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The Mediating Role of Empowerment for African American Women Experiencing Intimate Partner Violence

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Abstract

Intimate Partner Violence (IPV) is a significant societal problem associated with Posttraumatic Stress Disorder (PTSD) and depression, which in turn can cause impairment in a variety of areas. Previous research suggests that African American women experience more frequent and severe IPV than White women, yet report fewer PTSD symptoms related to their abuse. One proposed explanation for this relationship is that African American women are more resilient due to internal coping methods such as empowerment; however, this relationship has yet to be empirically tested. The current study investigates the role of empowerment in mediating IPV-related psychological distress in a sample of African American and White battered women ($N = 204$). As hypothesized, personal empowerment mediated the relationships between race and PTSD and race and depression, suggesting that empowered African American women may demonstrate greater resiliency when faced with IPV. Results are discussed in terms of their implication for developing culturally-sensitive empowerment-based interventions for battered women.

Keywords

Intimate Partner Violence; PTSD; Empowerment; Racial/Ethnic Differences

The Mediating Role of Empowerment for African American Women Experiencing Intimate Partner Violence

Intimate partner violence (IPV) is a pervasive social problem causing significant mental health consequences for battered women. Most notably, prevalence rates of Posttraumatic Stress Disorder (PTSD) and depression are high among this population (Calvete, Estevez, & Corral, 2006; Kemp, Rawlings, & Green, 1991; Pico-Alfonso et al., 2006), which, in turn, can cause impairment in a variety of areas. For example, long term negative effects of PTSD symptomology include occupational and educational impairment (National Center for Injury

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Prevention and Control, 2003), physical health consequences (Hathaway et al., 2000), decreased resource utilization (Johnson, Palmieri, Jackson, & Hobfoll, 2007; Johnson, Zlotnick, & Perez, 2008), impaired perceptions of risk for future abuse (Bennett Cattaneo, 2007), and even, ultimately, revictimization (Krause, Kaltman, Goodman, & Dutton, 2006; Perez & Johnson, 2008).

Advocates within the domestic violence movement have typically supported the development of empowerment-based interventions to reduce these long term negative effects in battered women. This has proven to be challenging, however, as empowerment often gets narrowly defined and measured in terms of one's degree of political advocacy or participatory practices (Kasturirangan, 2008; McDermott & Garofalo, 2004; Peterson, Lowe, Aquilino, & Schneider, 2005). The assumption that social justice is the sole avenue towards empowerment ignores important personal and contextual differences among battered women. Kasturirangan (2008), therefore, has argued that empowerment is better conceptualized as a continuous, repeating process that reflects the personal values and needs of battered women and their communities. These values and needs, in turn, will likely vary depending on differences in race/ethnicity, socioeconomic status, and cultural origins, such as immigration status and level of acculturation (Kasturirangan, 2008; Kasturirangan, Krishnan, & Riger, 2004). As such, designing efficacious empowerment-based interventions will likely depend on the sociopolitical environment within which battered women identify.

Trauma and African American Women

In general, African American women are viewed as being multiply victimized by having to endure a combination of racism, sexism, and poverty (Davis, 1998; Gibbs & Fuery, 1994; Kasturirangan et al., 2004; Mitchell et al., 2006). Despite their disenfranchised status, however, African American women have also historically been perceived as particularly resilient in the face of such stressors through a shared sense of identity, unique pattern of coping strategies, and increased sociopolitical awareness (Davis, 1998; Gibbs & Fuery, 1994; Peterson, Hamme, & Speer, 2002). The resulting culturally idealized stereotype of the "Strong Black Woman," has come to describe an individual capable of enduring struggle with a high degree of caretaking responsibility (Beauboeuf-Lafontant, 2007), and has been posited as having both positive and negative connotations (Gibbs & Fuery, 1994). In relation to the latter, internalization of the need to "show strength" has been used to explain the potential self-silencing of emotional distress among African American women (Beauboeuf-Lafontant, 2007), as well as decisions to forgive abusive partners and remain in violent relationships (Banks-Wallace & Parks, 2004). Further, these cultural stereotypes have been used to normalize and justify intimate violence (Gillum, 2002), and influence beliefs about the necessity and effectiveness of help-seeking behaviors and interventions (Gillum, 2008). However, African American women have also described the need to "show strength" as a catalyst for increasing goal-focused behavior, independence, and enhancing moral character (Beauboeuf-Lafontant, 2007). As such, the Strong Black Woman stereotype may serve as a protective factor against IPV-related distress, suggesting that promoting empowerment may be an adaptive strategy for enhancing resilience among African American battered women (Gibbs & Fuery, 1994).

Research findings suggest that IPV is more prevalent and severe in low income, African American women (Rennison & Welchans, 2000; Tjaden & Thoennes, 2000), yet, these women experience fewer PTSD symptoms related to their abuse (Lilly & Graham-Bermann, 2009), and endorse higher levels of empowerment compared to their White counterparts (Peterson et al., 2002). These seemingly contradictory findings suggest that understanding resiliency factors within the African American population, in particular the role of empowerment, may be critically important when developing interventions for victims of

domestic violence aimed at decreasing psychological distress. Several studies have investigated the role of coping variables, in particular seeking support and spiritual well-being, as potential mediators in the relationship between severe stressors and psychological distress in African American women (see e.g., Mitchell et al., 2006; Smith, Stewart, Myers, & Latu, 2008). Few studies, however, have examined how African American women “construct meaning from their inner resources” for managing these abusive experiences as a means of obtaining empowerment (Davis, 1998, p. 493).

One exception is Davis’ (1998) phenomenological study in which she coined the term “creative essence” as describing African American women’s internal methods of coping with trauma as a means of enhancing and expanding their lives. Davis described four aspects of “creative essence” for African American women including survival, identity, self-expression and, of particular interest in the current study, empowerment. African American women in her study conceptualized empowerment as an inward reflection as opposed to an outward action, through which they both expand their sense of self and prevent physical and emotional abuse. Emerging themes within these women’s narratives included an acknowledgment of the positives and uniqueness of being a Black woman, which, in turn, led to internalized feelings of power, hope, peace and personal strength. As a result, empowered African American women reclaim and rejoice in their lives, even when faced with extreme stressors and trauma (Davis, 1998). Fostering this type of personal empowerment for both minority and non-minority women could be critical in reducing IPV-related PTSD and depression symptomology, and by extension reduce the long term negative consequences previously highlighted.

Trauma and Empowerment

Integrating these individual, contextual, and multicultural differences within a feminist framework, Worell and Remer (2003) developed *The Empowerment Model* which identifies four broad principles that are critical when developing interventions for battered women. These four principles are: (a) Personal and Social Identities are Interdependent, (b) The Personal is Political, (c) Relationships are Egalitarian, and (d) Women’s Perspectives are Valued. Specifically, the model highlights the interrelationship between personal and cultural identities for women, and how they are grounded within a broader sociopolitical context. Further, the strengths-based model emphasizes the value of emotional expression and nurturing supportive relationships with other women.

Based on this theoretical model, Johnson, Worell, & Chandler (2005) developed an operational definition of empowerment as “enabling women to access skills and resources to cope more effectively with current as well as future stress and trauma” (p. 109). Further, they developed and empirically tested an assessment measure called the Personal Progress Scale-Revised (PPS-R). In a sub-sample of predominately white abused women, these authors found that empowered women demonstrated greater resilience in the face of stressors and trauma, leading to fewer symptoms of psychological distress.

This research by Johnson and colleagues is an important first step in addressing concerns made by Kasturirangan and others regarding how to best conceptualize and measure empowerment for battered women that take into account multicultural differences among women. Given sampling limitations, however, the influence of culture and minority status on women’s empowerment and their experience of abuse could not be investigated. The current study attempts to address this gap in the literature by examining how differences in empowerment between African American and White battered women may affect psychological distress resulting from intimate partner violence (see Figure 1). Further, the current study also addresses the concerns outlined above by incorporating a theoretically

grounded definition and measurement of personal empowerment that takes into account the individual, contextual, and multicultural differences among battered women.

Methods

Participants

We examined a sample of African American ($n = 111$) and White ($n = 93$) shelter residents recruited from two battered women's shelters within the same shelter system over a four year period¹. On average, African American shelter residents were 36 years old ($SD = 8.82$; $range = 19-64$). Nearly half reported that they have never been married (49.5%; $n = 55$), and the majority had at least one child (87.4%; $n = 97$). Most residents had obtained at least a high school education/GED (73%; $n = 81$), nearly the same proportion were unemployed (72.1%; $n = 80$), and 58.6% of residents ($n = 65$) reported they currently received some type of government aid. Finally, African American participants experienced an average of seven lifetime traumas ($SD = 4.35$; $range = 0 - 20$), and the average length of the most recent abusive relationship was 70.37 months ($SD = 88.98$).

White shelter residents were slightly younger, with an average age of 33 years old ($SD = 9.19$; $range = 18-59$), and were more likely to have been married at least once (58.1%; $n = 54$). Other demographic information, however, was similar with the majority of women having at least one child (88.2%; $n = 82$), being at least high school educated/obtained GED (75.3%; $n = 70$), unemployed (76.3%; $n = 71$), and receiving governmental aid (61.3%; $n = 57$). Further, the average number of lifetime traumas ($M = 7.35$; $SD = 4.42$; $range = 0 - 19$) and average length of their most recent abusive relationship ($M = 67.34$; $SD = 81.64$) were similar.

Procedures

Data for this study were taken from a larger treatment study (Johnson & Zlotnik, 2006) investigating IPV and psychological intervention. Participants were approached by shelter staff who provided them with a brochure that included contact information for the research project. Then, interested participants were scheduled for an interview with trained graduate students in psychology or counseling. The interviews consisted of both structured and semi-structured interviews as well as the administration of self-report forms. Interviews were conducted at the shelter, and lasted approximately 2–3 hours, with every attempt being made to assure the participant's privacy and safety. Each interviewer received extensive training from the third author, including formal training in psychopathology and assessment with an emphasis on multicultural sensitivity and gender victimization, and detailed instruction and practice of the interview protocol. Finally, interviewers received weekly formal supervision, as well as as-needed informal supervision by a licensed psychologist.

Measures

Empowerment

The Personal Progress Scale-Revised (PPS-R; Johnson, Worell, & Chandler, 2005; Worell & Chandler, 1998) is a 28-item paper-and-pencil measure of personal empowerment in women. The PPS-R was theoretically derived from the Empowerment Model (Worell & Remer, 2003), which includes the four principles described previously. Further, preliminary results (Johnson et al., 2005) suggest the PPS-R measures 7 domains, including (a)

¹Women who self-identified as belonging to a racial/ethnic minority group other than African American ($n = 23$) were excluded from the study in order to increase homogeneity; however, we do acknowledge that within the African American and White communities there is a great deal of heterogeneity making group distinctions based on self-identified racial status methodologically problematic.

perceptions of power and competence (8 items; e.g., “I am aware of my own strengths as a woman”), (b) self-nurturance and resource access (3 items; e.g., “I can speak up for my own needs in a relationship”), (c) interpersonal assertiveness (5 items; e.g., “I feel comfortable confronting important others when we see things differently”), (d) awareness of cultural discrimination (3 items; e.g., “I now understand how my cultural heritage has shaped who I am today”), (e) expression of anger and confrontation (3 items; e.g., “It is difficult for me to tell others when I feel angry” [reverse scored]), (f) autonomy (3 items; e.g., “It is important to me to be financially independent”), and (g) personal strength and social activism (3 items; e.g., “I want to help other women like me improve the quality of their lives”)². Responses were provided on a 7-point Likert-type scale, ranging from 1 (*almost never*) through 7 (*almost always*). The scale developers reported good reliability ($\alpha = .88$) in a sample of abused and non-abused women, as well as excellent convergent and discriminant validity. The PPS-R also demonstrated good internal consistency in the current sample ($\alpha = .84$). Means, standard deviations, and correlation coefficients for all scales are presented in Table 1.

PTSD symptomology

The Clinician Administered PTSD Scale (CAPS; Blake et al., 1995) is a semi-structured interview that assesses frequency and severity of PTSD symptoms. The CAPS parallels the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV*; American Psychiatric Association, 1994) diagnostic criteria, and participants were asked about any PTSD symptoms related specifically to the IPV that led to their shelter admission. The current study uses 1-week symptom status CAPS scores, and responses were provided on a 5-point scale. Blake et al. (1995) reported internal consistency estimates for the CAPS ranging between .73 and .85, good concurrent validity with other PTSD measures (r 's between .42–.84), and excellent interrater reliability estimates (r 's between .92–.99). In the current study, the CAPS demonstrated good reliability ($\alpha = .93$), as well as good inter-rater reliability ($kappa = .83$), which was assessed for 21 randomly selected interviews for CAP-derived PTSD diagnoses.

Depression

The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is a 21-item scale widely used to assess depression severity. Respondents were asked about depressive symptoms (e.g., sadness, worthlessness, loss of energy) they may have experienced in the “past two weeks, including today.” Responses are rated on a 4-point scale. The reliability and validity of the BDI has been well-established (see e.g., Beck, Steer, Ball, & Ranieri, 1996), and coefficient alpha in the current sample was .89.

IPV Severity

The Revised Conflict Tactic Scales (CTS-2; Straus, Hamby, McCoy, & Sugarman, 1996) is a 32-item self-report measure assessing the severity of abuse participants experienced within the past month. Responses were provided on a 6-point Likert-type scale, ranging from 1 (*once in the past month*) through 6 (*more than 20 times in the past month*). The CTS-2 was scored by summing the ratings of abusive acts the month prior to entering shelter, a scoring method found to provide a valid measure of severity of violence (Regan, Bartholomew, Kwong, Trinkle, & Henderson, 2006). Straus et al. (1996) reported internal consistency estimates for the CTS-2 ranging between .79–.95, and have established adequate construct and discriminate validity. In the current study, the measure demonstrated good internal consistency ($\alpha = .94$).

²The reader is referred to Johnson et al., (2005) for a complete list of items.

Results

Descriptives

First, independent samples t-tests and Pearson chi-square tests for independence were conducted to examine differences between the two groups on demographic variables; only age was found to be significantly different between the two groups ($t = -2.43, p < .05$). As shown in Table 1, African American women reported experiencing more severe intimate partner violence than White shelter residents, although the difference was not statistically significant ($p = .40$). African American women, however, also reported experiencing fewer PTSD ($t = 2.16, p < .05$) and depression symptoms ($t = 2.11, p < .05$) related to their abuse. Finally, compared to White shelter residents, African American women endorsed significantly higher levels of personal empowerment ($t = -3.93, p < .01$), providing preliminary support for the hypothesis that empowerment may act as a mediator, accounting for all or part of the relationship between race and psychological distress (see Figure 1).

Mediation Analyses

We conducted multiple regression analysis to determine whether empowerment mediates the relationship between race and psychological distress; age and IPV severity were included as control variables in both mediation models. Although we did not find a statistically significant difference in IPV severity in our preliminary analyses, it was included as a control variable based on the breadth of previous research that has found a significant relationship between IPV and PTSD. Baron and Kenny (1986) suggest that a variable functions as a mediator when the following conditions are met: (a) the predictor variable is correlated with the dependent variable, (b) the predictor is also correlated with the mediator, and (c) the mediator affects the outcome variable while controlling for the predictor variable. To establish complete mediation, the effect of the predictor on the dependent variable should be zero when controlling for the mediator; otherwise partial mediation is indicated.

Race, Empowerment, and PTSD

To examine the hypothesis that empowerment mediates the relationship between race and PTSD severity, we conducted a series of regression analyses (see Table 2). After controlling for participant age and severity of IPV, a mediational relationship was observed, as the effect of race on PTSD severity lessened when empowerment was controlled. Race was significantly related to empowerment ($\beta = .27, t = 3.92, p < .001$) and PTSD severity ($\beta = -.17, t = -2.47, p < .05$). Further, empowerment was significantly related to PTSD severity ($\beta = -.35, t = -5.37, p < .001$). When empowerment was controlled, the magnitude of the relationship between race and PTSD symptomology was no longer significant ($\beta = -.08, t = -1.21, p = .23$). Results of a Sobel test (test statistic = 3.17, $p < .01$) were consistent with mediation.

Race, Empowerment, and Depression

A similar series of regression analyses were conducted to examine whether empowerment also mediated the relationship between race and depression after controlling for age and the severity of intimate partner violence. As seen in Table 3, a mediation relationship was supported by the model with the effect of race on depression symptoms becoming non-significant when empowerment was controlled. As before, race was significantly related to empowerment ($\beta = .27, t = 3.92, p < .001$). Both race ($\beta = -.15, t = -2.20, p < .05$) and empowerment ($\beta = -.60, t = -10.61, p < .001$) were significantly related to depression symptoms. When empowerment was controlled, the magnitude of the relationship between

race and depression symptomology was no longer significant ($\beta = .01$, $t = 0.12$, $p = .91$), consistent with the Sobel test results (test statistic = 3.68, $p < .001$).

Discussion

Why are African American women, who experience more frequent and severe intimate partner violence compared to White women, less psychologically distressed by their abuse and in general more personally empowered? Although there is certainly no simple answer to this question, we believe our findings are informative both for what they contain and what they do not. With respect to the first, our results are consistent with previous studies that found more severe IPV (Tjaden & Thoennes, 2000), less psychological distress related to the abuse (Lilly & Graham-Bermann, 2009), and higher levels of empowerment among African American women (Peterson et al., 2002) suggesting these seemingly contradictory relationships are not the result of spurious findings. Further, we defined and measured empowerment within a theoretically based feminist framework that addresses concerns made by Kasturirangan and others regarding the disproportionate attention given to social justice practices when researching empowerment.

Addressing our second aim, we extended previous research to examine the influence of race on women's empowerment and their psychological response to abuse by examining two mediational models; PTSD and depression severity each respectively operated as the dependent variables. A mediational relationship was found in each model suggesting that empowerment may explain decreased PTSD and depression symptomology in African American victims of IPV. This finding lends empirical support to the phenomenological work by Davis (1998) asserting that African American women construct meaning from these experiences through the development of "creative essence" or internal methods of coping with trauma that fosters power and personal strength. What remains unclear, however, is what this apparent "resiliency" means and how practitioners and service providers can utilize this information when developing and implementing empowerment-based interventions for battered women.

Implications

One implication of these findings is the highlighting of two questions that still need to be addressed. Does the Strong Black Woman stereotype encourage a culturally specific type of empowerment by nurturing inner strength and connection to both oneself as a Black woman and to the African American community as a whole that, in turn, becomes a protective factor against IPV-related psychological distress? Or, conversely, does the need to "show strength" at any cost encourage African American women to self-silence their distress, masking their mental health needs through a combination of emotional suppression and caretaking of community members at the expense of their own self-care? The current study, unfortunately, was unable to answer these questions. What the study made apparent, however, is the existence of a common factor (i.e., social cohesion) between these two hypotheses that has the potential to empower African American women experiencing IPV.

Social cohesion, that is an individual's sense of community, has been suggested as a way of examining gender differences in empowerment (Peterson et al., 2005), and may also be an important factor for explaining the racial/ethnic differences found in the current study. Therefore, the components that make up a strong sense of community, such as a shared emotional connection, reciprocity and reinforcement of needs among members, and feelings of trust and belonging, should be enhanced as a means of empowering African American women (Peterson et al., 2005; Speer, Jackson, & Peterson, 2001).

Several scholars have argued for an empowerment-based intervention model that stresses the importance of nurturing these protective factors within African American communities to reduce psychological distress related to abuse. Gibbs and Fluery (1998) asserts that such a model “implies that many competencies exist which are thwarted due to social structural barriers and lack of resources, but these competencies can be strengthened through support of Black women’s local community groups, rather than large centralized social agencies and institutions which control resources” (p. 572). Similar to Gibbs and Fluery’s assertion, Bent-Goodley (2005) recently highlighted the importance of promoting community connections as a powerful means of identity formation and regulation of behavior among battered women. Specifically, she argued for an African-Centered approach to domestic violence interventions that incorporates eight principles: fundamental goodness, self-knowledge, communalism, interconnectedness, spirituality, self-reliance, language and the oral tradition, and thought and practice. Adherence to these eight principles encourages a process-oriented view of empowerment, which fosters self-reliance within a supportive community environment and skill development that leads to healthy coping with abuse.

What practitioners and service providers can take away from this is a desire to work within the community, not against it, as a means of improving the lives of African American battered women. It is imperative to capitalize on African American women’s connection within a community, while providing psychoeducation to demystify mental health help-seeking and redefine the notion of what it means to “show strength.” Through a combination of raising community awareness, while encouraging battered women to engage in self-empowerment by setting and meeting individualized goals, psychological distress can be decreased thereby reducing long-term negative consequences including the risk of future victimization.

Limitations and Future Directions

We acknowledge several limitations to the current study. Most substantially, cross-sectional data make causal interpretations impossible. Secondly, our predictor variable was formed based on how women self-identified themselves among a group of racial categories, which has been argued to be an artificial distinction that ignores the heterogeneity or within group differences that exists within cultures (Kasturirangan et al., 2004). Finally, using a sample of sheltered battered women, whom by default are engaging in help-seeking behaviors, may demonstrate distinctly different levels of personal empowerment, which limits the generalizability of our results to battered women who do not seek shelter.

Strengths of this research, however, include its use of a relatively large sample of battered women in shelters, and quantitative research design utilizing standardized clinical interviews and empirically supported measures. Further, previous research has been unable to separate effects of cultural background and socioeconomic status (SES) on prevalence rates of IPV (Kasturirangan et al., 2004) or have attributed racial differences in psychological distress to being “poor, non-married, unemployed and younger” (Gibbs & Fluery, 1994, p. 577). This sample, however, controls for most of these; namely, even when both groups are low-income (e.g., unemployed, receiving governmental aid), African American women still experienced more IPV and fewer mental health symptoms compared to their White counterparts. Moreover, there was no statistically significant difference between African American and White battered women in regards to the duration of their most recent abusive relationship, refuting the stereotype that African American women are capable of sustaining abuse and subsequently stay in relationships longer due to their increased empowerment.

Although this study may have raised more questions than it answered, it provides direction for future research that begins to delineate the role of empowerment and the “Strong Black Woman” stereotype as either protective or self-silencing or both. Given that empowerment

is likely a continuous, repeating process (Kasturirangan, 2008), we argue that researchers should take a mixed-methods research approach that combines qualitative and quantitative data in order to better explain the role of empowerment for both African American and White IPV survivors. Moreover, future research should conduct more longitudinal studies investigating these factors in order to assess causality, as well as, studies that include non-sheltered battered women to increase generalizability. Finally, given the within group differences mentioned previously, more research is needed that examines variations within the African American community, as well as, research studying the role of empowerment in other racial/ethnic minority groups that were excluded from the current study.

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Figure 1.
Conceptual mediation model.

Table 1

Means, Standard Deviations, and Correlation Coefficients

African American Women (n = 111)		White Women (n = 93)					
Scale	M	SD	M	SD	1	2	3 4
1. PPS-R	130.77	21.05	11.98	21.74	-		
2. CAPS	49.89	27.16	58.23	27.73	-.37***	-	
3. BDI	20.77	10.75	23.84	9.82	-.61***	.51***	-
4. CTS-2	47.63	33.82	43.71	31.81	-.12	.25***	.20*** -

Note. PPS-R = Personal Progress Scale – Revised; CAPS = Clinician Administered PTSD Scale; BDI = Beck Depression Inventory; CTS-2 = Revised Conflict Tactic Scales.
*** p < .01, two-tailed.

Table 2
Multiple Regression Analysis for Empowerment Predicting PTSD Severity

Predictors	B	SE B	β	R ²	Sobel
Model 1					
Race	-9.42	3.82	-.170*	.088	
Model 2					
Empowerment	-0.41	0.08	-.326***		
Race	-4.55	3.75	-0.082	.185	3.17**

Note. Both age and IPV severity were included as control variables in the model.

*
 $p < .05$.
**
 $p < .01$.

 $p < .001$.

Table 3
Multiple Regression Analysis for Empowerment Predicting Depression Severity

Predictors	B	SE B	β	R ²	Sobel
Model 1					
Race	-3.20	1.46	-.153*	.067	
Model 2					
Empowerment	-0.28	0.03	-.595***		
Race	0.15	1.23	.007	.388	3.68***

Note. Both age and IPV severity were included as control variables in the model.

*
 $p < .05$.

 $p < .001$.