, for each of the subscales of the CLAS. See Table 3 for a summary of the t-tests and p-values for each of the hypothesis below.

Hypothesis 1a was that church leaders who indicate more conservative attitudes towards gender roles, as assessed by scores on the SRES, will be more likely to endorse a conservative approach when responding to an incident of domestic violence, as measured by questions on the CLAS, than leaders who endorse more liberal beliefs. Hypothesis 1a was supported. There was a significant difference in the church leaders' most likely response to a report of IPV by a church member (BehaveType) for liberal ($M = 7.38$, $SD = .650$) and the conservative ($M = 5.25$, $SD = 2.38$) groups $t(23) = 3.12$, $p = .005$.

Hypothesis 1b was that church leaders who have more conservative beliefs towards domestic violence, as assessed by scores on the SRES, will be more

likely to endorse that domestic violence is acceptable, than leaders who endorse more liberal beliefs. Hypothesis 1b was not supported. There was not a significant difference in the church leaders' beliefs about the general acceptability of IPV (IPVBeliefType) for the liberal ($M= 2.08$, $SD= .094$) and the conservative ($M= 2.17$, $SD= .937$) groups $t(23)= -.237$, $p = .815$.

Hypothesis 1c was that church leaders, who have more conservative beliefs regarding who is to blame for IPV, as assessed by scores on the SRES, will be more likely to endorse statements that place personal blame on the individual, than leaders who endorse more liberal beliefs. Hypothesis 1c was not supported. There was not a significant difference in church leaders' agreement or disagreement with various statements on the CLAS about who is more responsible for perpetuating the cycle of domestic violence (ResponType) for the liberal ($M= 8.31$, $SD= 5.25$) and the conservative ($M= 6.25$, $SD= 3.86$) groups $t(23)= 1.11$, $p = .279$.

Hypothesis 1d was that church leaders, who have more conservative beliefs, as measured by their responses on the SRES, will be less open to address domestic violence, than leaders who endorse more liberal beliefs. Hypothesis 1d was not supported. There was not a significant difference in the extent to which church leaders reported addressing domestic violence on the CLAS (BehaveTot) for the liberal ($M= 25.92$, $SD= 7.09$) and the conservative ($M= 26.75$, $SD= 7.30$) groups $t(23)= -.287$, $p = .776$.

Hypothesis 1e was that church leaders, who have more conservative beliefs, as measured by their responses on the SRES, will be less likely to endorse

addressing domestic violence in a variety of church programs, than leaders who endorse more liberal beliefs. Hypothesis 1e was not supported. There was not a significant difference in the extent to which church leaders believed that domestic violence should be addressed in various church services as listed on the CLAS (CServeTot) for the liberal ($M= 8.62$, $SD= 3.62$) and the conservative ($M= 8.25$, $SD= 3.84$) groups $t(23)= .245$, $p = .809$. There was also not a significant difference in the extent to which church leaders believed that domestic violence should be addressed in various counseling services as listed on the CLAS (ServCounTot) for the liberal ($M= 11.0$, $SD= 4.36$) and the conservative ($M= 11.1$, $SD= 4.62$) groups $t(23)= -.046$, $p=.963$.

Hypothesis 1f was that church leaders, who have more conservative beliefs, as measured by their responses on the SRES, will be more likely to feel that the response of their church is sufficient, than leaders who endorse more liberal beliefs. Hypothesis 1f was not supported. There was not a significant difference in the extent to which church leaders agreed or disagreed with a statement on the CLAS about whether they felt that the response of their church was adequate in addressing the issue of IPV in the community (CAdequateTot) for the liberal ($M= 3.08$, $SD= 1.44$) and the conservative ($M= 2.92$, $SD= 1.38$) groups $t(23)= .284$, $p = .779$.

Hypothesis 1g was that church leaders, who have more conservative beliefs, as measured by their responses on the SRES, will be more likely to feel that the response of the Black church is sufficient, than leaders who endorse more liberal beliefs. Hypothesis 1g was not supported. There was not a significant

difference in extent to which Church leaders' agreed or disagreed with items on the CLAS about whether they felt that the response of the Black church was adequate in addressing the issue of IPV in the community (BCAdequateTot) for the liberal ($M= 2.54, SD= 1.39$) and the conservative ($M= 2.25, SD= 1.36$) groups $t(23)= .524, p = .605$.

Supplemental Analysis

Additional analyses were conducted to further understand the trends across items on the SRES, as well as to test the relationship all items on the SRES and sub-scales of the CLAS. Correlational analysis was used. Significant trends did emerge when individual items on the SRES and subscales of the CLAS were calculated. Significant relationships were established between items on the SRES and BehavType, IPVBeliefType and BehavTot.

Table 3.

Summary of t-tests Between SRES & CLAS Subscales

Subscales	<i>t-tests</i> (<i>df</i> = 23)
Individual Response Type (BehaveType) Individual responses to a vignette	3.117*
Acceptability of IPV Type (IPVBeliefType) Beliefs regarding the acceptability of IPV	.237
Beliefs Responsibility Type (EcoResponType) Beliefs regarding who is responsible for IPV in the Black community	1.108
Church Leader Behaviors (BehavTot) Behaviors that church leaders engage in to address IPV	-.287
Church Ministry Needs (CServeTot) Church-based services in which churches address IPV	.245
Church Counseling Needs (ServeCounTot) Church-based counseling services in which churches address IPV	-.046
Church Responsiveness to IPV (CAdequateTot) Extent to which church is adequately responding to IPV	.284
Black Church Responsiveness to IPV (BCAdequateTot) Extent to which black church is adequately responding to IPV	.524

* $p < 0.05$ level.

Items On SRES By Subscales Of CLAS

Items 1 (“Home economics courses should be as acceptable for male students as for female students”), 7 (“It should be the mother’s responsibility, not the father’s to plan the young child’s birthday party”), 10 (“It is worse for a woman to get drunk than for a man”), 16 (“Important career-related decisions should be left to the husband”) and 23 (“When a couple is invited to a party, the wife, not the husband, should accept or decline the invitations”) of the SRES were significantly correlated with BehavType on the CLAS. Item 1 (mean= 4.48 and SD = .714; $r=.458$, $p=.021$), item 7 (mean= 4.08 and SD= 1.152; $r=.476$, $p=.016$), item 10 (mean= 4.24 and SD= 1.165; $r=.427$, $p=.033$), item 16 (mean= 4.52 and SD= .653 ; $r=.425$, $p=.034$) and item 23 (mean= 4.12 and SD= .971 ; $r=.428$, $p=.033$) were significantly correlated with BehaveType at the $p<.05$ level.

Items 11 (“When it comes to planning a party women are the better judges of people to invite”), 19 (“A husband should not meddle with the domestic affairs of a household”), 21 (“When two people are dating, it is best if they base their social life around the man’s friends”), and 25 (“Equal opportunity for all jobs regardless of sex is an ideal we should all support”) of the SRES were significantly correlated with IPVBeliefType on the CLAS. Item 11 (mean= 3.28 and SD= 1.242; $r=.404$, $p=.045$), item 19 (mean= 4.64 and SD= .490; $r=-.451$, $p=.024$), item 21 (mean= 4.76 and SD= .436; $r=-.441$, $p=.027$) and item 25 (mean= 4.76 and SD= .436; $r=-.447$, $p=.027$) were significantly correlated with BehaveType at the $p<.05$ level.

Item 4 (“Cleaning up the dishes should be the shared responsibility of husband and wives”) of the SRES was significantly correlated (mean= 4.72 and SD= .737; $r=-.407$, $p=.044$) with BehavTot. See Table 4 for all significant correlations between items on the SRES and subscales of the CLAS.

Table 4.

Correlation Between SRES Items & CLAS Subscales

SRES Item	Behav Type	IPVBelief Type	EcoResp Type	Behav Tot	CServ Tot	ServCoun Tot
SRES1	.458*	-.091	-.123	.092	.267	.153
SRES4	.185	-.254	-.240	-.407*	-.107	-.383
SRES7	.476*	-.009	.057	-.096	-.207	.189
SRES10	.427*	-.143	.216	.082	.268	.112
SRES11	.092	.404*	.027	-.163	-.194	-.231
SRES16	.425*	.099	.285	-.137	.022	-.066
SRES19	.095	-.451*	-.130	-.001	.162	-.225
SRES21	.056	-.441*	-.084	.080	.331	-.104
SRES23	.428*	-.155	.065	-.158	-.098	-.382
SRES25	.295	-.441*	-.207	-.259	-.036	-.169

* $p < 0.05$ level.

Relationships Among Subscales Of CLAS

Some relationships between subscales on the CLAS were also significant. Significant relationships, included IPVBeliefType and EcoResponseType ($r=.463$, $p=.020$), ServeCounTot and EcoResponseType ($r=.451$, $p=.024$), as well as BehavTot and ServCounTot ($r=.565$, $p=.003$). No other significant relationships were identified. See Table 5 for all correlations between subscales of the CLAS.

Table 5.

Intercorrelations Between CLAS Subscales

	Behav Type	IPVBelief Type	EcoResp Type	Behav Tot	CServ Tot	ServCoun Tot
BehavType	—					
IPVBeliefType	-.024	—				
EcoRespType	.077	.463*	—			
BehavTot	.095	-.025	.329	—		
CServTot	-.017	-.065	-.153	.384	—	
ServCounTot	.036	.122	.451*	.565**	.212	—

** $p < 0.01$ level.

* $p < 0.05$ level.

Addressing IPV Among Individuals with Same Sex Partners

Supplemental analyses were also conducted to further assess church leader responses to individual questions addressing the issue of IPV among individuals with same sex partners (in particular, women having sex with women) and the LGBTQ community, in general. There were two items on the CLAS that were previously removed from the analysis during principal component analysis.

The first item was originally included on the BehavTot which asked participants to indicate the extent to which they openly addressed issues of abuse and read “Make statement during service acknowledging domestic violence among same sex couples.” Most respondents indicated that they never make such statements (Mean= 1.36, SD= .70). 76% of respondents indicated that they “Never address the issue of domestic violence among same sex couples.” 24% marked that they rarely (12%) or occasionally (12%) address the issue.

The second item was originally included on the CServeTot which asked participants to what extent they felt domestic violence should be addressed as a part of various church programs and reads “Ministry or Group for women who have sex with women.” Most respondents indicated that their church does not provide a ministry or service for same sex couples 1.16 (SD= 1.41). Of those respondents who did not check “Service Not Provided” approximately 2 indicated that the issue should only be addressed as requested, 3 marked sometimes, and 4 checked that it should be addressed often. Further, respondents were asked whether their church openly supports members who identify with the LGBTQ community. A few (n= 2 or 8%) indicated that they did not know if their church

was supportive. Some (n= 7 or 28%) indicated that their church was supportive. Most respondents (n= 9 or 36%) indicated that their church does not openly support members of the LGBTQ community. Several (n= 7 or 28%) marked “other.” Those who marked other provided responses like “They are welcome in our worship services and small groups. We do not encourage them in participating in LGBTQ lifestyles,” or “Not openly, but those who reach out to pastoral staff are welcomed,” or “We love everyone who comes through the doors, but as proponents of the Bible, the love for the individual is shown, but the sin is not supported,” and “My congregation does not fully embrace LGBTQ people, but our denomination strongly does. This is possible because each local church has the right to set its own rules.”

Qualitative

A content analysis was conducted on each of the three open-ended questions from the CLAS to identify emerging themes. A cursory analysis of the responses for each question was conducted to identify key topics discussed by the participants. Initial steps were taken to identify key topics and units of meaning. Attempts at this stage were taken to remain as close to the original words of the interviewees as possible. In the second level of analysis, the key topics were reformulated into theoretical words that accurately encapsulate the core themes.

Strengths of church services. Respondents were asked to describe the strengths of the efforts and/or services provided by their faith-based organization to address domestic violence. Strengths that were endorsed three or more times were identified as a key theme. Responses were categorized into five key themes,

including those who reported having no services (6), addressed in women or men's ministry (4), having a referral system to partner agencies that specialize in domestic violence (4), having general support from one's faith based organization or denomination (4) and having church-based counseling services (3). There was a wide range of responses from those respondents regarding the extent of services provided at each church, including "currently, my church is not active in domestic violence ministries" or "strong, multi-generational women's group meeting for support in their life journey; zero tolerance policy for sexual abuse and misconduct from national church" to those who state that "Our church recently launched a ministry/support group for victims/survivors of domestic violence" or "Peer-support group, external partnerships with organization that specialize in domestic violence" to "My local church has a strong position against all forms of violence. It also has several pastors trained in addressing the reality of violence, its consequences and alternatives. The pastors 'are' also active educators within and outside of the local church and community." Other strengths that were mentioned included, addressed on a one to one basis or as needed, statements against domestic violence in sermons, workshops, youth outreach, zero tolerance policy, prayers for decreases in violence in general and having more females in leadership than men. See Table 6 for a summary of key strengths of faith-based services in addressing IPV.

Table 6.

Summary of Key Strengths of Church Services Addressing IPV

Themes	<i>Example</i>	<i>Count</i>
No services	“Currently, my church is not active in domestic violence ministries. We are a new ministry with a small congregation.”	6
Addressed in women or men’s ministry	“Multiple women’s groups that discuss all topics on a regular and open basis. Men’s groups that address the role of men and women in marriage and emphasis the ideal of genuine partnership...”	4
Referral services	“We refer people to agencies that deal with DV more often.”	4
General support from faith based organization	“Within the confines of my faith organization there are additional programs set-up for individuals that are faced with these problems and/or issues.”	4
Church-based counseling	“We offer referrals to our trained in house (and partner counselors). Any of our members can meet for free with them.”	3

Weaknesses of church services. Respondents were asked to describe the weaknesses of the efforts and/or services provided by their faith-based organization to address domestic violence. Weaknesses that were endorsed three or more times were identified as a key theme. Responses were categorized into three key themes, including those who reported having no services (5), those who referenced low reports of incidence are a concern (4) and those who endorsed statements about wanting a more ecological approach (3). Responses related to having no services, included comments ranging from “Never discussed” to “Not having any resources” to “Because it is not spoken of, there is no effort to evaluate...” to “No services when approached” to “No services.” Statements related to low reports of incidences ranged from, “fear and self-participation” to “[people are] afraid to come forward to admit that that they are experiencing domestic violence” to “Low reported incidences which is proportional to not speaking out enough.” Other responses indicated a desire for a systems level or ecological approach, including “The issue of [domestic violence] is only being addressed with adult women (right now) however, in order to heal the church, the land of [domestic violence] every member of the family will need to be ministered to in this way; men, women, teens and children...” “Expanding it into the community beyond the church,” “I would like to see a more district effort within the confines of my faith-based organization as it relates to this issue. ” Other weaknesses that were mentioned included, religious leader beliefs, lack of leadership to address issue, not proactively addressing the issue, ignoring the

problem, lack of experience, low utilization of services. See Table 7 for a summary of key weaknesses of faith-based services in addressing IPV.

Table 7.

Summary of Key Weaknesses of Church Services in Addressing IPV

Themes	<i>Example</i>	<i>Count</i>
No Services	“Not having any resources.”	5
Low reports of incidence	“People are generally afraid to come forward to admit that they are experiencing domestic violence.”	4
Broader ecological approach	“Expanding into the community beyond the church.”	3

Inaccessibility of services. Respondents were asked to identify any segments of the community for which church efforts/ services for domestic violence may appear inaccessible (e.g., certain age groups, ethnicity, sexual orientation, etc.). In general, this question seemed to cause some confusion among respondents. Participants responded to the question in various ways. Some simply responded that they did not think that services for domestic violence were inaccessible to any group (11). A few responded with a “Yes (2)” to the question, indicating that they feel that services are inaccessible to certain populations, but did not specify to which group or groups services might be inaccessible. Others (3) responded by sharing that the location makes certain services inaccessible to individuals, groups of people not involved in the church and or entire communities. A few discussed a group or group of people that services were inaccessible to, including youth, same sex couples, and perpetrators. See Table 8 for examples of groups of people for which faith-based IPV services are inaccessible.

Table 8.

Examples of Populations for Which IPV Services Are Inaccessible

Target Population	<i>Responses</i>
Youth	<p>“Question is unclear; generally unavailable, but even more so for younger women.”</p> <p>“Younger people hear more repetition of misogyny and other violence sanctioning/promoting ideals than opposing views via the media. In the African American community there is a culture of silence (no snitching) which negatively impacts attempts to decrease violence as well as the attitude minding "my own business”</p>
Same Sex Couples	<p>“Sexual orientation is never discussed except in sermons on sodomy, etc.”</p> <p>“There are not services designated for same sex couples. Marriage in our church is recognized only between men and women. Homosexuality is acknowledged but is not seen as acceptable in practice.”</p>
Perpetrators	<p>“Many perpetrators are not in faith based communities (increasingly true in younger populations and the male gender). “</p>

CHAPTER IV

DISCUSSION

This study was a preliminary analysis of church leader beliefs and the extent of services provided to address intimate partner violence (IPV) within the Black Church. Given the role of church leaders in directing the underlying religious support and beliefs of members of their congregation and community, understanding church leader beliefs towards IPV was believed to be critical to explaining the variance in how IPV is differentially treated across churches within the Black community. Although church leader attitudes play a role in how individuals may respond to an incidence of abuse, they do not appear to be the key factor influencing the extent of services that Black churches provide to address IPV. In general, church leader attitudes regarding gender roles were not found to correlate significantly with beliefs or behaviors towards Intimate Partner Violence (IPV). However, there were several trends that helped to inform other factors that may collectively impact the extent of church related services for IPV across individuals, institutions and the community.

Major Findings

A relationship was established between liberal and conservative attitudes toward roles between men and women and church leader self-report of how they think they would respond to an incident of Intimate Partner Violence (IPV). The results of this study indicate that church leaders with more conservative attitudes were more likely to endorse a more conservative approach when responding to an incident of domestic violence reported by a female survivor as compared to

church leaders who had more liberal attitudes. In particular, church leaders who reported more conservative views about gender roles were more likely to consider statements that were more in alignment with targeting interventions at the individual and group level that were in alignment with church doctrine. For example, conservative church leaders were inclined to remark that they were more likely to make statements about the wife needing to understand that the man is the head of the household and suggesting that couple try to work things out by becoming involved in the church for additional support. These findings are consistent with general concerns regarding church leader beliefs in religious doctrine that reinforce cultural beliefs that may perpetuate the cycle of abuse in the African American community. Some such doctrines include; men are the head of the household, women are to submit to their men, and women are to stand by their man (Potter, 2007; Pyles, 2007). However, it must be noted that church leader responses to a measure of whether “the husband should be the head of the family” varied greatly. Yet, there was no significant trend demonstrating that responses to this item were correlated significantly with subscales on the Church Leader Attitudes Survey (CLAS). Note that due to low sample size additional steps were taken to look at trends among Sex Role Egalitarianism Scale (SRES) individual items and CLAS subscales, even though this is not considered normal practice when using a median split to group respondents (MacCallum, Zhang, Preacher, & Rucker, 2002). The variance in church leader beliefs regarding impact of religious doctrine that supports the submission of women on the incidence of IPV is well documented (Levitt & Ware, 2006; Potter, 2007, Pyles,

2007, Ware, Levitt & Bayer, 2004). However, there is still little understanding of the varying effect that different church leader beliefs have on the ways in which IPV is addressed in a given church or faith community.

A strong relationship was also found between church leader beliefs toward IPV and perceived responsibility for IPV by church leaders. In particular, it was found that those with liberal beliefs about IPV were more likely to attribute the responsibility for IPV beyond just the individual and more towards the community level. For this study, responses that attributed the responsibility for IPV at the community level reflected models of shared or collective responsibility. Community level responses types were those respondents who identified more than one party as being responsible, including some combination of the individual, church doctrine within the Black church, African American cultural norms and societal forces. These results are consistent with previous findings in which some church leaders reported that they held the woman more responsible while others placed responsibilities on both parties to not let the disagreement escalate (Levitt & Ware, 2006). However, it also important to note that according to Levitt and Ware (2006) church leaders did not consider the attribution of responsibility to either the survivor or the abuser as conducive to the process of recovery. This may explain why there were no significant correlations between whom church leaders felt was responsible for IPV and the extent of services that they provided or felt should be provided at their church.

In general, most churches considered IPV to be a community issue, however, the service model was primarily targeted at the individual (e.g.,

engaging in prayer, counseling services) and/or institutional levels (e.g., making statements during service). There appears to be a trend establishing stronger institutional services to address violence or IPV as indicated by those church leaders who reported their church having a dedicated ministry for violence and/or IPV and trained staff. However, only a few reported strong models of service that extended into the community wither by having an established referral system with a community-based organization or actively address the issue of IPV in the community (e.g., community-based workshops). There is a loose association between church leader beliefs and extent of services provided at a given church. However, significantly more investigation needs to be done to better understand the key factors impacting church-based services for IPV.

As previously stated, church leader views toward gender roles do not appear to play a significant role in the service model that churches provide to address IPV. No relationship was established between church leader beliefs about gender roles and the various ways in which church leaders openly address issues of abuse or the extent to which they feel issues of abuse should or should not be addressed. This preliminary analysis suggests that the extent of any church's service model is likely to be influenced by other factors.

Qualitative reports suggest that a combination of factors like church leaders' perceived low demand, as indicated by the reports of incidences of abuse; churches not having sufficient internal resources to develop a service model, as indicated by the number of respondents who indicated that their church had no services; and/or not having a broader network of support that could more

effectively addresses the issues of IPV, as evidenced by participants who stated that services needed to be addressed as a community issue (Potter, 2007; Pyles, 2007). Low reports of IPV by faith leaders has been previously established (Ware, Levitt & Bayer, 2003). Similar to the qualitative reports in this study that church members are generally afraid to come forward with incidences of abuse, Ware, Levitt & Bayer (2003) identified “denial, fear and embarrassment keeps victims from coming forward” as a primary category in their interviews of church leaders, indicating the role of emotional factors that may lead to a low rate of incidence in religious communities. Further, at some churches concerns regarding IPV may only be viewed as an issue among married heterosexual couples. This may inherently impact a church leader’s definition or criteria for what would qualify as IPV and the subsequent understanding of the extent to which incidences of IPV among couples who are not married or have same sex partners actually occur within their congregation or community. Having a limited definition of IPV and those who are impacted by it could potentially influence the extent of services that church leaders would see fit or appropriate for their congregation.

As previously indicated, one of the well-established challenges for survivors of domestic violence is that they can have a positive or negative experience when reporting or seeking help with concerns of abuse with the Black Church because of the variety of church leader responses to Intimate Partner Violence (IPV) (Gillium, 2008; Potter, 2007; Pyles, 2007). The support and options provided to survivors of IPV can vary greatly depending on who one speaks to at any given church. Similarly, in this preliminary analysis there were

key trends that spoke to the range or diversity of views that church leaders have as it relates to the adequacy of the response to Intimate Partner Violence IPV, diversity of services being provided and populations for which services are designed.

Adequacy of Response from Churches

In general, most church leaders were slightly negative about the adequacy of the Black church's response to IPV in the Black community. On average church leaders indicated that they somewhat disagreed with the general notion that the response of the Black church (as a whole) is adequately addressing the issue of IPV. However, on average church leader responses to the adequacy of their church's response to IPV in the Black community were somewhat neutral. There was a split in church leader responses; some somewhat agreed that their church's response was adequate while others somewhat disagreed. A number of church leaders did not report agreeing or disagreeing about the adequacy of their church's response. Similarly, there was a wide range of services that church leaders indicated that they engaged in.

Range of Services Provided

As it relates to the service model, there seemed to be a wide range of services church leaders provided or thought should be provided, as well as target populations. There were many church leaders who reported that their church had no services, others who marked some services, and a few who indicated having a fairly comprehensive service model. While on average church leaders seemed to report only openly addressing issues abuse in a few ways, there were some church

leaders who indicated that their church had developed an integrated multicomponent service model, as indicated by church leader reports of the strengths of some church's IPV services. The integrated or multicomponent service model included services like a dedicated, in-house trained counselor, referral program, and / or a dedicated ministry with a specific focus on issues related to violence. Two church leaders reported having a ministry dedicated to violence in which issues of IPV are addressed and one reported a ministry specifically for IPV. As previously mentioned most services targeted the individual or institutional levels and did not extend out into the community. However, there was one report of a trained church leader and his wife leading workshops in the community. Some qualitative reports also call for an expanded model that effectively addresses the issue of IPV in the community. Noted below, some church leaders also indicated a desire to design services with a more inclusive model of community, including youth, individuals who identify as Lesbian, Gay, Bisexual, Transexual, and/or Queer and perpetrators.

Populations Served

As it relates to target populations for IPV services the majority of church leaders reported only addressing IPV among heterosexual couples. Most church leaders did not report addressing issues of violence among same sex couples and believe that issues of abuse should primarily be addressed through the women's or men's ministry (and in that order). Most did not feel that IPV should be addressed within a ministry or group for women who have sex with women. In qualitative reports a few church leaders did identify the LGBTQ community as a populations

for which services at their church are in accessible. Further, some church leaders specifically commented on the gap between their churches value and/or commitment to love all people and the lack of acknowledgement of the LGBTQ community at their religious institution. Church leaders also identified youth and perpetrators as populations for which IPV services at their church or within their faith community are inaccessible.

Limitations of Research

This research was predicated upon two key assumptions. The first, assumption was that church leader beliefs concerning gender roles between men and women would be heavily influenced by the culture of the church, as set by the leader of the institution, and would therefore be reflective of the beliefs of the pastor. This assumption is loosely based on models of transformational leadership in which the follower internalizes the leader's values and beliefs and behave consistently with them (Wang, Law, Hackett, Wang, & Chen, 2005). One would expect the influence of transformational leaders to be heightened in a religious setting, especially when considering that the desire and motivation to act in alignment with a collective cause is so clear (Wang, Law, Hackett, Wang, & Chen, 2005). However, this may not have been true considering that specific values regarding Intimate Partner Violence (IPV) may not be discussed or addressed by the leader of the church. Further, it makes sense that while followers and the pastor may hold the same general religious values that they may vary on specific topics like IPV. This relationship was not effectively measured in this study and should be considered in future analyses. The second assumption was

that there would be a strong relationship between one's beliefs and one's behaviors. In spite of research that suggests that there is little relationship between one's beliefs and behaviors, the researcher proceeded under the assumption that the relationship might be stronger when it came to church leaders (Ajzen, 1991). Similarly, religious leaders indicate that they believe that certain religious values and practices may prevent abuse among church members (Ware, Levitt, & Bayer, 2003). A similar argument could be made for other church leaders. Although the results of this preliminary analysis could have been insignificant because a wrongful assumption was made one cannot negate the influence of having a low sample size. With a sample size of twenty-five, there was limited ability to see a difference, if there was one. As this was a preliminary analysis, the sample size was extremely low and data did not reach sufficient levels to achieve a normal distribution (Bartlett, Kotrlik, Higgins, 2001). Though, it must be further noted that normal distribution is rarely achieved when using a Likert Scale (Bartlett, Kotrlik, Higgins, 2001). Relatedly, the Institutional Review Board imposed limitations on the study that prevented the researcher from sufficiently tracking study participation. As a result, there was no way to effectively monitor the number of church leaders that participated from each institution. Finally, the CLAS subscales were designed for specific use in this study and performed only moderately well, according to reliability standards and key statistics used to establish the application of Principal Component's analysis (e.g., Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity). Therefore the results of this

preliminary analysis are only, at best, somewhat reflective of the views and behaviors of the general population.

Future Directions

This study was a preliminary analysis of the factors that impact faith-based service models for Intimate Partner Violence (IPV) services among female survivors within Black churches. Although it was established that the primary factor, church leader beliefs regarding gender roles between men and women, may not be a key driver of faith based IPV services other key factors were identified. Preliminary analysis suggests that the target population be more clearly specified. It is also recommended that modifications be made to the Church Leader Attitudes Scale (CLAS) in future studies. Finally, the researcher recommends adding some components to the methodology to enhance recruitment efforts.

Target Population

One of the key recommendations for future research is to target the study toward pastors and ministers, only. In accordance with the results of this preliminary analysis the assumption that church leader beliefs will reflect the views of the church maybe flawed. Therefore, it is recommended the future studies target the Pastor of the church for participation. Other church leaders could still be invited to participate but to fully understand they key factors driving the service model the input of the pastor at each religious institution is required. If other church leaders are invited to participate a question should be added to gauge

the extent to which they feel that their religious beliefs and/or beliefs toward IPV reflect the beliefs of the pastor or culture of the church.

Questions on the CLAS

Questions on the CLAS need to include the full continuum of factors that may influence the service models for IPV within the Black church. Organizational variables, like size of church, average tithe, etc. should be measured to refine researchers understanding of the extent of financial resources that any given church might have available to support services for IPV. These items were originally included in the organizational variables but were later removed by the Institutional Review Board (IRB) recommendations. Among subscales of the CLAS it is suggested that the measure of beliefs towards IPV be removed. Instead it is recommended that a series of questions asking the extent to which church leaders believe that various acts of abuse (e.g., yelling, hitting and kicking) qualify as IPV should be added. Separate questions regarding whether church leader's consider IPV to be acceptable in all circumstance, sometimes or never should be included. Individual items should also assess the extent to which church leaders believe that IPV is justifiable and/ or punishable in all, some or no circumstances. Finally, church leaders should also be asked the extent to which they consider violence among same sex couples as IPV and to what extent their views among same sex couples are driven by particular religious values, doctrine or personal beliefs.

It is recommended that a new measure be added to assess church leader perceptions of the incidence of IPV within their institution and/or faith. Similarly,

a question regarding the perceived incidence of IPV within the Black community should also be added. From a service perspective new questions should be added to further understand which community based organizations churches refer to or IPV related services. Questions regarding the extent of training among church leaders must also be included to understand the full continuum of leading practice services, as it is important to differentiate between those churches who have services and those who have services by trained staff/ leadership. Such questions were included an early draft of the CLAS but were removed to optimize the length of the questionnaire.

From a methodological standpoint it is recommended that a more participatory approach be taken when partnering with leaders in the faith community. During the recruitment process for this study several church leaders shared that they found the study interesting and valuable. In particular it is recommended that a committee of church leaders should be included in the redesign of the survey. Further, church leaders should lead the recruitment efforts among their colleagues to ensure sufficient engagement and sample size. Developing a more participatory approach will not only provide an opportunity further engage the community but it will help to ensure that the all measures, recruitment efforts and study dissemination materials will be culturally appropriate and responsibly managed.

CHAPTER IV

SUMMARY

Intimate Partner Violence (IPV) is a significant concern within the Black community and, in particular, for Black women. However, IPV is not always identified as a critical issue for the Black community to collectively respond to and/ or adequately address. Without an appropriate support system, many survivors dealing with IPV are left without a sufficient continuum of resources. One major system of support within the Black community that is regularly mentioned as a critical resource for female survivors of IPV, but infrequently studied, is that of the Black church.

The purpose of this study was to conduct an organizational level analysis of the role the Black church can play in providing a continuum of supportive services for primarily heterosexual female survivors of IPV in the Black community. Given the role of the church leader in setting the culture of any given church, an understanding of their beliefs towards IPV was identified as a critical factor in explaining the variance in the treatment of female survivors who present with IPV across different churches. For this study, twenty-five church leaders completed a 75-item questionnaire, comprised of the Church leadership Attitudes Scale (CLAS), the Sex Role Egalitarianism Scale (SRES), as well as demographic and organization questions. Three open-ended questions were also included in the CLAS to further clarify the strengths, weaknesses and limitations of IPV related services at each church.

Results of this preliminary analysis indicate that Church leader beliefs toward gender roles among men and women may not be associated with the extent of services within various churches. A combination of other factors, including low incidence of reports of IPV, lack of resources to provide services and the need for a more community-based approach, may provide a better explanation. However, it was established that church leaders with more conservative attitudes toward gender roles were more likely to endorse a more conservative approach when responding to an incident of domestic violence.

However, church leaders do think that faith-based services for Intimate Partner Violence (IPV) should be provided, primarily at the individual and institutional levels. Participants in this study indicated that there are a wide range of service models within Black faith-based institutions, including those with no services to those with violence ministries and established referral systems. Church-based services were targeted at the individual and institutional levels. However, there does appear to be a trend toward dedicating more services toward IPV at the institutional level with the inclusion of ministries that specifically address violence and/or IPV. Although more liberal church leaders identified IPV as a community issue and consider the Black church, Black culture, and broader society all collectively responsible for the incidence of abuse in the community, few churches provide services at the community level.

It is important to note that most IPV services were primarily targeted towards heterosexual couples. Overall, respondents did not think that IPV services should be addressed among same sex couples. However, the LGBTQ community

was listed when church leaders were asked about populations for which IPV services at their church are inaccessible. Youth and perpetrators of abuse were also listed as populations for which IPV services are not available.

The results of this preliminary analysis provide an initial glimpse into the multitude of factors that drive service models for IPV in predominately Black churches. Understanding these factors may help to clarify the extent to which churches feel the need for and/or want expanded service models, and therefore their capacity to engage in the advancement of a continuum of IPV services at the community level.

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Appendix A

Church Leaders Attitudes Survey

Church Leaders Attitudes Survey

5.

Using the following definition of domestic violence, "any act of emotional, verbal or physical abuse used by an individual to control a current or former spouse, boyfriend, girlfriend or partner," please read the following example and indicate the extent (on a Likert scale of 1-5, in which 1 = Not at All Like Me and 5 = Extremely Like Me) to which each statement represents how you would respond in this situation.

5. One of the members of your congregation requests to speak with you privately. During your conversation the individual explains that her significant other has hit them on three separate occasions. The person also reports having thrown some things at their partner to defend themselves. They are considering divorcing their significant other before it goes any further. They do not have any kids and feels confident that they could stay with their mother until they get back on her own feet.

	1 Not At All Like Me	2 Slightly Like Me	3 Moderately Like Me	4 Very Much Like Me	5 Extremely Like Me
Share with the wife that sometimes women have problems understanding that the man is the head of the household and that they are going to have problems as a couple until she has more understanding of his role.	<input type="radio"/>				
State that although there is no good reason for a man to hit a woman that it is best that the couple try to work things out and recommend becoming more involved in the church (e.g., attending service, joining a ministry, etc.) for additional support.	<input type="radio"/>				
Advise that she leave her husband immediately and seek community resources (e.g., counseling, community programs, shelters, staying with a family member, etc.).	<input type="radio"/>				
Discuss various options (e.g., counseling, separation, divorce, etc.) available to couples in their situation and provide them with your support, regardless of their final decision.	<input type="radio"/>				

6. As you reflect on the vignette listed above, consider your beliefs about domestic violence. Please read the following statements and indicate the extent (on a Likert scale of 1-5, in which 1=Not At All Like Me and 5=Extremely Like Me) to which each reflects your views towards domestic violence.

	1 Not At All Like Me	2 Slightly Like Me	3 Moderately Like Me	4 Very Much Like Me	5 Extremely Like Me
I believe that domestic violence is unacceptable in all circumstances and always punishable.	<input type="radio"/>				
I believe that domestic violence is unacceptable in all circumstances but not always punishable.	<input type="radio"/>				
I believe that domestic violence is acceptable in some circumstances.	<input type="radio"/>				
I believe that domestic violence is acceptable in all circumstances.	<input type="radio"/>				

7. Again, consider your beliefs about domestic violence. Read each of the following statements and indicate the extent (on a Likert scale of 1 to 5, in which 1= Strongly Disagree and 5= Strongly Agree) to which you agree or disagree with each statement.

	1 Strongly Disagree	2 Somewhat Disagree	3 Neutral	4 Somewhat Agree	5 Strongly Agree
In general, I think that the individual attitudes and actions of specific people are responsible for perpetuating the cycle of domestic violence in the Black community.	<input type="radio"/>				
I think that certain doctrine within the Black Church (e.g., women are to submit to their man; men are the head of the household, women are to stand by their man, etc.) are responsible for perpetuating the cycle of domestic violence in the Black community.	<input type="radio"/>				
I think that certain African American cultural norms (e.g., single family headed households, matriarchal family structure, use of violence to resolve conflict, etc.) are responsible for perpetuating the cycle of domestic violence inside the Black community.	<input type="radio"/>				
I think that societal forces (e.g., racism, biased judicial system, unequal access to quality education, etc.) outside of the Black community are responsible for the cycle for domestic violence inside the Black community.	<input type="radio"/>				

8. Please indicate the extent (on a scale of 1 to 5, in which 1= Never and 5= Very Frequently), to which you openly address issues of abuse in the following ways:

	1 Never	2 Rarely	3 Occasionally	4 Frequently	5 Always
Engage in individual prayer with members of the congregation regarding incidents of domestic violence.	<input type="radio"/>				
Provide consultation to individuals and/or couples on a case by case basis.	<input type="radio"/>				
Make comments during service that are supportive statements for survivors of domestic violence.	<input type="radio"/>				
Make statements during service against perpetrators of domestic violence.	<input type="radio"/>				
Make statements during service acknowledging domestic violence among same sex couples.	<input type="radio"/>				
Make statements during service encouraging survivors of domestic violence to seek help at the church.	<input type="radio"/>				
Make statements during service asking perpetrators of domestic violence to seek help at the church.	<input type="radio"/>				
Make statements during service distinguishing between the doctrine that states that males are the "heads of the household" and behavior that is controlling and/or abusive.	<input type="radio"/>				
Designate an entire service or sermon to dealing with issues of domestic violence between intimate partners.	<input type="radio"/>				
Provide additional services and/or workshops to the general community on issues of domestic violence between intimate partners.	<input type="radio"/>				
Host guest speaker(s) from outside agencies that focus on domestic violence between intimate partners to speak to the congregation.	<input type="radio"/>				

7.

11. Read each statement below and on a scale of 1 to 5 indicate the extent to which you agree (1= Strongly Disagree and 5= Strongly Agree) with each statement.

	1 Strongly Disagree	2 Somewhat Disagree	3 Neutral	4 Somewhat Agree	5 Strongly Agree
I think that my church adequately responds to the issue of domestic violence in the Black community	<input type="radio"/>				
Leaders of this church believe that Black churches in general are adequately addressing the issue of domestic violence in the Black community	<input type="radio"/>				

12. In your own words, please describe the strengths of the efforts and/or services provided by your faith-based organization to address domestic violence?

13. In your own words, please describe the weaknesses of the efforts and/or services provided by your faith-based organization to address domestic violence?

14. Would there be any segments of the community for which these efforts/services may appear inaccessible? (Prompt: For example, individuals of a certain age group, ethnicity, sexual orientation, income level, geographic region, etc.). Please explain.

Appendix B

Sex-Role Egalitarianism Scale

Sex-Role Egalitarianism Scale

8.

15. Below are statements about men and women. Read each statement and decide how much you agree or disagree. We are not interested in what society says. We are interested in your personal opinions. For each statement, circle the letter(s) that describe(s) your opinion. Please do not omit any statements. Remember to circle only one of the five choices for each statement:

SA = Strongly agree A = Agree N = Neutral or undecided or no opinion D = Disagree SD = Strongly Disagree

	SA	A	N	D	SD
Home economics courses should be as acceptable for male students as for female students.	<input type="radio"/>				
Women have as much ability as men to make major business decisions.	<input type="radio"/>				
High school counselors should encourage qualified women to enter technical fields like engineering.	<input type="radio"/>				
Cleaning up the dishes should be the shared responsibility of husbands and wives.	<input type="radio"/>				
A husband should leave the care of young babies to his wife.	<input type="radio"/>				
The family home will run better if the father, rather than the mother, sets the rules for the children.	<input type="radio"/>				
It should be the mother's responsibility, not the father's, to plan the young child's birthday party.	<input type="radio"/>				
When a child awakens at night, the mother should take care of the child's needs.	<input type="radio"/>				
Men and women should be given an equal chance for professional training.	<input type="radio"/>				
It is worse for a woman to get drunk than for a man.	<input type="radio"/>				
When it comes to planning a party, women are better judges of which people to invite.	<input type="radio"/>				
The entry of women into traditionally male jobs should be discouraged.	<input type="radio"/>				
Expensive job training should be given mostly to men.	<input type="radio"/>				
The husband should be the head of the family.	<input type="radio"/>				
It is wrong for a man to enter a traditionally female career.	<input type="radio"/>				
Important career-related decisions should be left to the husband.	<input type="radio"/>				
A woman should be careful not to appear smarter than the man she is dating.	<input type="radio"/>				
Women are more likely than men to gossip about people they know.	<input type="radio"/>				
A husband should not meddle with the domestic affairs of the household.	<input type="radio"/>				
	<input type="radio"/>				

It is more appropriate for a mother, rather than a father, to change their baby's diapers.	<input type="radio"/>				
When two people are dating, it is best if they base their social life around the man's friends.	<input type="radio"/>				
Women are just as capable as men to run a business.	<input type="radio"/>				
When a couple is invited to a party, the wife, not the husband, should accept or decline the invitation.	<input type="radio"/>				
Men and women should be treated the same when applying for student loans.	<input type="radio"/>				
Equal opportunity for all jobs regardless of sex is an ideal we should all support.	<input type="radio"/>				

Appendix C

Demographic and Organizational Questionnaire

Demographical and Organizational Questionnaire

9. Demographic Information

Please answer the following demographic and organizational questions.

16. How would you classify your race/ethnicity? please mark the boxes that describes the race/ethnicity category or categories with which you primarily identify.

- Arab
- Asian/ Pacific Islander
- African/ Black
- Caucasian/ White
- Hispanic or Latino
- Indigenous or Aboriginal
- Multiracial
- Would rather not say

17. What is your age?

- 25 or under
- 26-40
- 41-55
- 56-60
- 61-65
- 66 or older

18. In terms of your gender, how do you identify:

- Male
- Female
- Other

19. Indicate the extent to which you have worked (in an official capacity) at the church.

- Less than 1 year
- 2-5 years
- 6-10 years
- 11-15 years
- 15+ years

10. Organizational Information

Please read the following questions and respond to the best of your knowledge.

20. Enter the zip code for your church organization.

21. Indicate the length of time your church has been in existence.

- Less than 10 years
- 11-20 years
- 21-30 years
- 31-40 years
- 41-49 years
- 50+ years

22. Select the faith that best describes that beliefs and practices of your organization.

- Christian
- Muslim
- Hindu
- Buddhist
- Other

23. Does your church openly support members of your church who identify with the LGBTQ (Lesbian, Bisexual, Gay, Transgendered, Queer/Questioning) community?

- Yes
- Somewhat
- No
- I Don't Know
- Other (please specify)

Appendix D

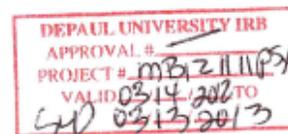
Study Invitation Script

Study Invitation Script

Email Script

IRB Protocol#MB12111PSY

Subject: Study Invitation
Body: See below



To whom it may concern,

My name is Monika Black and I am conducting research for my dissertation at DePaul University. If possible, I would like to ask you or a leader of your church, to participate in an on-line survey about the various services for domestic violence that your church provides. If you have received this and are not in a leadership role at this church, please forward this email to an appropriate representative.

For this study you will be asked to complete a confidential online survey. The survey will include a series of questions about your views towards gender roles between men and women and attitudes towards domestic violence. As a part of the survey you will also be asked some basic demographic questions, including age, ethnicity, gender, position/role at the church, etc. You will also be asked to provide some information about the church that you work for. At the bottom of this page you will be asked to provide your consent to participate by checking "I agree to take the survey." If you consent you will then be directed to start the study. If you chose not to participate in the study you will then be directed to a closure page. This survey is expected to take no longer than 20 to 30 minutes of your time.

To participate in this study please go to the following website address _____. Please note that since you have this website address, the final decision to participate will be yours. Other than knowing that you have received the memo and a copy of the website address, the researcher will have no additional knowledge that you completed the survey. All of your responses to this online survey will be confidential. Be certain to read the instructions carefully. Please note that you may stop or skip any question at any time for any reason. Also note that all of your responses will remain confidential and that you are not required to include your name or identifiable information. Thank you in advance for your consideration.

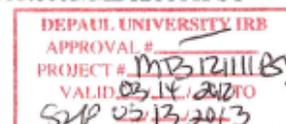
Sincerely,

Monika Black, MA, MHA
 DePaul University
 Chicago, IL 60614

Mblack7@depaul.edu

Phone Invitation Script

IRB Protocol#MB121111PSY

Phone Invitation Script

Hello, may I please have a moment of your time. My name is Monika Black and I am conducting a online research study for my dissertation at DePaul University. I would like to speak with someone at the church who holds a leadership role, such as a the leader of a ministry, decon or a pastor. Might that be you?

If the participant indicates that there is someone else that you need to speak to, then ask to speak to that person at this time.

If no one is available and the person on the phone is not eligible or comfortable proceeding, then thank them for their time and politely hang up the phone.

Once you have confirmed that you are speaking to someone who identifies as a leader of the church then please proceed below.

I would like to invite you to participate in an online survey that will just take a few minutes of your time. Do you have 20-30 minutes to participate in an online survey?

For this study you will be asked to complete a confidential online survey. The survey will include a series of questions about your views towards gender roles between men and women and attitudes towards domestic violence. As a part of the survey you will also be asked some basic demographic questions, including age, ethnicity, gender, position/role at the church, etc. You will also be asked to provide some information about the church that you work for. Please say "yes" if you would be comfortable participating in this study.

Please continue reading if the participant indicates that they would be comfortable proceeding. Stop here if the participant indicates that they would not be comfortable proceeding and thank them for their time.

Since you have said that you would be comfortable participating in this on-line study, I will provide you with a website address. Once you have this website address, the final decision to participate will be yours. Other than knowing that you have the website address, I will have not have any additional knowledge that you completed the survey. Any information that you provide will be confidential. Please be certain to read all instructions carefully. Please note that you may stop or skip any question at any time for any reason. Also note that all of your responses will remain confidential and that you are not required to include your name or identifiable information.

Do you have any additional questions at this time? The website address for this study is _____ . I would like to say thank you in advance for your time and consideration.

Drop Off Cover Letter

IRB Protocol#MB121111PSY

Monika Black, MA, MHA
DePaul University
Chicago, IL 60614



Wednesday, March 14, 2012

To whom it may concern,

My name is Monika Black and I am conducting research for my dissertation at DePaul University. If possible, I would like to ask you or a leader of your church, to participate in an on-line survey about the various services for domestic violence that your church provides. If you have received this and are not in a leadership role at this church, please forward this email to an appropriate representative.

For this study you will be asked to complete a confidential online survey. The survey will include a series of questions about your views towards gender roles between men and women and attitudes towards domestic violence. As a part of the survey you will also be asked some basic demographic questions, including age, ethnicity, gender, position/role at the church, etc. You will also be asked to provide some information about the church that you work for. At the bottom of this page you will be asked to provide your consent to participate by checking "I agree to take the survey." If you consent you will then be directed to start the study. If you chose not to participate in the study you will then be directed to a closure page. This survey is expected to take no longer than 20 to 30 minutes of your time.

To participate in this study please go to the following website address _____. Please note that since you have this website address, the final decision to participate will be yours. Other than knowing that you have received the memo and a copy of the website address, the researcher will have no additional knowledge that you completed the survey. All of your responses to this online survey will be confidential. Be certain to read the instructions carefully. Please note that you may stop or skip any question at any time for any reason. Also note that all of your responses will remain confidential and that you are not required to include your name or identifiable information. Thank you in advance for your consideration.

Sincerely,

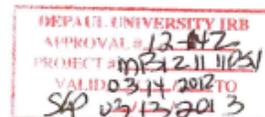
Monika Black, MA, MHA
DePaul University



Appendix E

Consent to Participate in Research Form

Consent to Participate in Research



CONSENT TO PARTICIPATE IN RESEARCH

The Role of The Black Church In Addressing IPV at the Community Level

Institutional Review Board
1 East Jackson Boulevard
Chicago, Illinois 60604-2201
TEL: 312/362-7593
FAX: 312/362-7574

What is the purpose of this research?

We are asking you to participate in a confidential online research study because we are trying to learn more about the role of Black Churches in providing a continuum of services for survivors of domestic violence (mainly for female victims of male perpetrators) in the African American community. You are invited to participate in this online study because you have a leadership role within a predominately Black Church and can speak to the extent of services for domestic violence at your organization. This study is being conducted by Monika Black of DePaul University towards the completion of her dissertation. This research is being supervised by her faculty advisor, Midge Wilson, PhD at DePaul University.

How much time will this take?

This study will take about 20 to 30 minutes of your time.

What will I be asked to do if I agree to participate in this study?

For this study you will be asked to complete a confidential online survey. The survey will include a series of questions about your views towards gender roles between men and women and attitudes towards domestic violence. As a part of the survey you will also be asked some basic demographic questions, including age, ethnicity, gender, position/role at the church, etc. You will also be asked to provide some information about the church that you work for. At the bottom of this page you will be asked to provide your consent to participate by checking "I agree to take the survey." If you consent you will then be directed to start the study. If you chose not to participate in the study you will then be directed to a closure page.

What are the risks involved in participating in this study?

There is always a psychological risk when talking about domestic violence. You may have strong views regarding gender roles and/or domestic violence and might experience a negative emotional reaction. Also, if you have indirectly or directly experienced domestic violence you may experience some stress. There is also a risk of breach of confidentiality in the event that the data is compromised. Specific steps have been taken to minimize this risk by making certain that your responses cannot be traced directly back to you, password protecting the data, and storing the data on a secured drive.

What are the benefits of my participation in this study?

You will not personally benefit from being in this study. However, we hope what we learn will help researchers and ultimately community leaders to better understand the extent of services that Black Churches have in order to adequately address domestic violence, especially for female victims who have experienced abuse from male perpetrators.

Can I decide not to participate? If so, are there other options?

Yes, you can choose not to participate. Even if you agree to be in the study now, you can change your mind later and leave the study at any time. There will be no negative consequences if you decide not to participate or change your mind later.

How will the confidentiality of the research records be protected?

The records of this study will be kept confidential. In any report we might publish, we will not include any information that will identify you. Research records will be stored securely and only the researchers will have access to the raw data. Some people might review our records in order to make sure we are doing what we are supposed to. For example, the DePaul University Institutional Review Board may review your information. If they look at our records, they will keep your information confidential.

Whom can I contact for more information?

If you have questions about this study, please contact Monika Black at mblack7@depaul.edu or 773-325-8225. If you have questions about your rights as a research subject, you may contact Susan Loess-Perez, DePaul University's Director of Research Protections at 312-362-7593 or by email at sloesspe@depaul.edu.

You may print a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have all my questions answered. (Check one:)

- I consent to be in this study. **I DO NOT** consent to be in this study.
-

Appendix F

Study Information Sheet

Study Information Sheet

The Role of The Black Church In Addressing IPV at the Community Level

You have participated in a online research study being conducted by Monika Black, a graduate student at DePaul University. This research is being supervised by her faculty advisor, Midge Wilson, PhD. You were asked to participate in this study because we are trying to learn more about the role of Black Churches in providing a continuum of services for survivors of domestic violence in the Black community. The survey included questions about your views towards gender roles between men and women and attitudes towards domestic violence.

If you have questions about this study, please contact Monika Black at mblack7@depaul.edu or 773-325-8225. If you have questions about your rights as a research subject, you may contact Susan Loess-Perez, DePaul University's Director of Research Protections at 312-362-7593 or by email at sloesspe@depaul.edu.

Appendix G

Demographic Characteristics of the Sample

Table 9.
Demographic Characteristics of the Sample

Variable	<i>N</i>	%
Gender		
Female	9	36
Male	16	64
Age (years)		
25 or under	0	0
26-40	6	24
41-55	9	36
56-60	4	16
61-65	4	16
66 or older	2	8
Ethnicity		
African/Black	21	84
Caucasian/White	4	16
Year(s) in Official Capacity at Church		
Less than 1 year	1	4
2-5 years	8	32
6-10 yeas	2	8
11-15 years	2	8
15+ years	12	48

Table 10.

Organizational Characteristics of the Sample

Variable	<i>N</i>	%
Faith		
Christian	25	100
Other	0	0
Years Church has been in existence		
Less than 10 years	7	28
11 to 20 years	2	8
21 to 30 years	3	12
31 to 40 years	0	0
41 to 49 years	0	0
50 + years	13	52

Appendix H

Principal Components Analysis of Subscales on The CLAS

Principal Components Analysis of CLAS: VINType

Table 11.

Correlation Matrix, Means and Standard Deviation for items on the VINType Subscale

	1	2	3	4	M	SD
1	—				1.17	.471
2	.650	—			1.96	1.43
3	.000	-.121	—		3.00	1.44
4	.088	.190	-.231	—	4.50	1.00

Table 12.

Total Variance Explained by the 2 Extracted Factors of the VINType Subscale

Factor	<i>Initial Eigen Values</i>			<i>Extracted Sums of Square Loadings%</i>		
	<i>Total</i>	<i>% Variance</i>	<i>Cumulative %</i>	<i>Total</i>	<i>% Variance</i>	<i>Cumulative %</i>
1	1.736	43.41	43.41	1.736	43.41	43.41
2	1.166	29.16	72.57	1.166	29.16	72.57

Table 13.

*Rotated Factor Pattern Matrix for the 4-item VINType Subscale on the CLAS:
Analysis with Varimax Rotation*

Variable	Component	
	1	2
1 Share with the wife that sometimes women have problems understanding that the man is the head of the household and that they are going to have problems as a couple until she has more understanding of his role.	.915	
2 State that although there is no good reason for a man to hit a woman that it is best that the couple try to work things out and recommend becoming more involved in the church for additional support	.893	
3 Advise that she leave her husband immediately and seek community resources.		-.807
4 Discuss various options available to couples in their situation and provide them with your support regardless of their final decision.		.753

Principal Components Analysis of CLAS: IPVBeliefType

Table 14.

Correlation Matrix, Means and Standard Deviation for items on the IPVBeliefType Subscale

	1	2	3	4	M	SD
1	—				3.74	1.09
2	-.439	—			3.44	1.39
3	-.035	.255	—		1.21	.815
4	.000	.238	.970	—	1.17	.799

Table 15.

Total Variance Explained by the 2 Extracted Factors of the IPVBeliefType Subscale

Factor	<i>Initial Eigen Values</i>			<i>Extracted Sums of Square Loadings%</i>		
	<i>Total</i>	<i>% Variance</i>	<i>Cumulative %</i>	<i>Total</i>	<i>% Variance</i>	<i>Cumulative %</i>
1	2.108	52.69	52.69	2.108	52.69	52.69
2	1.340	33.50	86.19	1.340	33.50	86.19

Table 16.

Rotated Factor Pattern Matrix for the 4-item IPVBeliefType Subscale on the CLAS: Principal Component Analysis with Varimax Rotation

Variable	Component	
	1	2
1 I believe that domestic violence is unacceptable in all circumstance and always punishable.		-.874
2 I believe that domestic violence is unacceptable in all circumstances but not always punishable.		.816
3 I believe that domestic violence is acceptable in some circumstances.	.984	
4 I believe that domestic violence is acceptable in all circumstances.	.988	

Principal Components Analysis of CLAS: EcoRespnType

Table 17.

Correlation Matrix, Means and Standard Deviation for items on the EcoRespnType Subscale

	1	2	3	4	M	SD
1	—				3.00	1.26
2	.092	—			2.58	1.44
3	.514	.641	—		3.00	1.35
4	.328	.396	.588	—	2.92	1.41

Table 18.

Total Variance Explained by the 1 Extracted Factors of the EcoRespnType Subscale

Factor	Initial Eigen Values			Extracted Sums of Square Loadings%		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	2.325	58.13	58.13	2.325	58.13	58.13

Table 19.

Rotated Factor Pattern Matrix for the 4-item EcoRespnType Subscale on the CLAS: Principal Component Analysis with Varimax Rotation

Variable	Component 1
1 In general, I think that the individual attitudes and actions of specific people are responsible or perpetrating the cycle of domestic violence in the Black Community.	.599
2 I think that certain doctrine within the Black Church are responsible for perpetuating the cycle...	.719
3 I think that certain African American cultural norms are responsible for perpetuating he cycle...	.923
4 I think that societal forces are responsible or perpetuating the cycle...	.773

Principal Components Analysis of CLAS: BehavTot

Table 20.

Correlation Matrix, Means and Standard Deviation for items on the BehavTot Subscale

	1	2	3	4	5	6	7	8	9	10	M	SD
1	—										3.16	1.07
2	.286	—									3.04	1.21
3	.004	.417	—								2.72	1.10
4	.154	.620	.838	—							2.60	.913
5	.217	.260	.587	.672	—						2.72	1.10
6	.297	.230	.286	.440	.667	—					2.36	.995
7	.121	.308	.584	.613	.477	.308	—				2.40	1.41
8	.126	.217	.653	.468	.619	.265	.426	—			2.12	1.09
9	.409	.291	.265	.260	.180	.225	.274	.275	—		2.76	1.33
10	.335	.132	.003	.015	-.251	-.034	.336	-.074	.436	—	2.44	1.19

Table 21.

Total Variance Explained by the 3 Extracted Factors of the BehavTot Subscale

Factor	Initial Eigen Values			Extracted Sums of Square Loadings%		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	4.169	41.69	41.69	4.169	41.69	41.69
2	1.761	17.61	59.31	1.761	17.61	59.31
3	1.129	11.29	70.60	1.129	11.29	70.60

Table 22.

*Rotated Factor Pattern Matrix for the 10-item BehavTot Subscale on the CLAS:
Principal Component Analysis with Varimax Rotation*

Variable	Component		
	1	2	3
1 Engage in individual prayer with members of the congregation regarding incidents of domestic violence.		.673	
2 Provide consultations to individuals and/or couple on a case by case basis.	.510		
3 Make comments during service that are supportive statements of survivors of domestic violence.	.925		
4 make statements during service against perpetrators of domestic violence.	.866		
5 Make statements during service encouraging survivors to seek help at the church			.708
6 Make statements during service encouraging perpetrators to seek help at the church			.816
7 Make statements during service distinguishing between the doctrine that states that males are head of the household and behavior that is controlling or abusive.	.747		
8 Designate an entire service or sermon to dealing with issues of domestic violence between intimate partners.	.677		
9 Provide additional services and/or workshops to the general community on issues of domestic violence between intimate partners.		.715	
10 Host guest speakers from outside agencies that focus on domestic violence between intimate partners to speak to the congregation.		.843	

Principal Components Analysis of CLAS: CServTot

Table 23.

Correlation Matrix, Means and Standard Deviation for items on the CServTot Subscale

	1	2	3	M	SD
1	—			3.20	1.16
2	.782	—		3.00	1.38
3	.385	.598	—	2.24	1.76

Table 24.

Total Variance Explained by the 1 Extracted Factors of the CServTot Subscale

Factor	Initial Eigen Values			Extracted Sums of Square Loadings%		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	2.191	73.04	73.04	2.191	73.04	73.04

Table 25.

Rotated Factor Pattern Matrix for the 3-item CServTot Subscale on the CLAS: Principal Component Analysis with Varimax Rotation

Variable	Component 1
1 Women's ministry	.861
2 Men's ministry	.942
3 Ministry or group for women who have sex with men	.751

Principal Components Analysis of CLAS: ServCounTot

Table 26.

Correlation Matrix, Means and Standard Deviation for items on the ServCounTot Subscale

	1	2	3	4	M	SD
1	—				2.84	1.34
2	.568	—			2.36	1.50
3	.278	.223	—		2.88	1.51
4	.639	.445	.550	—	2.96	1.40

Table 27.

Total Variance Explained by the 1 Extracted Factors of the ServCounTot Subscale

Factor	<i>Initial Eigen Values</i>			<i>Extracted Sums of Square Loadings%</i>		
	<i>Total</i>	<i>% Variance</i>	<i>Cumulative %</i>	<i>Total</i>	<i>% Variance</i>	<i>Cumulative %</i>
1	2.379	59.47	59.47	2.379	59.47	59.47

Table 28.

Rotated Factor Pattern Matrix for the 4-item ServCounTot Subscale on the CLAS: Principal Component Analysis with Varimax Rotation

Variable	<i>Component 1</i>
1 Pastoral counseling, led by an ordained minister	.831
2 Couples counseling, led by a representative of the church.	.726
3 Internal/ external referrals to an organization that addresses abuse.	.633
4 Follow-up considerations with perpetrators and victims of abuse.	.872

Principal Components Analysis of CLAS: AdequatTot

Table 29.

Correlation Matrix, Means and Standard Deviation for items on the AdequateTot Subscale

	1	2	3	M	SD
1	—			3.00	1.38
2	.111	—		2.40	1.35

Table 30.

Total Variance Explained by the 1 Extracted Factors of the AdequateTot Subscale

Factor	Initial Eigen Values			Extracted Sums of Square Loadings%		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	1.111	55.56	55.56	1.111	55.56	55.56

Table 31.

Rotated Factor Pattern Matrix for the 3-item AdequateTot Subscale on the CLAS: Principal Component Analysis with Varimax Rotation

Variable	Component 1
1 I think that my church adequately responds to the issue domestic violence in the Black community	.745
2 Leaders of the church believe that Black churches in general are adequately addressing the issue of domestic violence in the Black community.	.745

Appendix I

Principle Components Analysis of The CLAS

Principal Components Analysis of CLAS

Table 32.

Correlation Matrix, Means and Standard Deviation for items on the CLAS Subscale

	1	2	3	4	5	6
1	—					
2	-.024	—				
3	.077	.463	—			
4	.095	-.025	.329	—		
5	-.017	-.065	-.153	.348	—	
6	.036	.122	.451	.565	.212	—

Table 33.

Total Variance Explained by the 1 Extracted Factors of the CLAS Subscale

Factor	Initial Eigen Values			Extracted Sums of Square Loadings%		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	2.063	34.385	34.385	2.063	34.385	34.385
2	1.435	23.910	58.295	1.435	23.910	58.295
3	1.013	16.886	75.180	1.013	16.886	75.180

Table 34.

Rotated Factor Pattern Matrix for the 8-items on the CLAS: Principal Component Analysis with Varimax Rotation

Variable	<i>Component 1</i>	<i>Component 2</i>	<i>Component 3</i>
1 BehavType	.969		
2 IPV BeliefType		.783	
3 EcoRespType		.850	
4 BehavTot			.863
5CServTot			.687
6 ServCounTot			.743