WELLNESS BEYOND SYMPTOM REDUCTION: AN EXPLORATION OF BLACK WOMAN-CENTERED WELLNESS FOR SURVIVORS OF GBV

by

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A Dissertation
Submitted to the
Graduate Faculty
of
George Mason University
in Partial Fulfillment of
The Requirements for the Degree
of
Doctor of Philosophy
Psychology

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Date: ________________________________ Summer Semester 2021
George Mason University
Fairfax, VA

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DEDICATION

This is dedicated to all the Black women whose fortitude, wisdom, and ingenuity forged the path for me to do this work.

This is for every Black woman who has been hurt, oppressed, marginalized, or abused; for every Black woman who has been further traumatized when trying to heal; for every Black woman who carries her family, organization, and/or community on her back; for every Black woman who has suffered in silence; and for every survivor who did not know thriving was possible, this is for you.

ACKNOWLEDGEMENTS

I have been blessed with a phenomenal support system that has been essential along this journey. First, I would like to thank my mother, Karen Hargrove; I thank God for you every day. You have been my biggest supporter throughout my entire life. You are my inspiration. I hope to embody your grace, your wisdom, your intelligence, your diligence, and your kindness in everything I do. Thank you for the sacrifices you made to get me through every stage of my education. Thank you for being there whenever I needed you. I truly could not have done any of this without you. A special thanks to my sister, Courtney Hargrove, for your constant support of my passions and scholarly pursuits. Thank you to my father, Julius Hargrove, for your unwavering love and encouragement. I also have immense gratitude for my grandmothers, Dolores and Peggye. Thank you both for the wonderful example you set that will leave an illustrious legacy for generations to come.

Thank you to my advisor, Lauren Cattaneo, for believing in me. Thank you for giving me a chance, for celebrating my strengths, and for truly seeing me. I appreciate the ways that you intentionally used your power and privilege to open doors, to level the playing field, and to advocate for me and others in your sphere of influence. You have been an outstanding mentor. I am so thankful for your guidance in my life. Thank you to my lab and my cohort for being a safe space throughout graduate school. Each of you have helped me throughout my journey. I do not take lightly the collaborative, supportive, and caring bond that we shared. A special thanks to all my mentors who have graciously shared their wisdom to help me succeed. Thank you to my friends, family, and spiritual family who have prayed for me to get here. Your encouragement and faith helped me make it through. A special thanks to my best friend, Tashira Merritt. Thank you for making our home a source of refuge throughout my time in graduate school. You helped me access joy in my most stressful moments. Your faith and convictions inspired me when I had less of my own. You have helped me grow in more ways than you know.

Finally, and most importantly, thank you God for your grace over my life. Thank you, God, for leading me to this program, for refining me through my most difficult moments, for freeing me from anxiety, doubt, and fear, and for loving me first. To God be the glory for every good thing that is to come from this work!

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LIST OF ABBREVIATIONS AND SYMBOLS

Gender-Based Violence .... GBV
Critical Race Theory .... CRT
Critical Race Methodology .... CRM
Participatory Action Research .... PAR
Intimate Partner Violence .... IPV
Sexual Assault .... SA
Child Sexual Abuse .... CSA
United States of America .... US
Number of participants (subgroup) .... n
Number of participants (total sample used in analysis) .... N

ABSTRACT

WELLNESS BEYOND SYMPTOM REDUCTION: AN EXPLORATION OF BLACK WOMAN-CENTERED WELLNESS FOR SURVIVORS OF GBV

Stephanie H. Hargrove, Ph.D.

George Mason University, 2021

Dissertation Director: Dr. Lauren B. Cattaneo

African American women experience Gender-based violence (GBV) at disproportionate rates compared to women of other racial and ethnic backgrounds, yet they access formal health care settings less. Culturally adapted interventions have been implemented with relative success, however there is still a lack of interventions that measure success based on standards of wellness that are most important to Black women. Some scholars have proposed Critical Race Theory (CRT) as an alternative framework to cultural competence to conceptualize Black women's wellness within the context of systemic racism, sexism, and classism. Across two studies, this dissertation explores wellness within context for Black women survivors of GBV through a literature review (Study 1) and then through in-depth qualitative interviews (Study 2). Study 1 is a literature review that explores components of wellness for Black women, GBV survivors. The peer-reviewed literature search yielded eight prospective domains of wellness within

four categories, using a CRT lens. The prospective domains are wellness in connection to *spirit*: Spirituality, *society*: Social Action Engagement and Critical Consciousness, *relationships*: Openness to Share Experiences, Developing Meaningful Community and Considering Family Relationships, and *self*: Reclaiming the Self and Physical Wholeness. For each domain, we provided a definition based on the literature and evidence for the relevance of the domain for Black women, GBV survivors using a CRT lens. Study 2 is a qualitative study aimed at 1) understanding the concept of Black woman-centered wellness after experiences of GBV and 2) exploring how their understanding of wellness aligns with the domains synthesized from the literature. This qualitative study included semi-structured, in-depth interviews, informed by Critical Race Theory, Liberation Psychology, Black Feminist and Womanist frameworks. The participants were 20 Black women who endorsed experiences of GBV from 13 different states/territories across the US. Formal data analysis included three waves of coding: open, axial, and selective coding. The results yielded two primary themes and six subthemes. The first theme highlights what wellness means within the context of ongoing sociopolitical oppression: wellness is steeped in resistance. The second theme delineates the specific intersecting components of wellness that are most important for Black women survivors of GBV: wellness is holistic through mind, body, and spirit. The participant's perspective on wellness compliments the domains that were outlined in the literature review and provides nuance that is important for the distinction of essential components of wellness and factors that facilitate wellness for Black women. The findings have implications for policy, practice, and future research.

STUDY ONE

The majority of research on Black women centers around their problems. This The majority of research on Black women centers around their problems. This literature review begins with the assumption that the critical gaze of research has been placed on the Black woman for far too long, and that scholarship that began as a necessary step to provide evidence for the injustices Black women endure has turned into a reductionist canon. I apply the framework of Critical Race Theory (CRT) to argue that instead of focusing on how Black women struggle, research should refocus to understand how systems do not meet the needs of Black women, and on strategies for facilitating Black women's wellness within that context.

Turning the lens of CRT to the epidemic of gender-based violence (GBV) against Black women means understanding that GBV is perpetuated and exacerbated by systemic forms of oppression (Gillum, 2008). It means acknowledging that behind every violent act is the backdrop of racism, sexism, classism, and other forms of oppression that incite the violence in the first place, allow it to continue, fail to bring it to justice, and neglect to effectively facilitate healing. Evidence suggests that the mental health system fails to provide the kind of care that Black women need to thrive given the context of racism, and that even the interventions that are designed specifically with Black women in mind still abide by White standards of wellness.

This critical lens suggests that services that do not address the fullness of Black women have substantial consequences. They leave the Black woman to fend for herself, to find ways to facilitate her own healing, while combatting various forms of oppression, and trying not to internalize why the services that were supposed to help, did not work for her. This paper aims to provide a foundation for a shift in understanding and serving Black women who are healing from GBV. First, I describe the prevalence and impact of GBV on Black women, and I define the CRT lens. Using this lens, then I present a detailed critique of current approaches to service, which leave Black women at the margins. Finally, I review scholarship about Black women's wellness following experiences of GBV in order to propose a set of wellness domains. Our aim is to present a conceptualization of wellness that places Black women in the center, guiding future work.

Prevalence and Impact of GBV for Black Women

Compared to women of other racial and ethnic backgrounds in the United States, Black women experience some of the highest rates of gender-based violence (GBV). According to the 2011 National Intimate Partner and Sexual Violence Survey, approximately 41.2% Black women have experienced physical violence by an intimate partner during their lifetimes compared to 30.5% of White women, 29.7% of Hispanic women and 15.3% of Asian or Pacific Islander women (Breiding, 2014). Similarly, rates of rape are highest in the Black community. Approximately 1 in 5 Black women (22.0%) in the United States has experienced rape at some point in their lives compared to White and Hispanic women with 18.8% and 14.6% respectively (Basile et al., 2011). The

severity of abuse is also higher for Black women than any other racial or ethnic group. According to the CDC, Black women experience the highest rates of homicide among women in the US, and over half of those homicides were related to intimate partner violence (IPV) (Petrosky et al., 2017).

GBV poses a significant threat to the physical health of all survivors, but the specifics vary by race. Black and multiracial women with a history of IPV experience violations of their reproductive rights such as pregnancy coercion, birth control sabotage, and unintended pregnancy more than White and Hispanic women (Miller et al., 2010). Black women specifically are more likely to be revictimized compared to women of other races. In turn, sexual revictimization puts Black women at a higher risk than non-Black women for being physically abused and participating in prostitution (Lang et al., 2011). A history of rape victimization can lead to risky sexual behaviors, which place Black girls at a higher risk of contracting STIs including HIV (Lang et al., 2011). IPV has also been shown to increase the likelihood of Black women contracting HIV or other STIs, due to sexual coercion from their partners (Wingood & DiClemente, 1998; Beadnell, Baker, Morrison, & Knox, 2000), and the rate of low birth weight and pre-term birth is significantly higher for Black women who are injured due to abuse during their pregnancy (Neggers, Goldenberg, Cliver, & Hauth, 2004). While these effects are substantial, they do not paint the full picture of the impact of GBV for Black women.

Similar to the larger population of survivors, mental health consequences can be just as devastating as the physical for Black women who have endured GBV. Research has documented links between IPV and a wide range of negative outcomes including

anxiety disorders, mood disorders, substance abuse, and suicidal thoughts (Houry et al., 2006; Lacey et al., 2015; Sabri et al., 2013). For Black women, these consequences are exacerbated by societal context. There is a history of societal narratives about Black women's morality that have been used to justify their victimization. For example, the "Jezebel" stereotype, established during slavery, depicts the Black woman as amoral and hypersexual, using seduction to exploit men and therefore justifying her rape by White slave masters (West, 1995). One study explored the how the perception of sexual abuse was influenced by the Jezebel stereotype. They found that the internalization of Jezebel stereotype, through cultural blame, was related to increased victim blaming and lower self-esteem for Black women who survived experiences of rape (Neville et al, 2004). In other words, women felt worse about themselves after experiencing sexual violence when they believed the stereotype that is perpetuated about Black women in society and used that narrative to blame themselves for their own assault. Thus, the negative impact that GBV can have on the health of African American survivors of trauma is severe, and it is inseparable from the social location that Black women hold in society.

Applying the Critical Race Theory Lens

Critical Race Theory foregrounds the historical and pervasive imbalance of power, privilege, and access to resources in the United States, based on race, and provides a lens to understand the full picture of Black women's experiences. According to CRT, race is a relevant component in every sector of life, intersecting with other aspects of identity to define lived experience (Delgado & Stefancic, 2017). Racism impacts Black survivors by compounding victimization with marginalization (Gillum,

2008), exacerbating the negative health outcomes associated with GBV (Donovan &Williams, 2002; Waltermaurer, Watson & McNutt, 2006; West, 2002).

The racist system that Black women live within often places them at the intersection of some of the most oppressed positions in society, framing their experiences of GBV. The concept of intersectionality is has become an integral tenet of CRT since the incorporation of work by Black Feminists such as Kimberlé Crenshaw (Gillborn, 2015). First formally articulated by Kimberlé Crenshaw (1990) within the context of law but with extensive historical roots (e.g., the intellectual contributions of Sojourner Truth, Audre Lorde, and Combahee River Collective; Hancock, 2016), intersectionality helps explain Black women's positionality in society and its consequences. Her argument for understanding intersectionality began with highlighting the limitations of identity politics, in which groups advocate for change with respect to particular social identity categories. Identity politics help address the needs of the many, while ignoring the needs of those with multiple marginalized identities (Crenshaw, 1990). For instance, in the political sphere, issues of race were historically taken on by the Black community through the anti-racist or Black power movements and women's issues were taken on by primarily White women through the feminist movement. However, when a Black woman is abused by a Black intimate partner, issues of both race and gender become relevant; since the issue does not fit neatly into the agenda of either social identity group, it is not thoroughly addressed by either. Since Black women are positioned in a different place socially, economically, and politically than women of other races, Crenshaw (1990)

suggests there needs to be a focus on their specific experience at the intersection of multiple identities that are subject to high degrees of oppression.

Exemplifying this intersection, one study found that Black women experienced gendered microaggressions in four primary ways: through assumptions of beauty and sexual objectification, being silenced and marginalized, and stereotyping as either the "strong Black woman" or the "angry Black woman" (p.301). The more gendered microaggressions Black women reported experiencing, the more psychological distress they experienced (Lewis & Neville, 2015). Black women often find themselves enduring sexism from men of all races and racism from both White men and women, and lacking solidarity within both of their gender and racial identity groups.

Socioeconomic status (SES) also impacts the experience of victimization among Black women. Over a quarter of Black women in the U.S. live in poverty, which is more than twice the rate of White women (U.S. Bureau of Labor Statistics, 2012). While the data show that Black women experience high rates of poverty, these statistics do not sufficiently capture those who technically live above the poverty line, but struggle to pay for their daily expenses. The intersection between race and class plays a role in the prevalence of victimization: One study found higher rates of IPV among Black individuals than White individuals, but when they controlled for economic status, the relationship between race and rate of IPV was not significant (Rennison & Planty 2003). The racist structure of the economy has created circumstances where being Black is deeply intertwined with low SES, to the point where removing economic status as a factor means race becomes statistically non-significant. Due to several factors, namely

systemic racism, Black people are disproportionately represented in low SES categories in the US so controlling for race alone becomes nearly impossible.

Historical trauma also frames the experience of GBV for Black women. Throughout the history of the U.S., Black women have experienced sexual violence, physical abuse and exploitive medical experimentation. These government sanctioned and socially endorsed practices inflicted on people of African descent, during slavery and throughout modern history, continue to plague the collective memory of African Americans (West, 2002). Historical racism has an impact that lasts beyond the enactment of oppression, lingering as a lens through which all of society is understood (Harrell, 2000). Effectively serving Black women requires taking this cultural and historical context into account (e.g., Bent-Goodley, 2004).

How Mainstream Mental Health Services Fall Short for Black Women

While survivors deserve justice in every area of service provision, it is especially critical that mental health services are adequately poised to serve the needs of Black women, given the significant potential for negative mental health consequences that only increase when considering their intersecting marginalized identities. However, even when Black women meet criteria for severe diagnoses, they do not tend to use mental health resources (Sabri et al., 2013). For example, Sabri and colleagues (2013) found that 66% of Black women GBV survivors with a diagnosis of co-occurring PTSD and depression were not getting mental health services. Significant evidence suggests that Black women tend to prefer religious coping or reliance on informal community rather than mental health services (Cooper-Patrick et al., 1997; El-Khoury et al., 2004; Ward et al., 2013). In

sum, Black women are experiencing GBV at higher rates than women of other racial backgrounds and are more impacted by it within the context of a racist and classist system, but they are less likely to access services specific to those impacts. This paradox suggests that there is a particular set of obstacles facing Black women in need of support. Some of these obstacles are structural, and constrain access to healthcare in general (Quillian, et.al, 2017; Scheppers et al., 2006; Thornicroft, 2008). Here I focus on the nature of the services themselves, which do not center the fullness of Black women's experiences.

Gaps in Culturally Competent Services

There is a substantial amount of evidence that shows lack of understanding of Black women's needs is a common obstacle for Black women seeking support (Bent Goodley, 2001; Donnelly et al., 2005; El-Khoury et al., 2004; Latta and Goodman, 2005; Liang, et al., 2005). In fact, many of the services designed to assist survivors of domestic violence take a "color-blind" approach to their interventions (Donnelly, Cook, Van Ausdale, & Foley, 2005). Such an approach assumes that all survivors are the same. For example, as Sullivan (2011) noted:

> "… many domestic violence programs promote women's autonomy and independence as the underlying frame-work guiding their service delivery. While this focus may resonate for many middle-class Anglo women…, it may not speak to the core beliefs of women from more collectivist cultures, who value interdependence and collective well-being over self-reliance and individual gain" (Sullivan, 2011, p. 192).

A qualitative study of 15 African American women with abuse histories elaborates how this lack of cultural relevance translates into discomfort with services. In this study, women reported "mainstream" mental health services were not respectful of

their needs and culture (Laughon, 2007). Women explained various barriers to receiving formal mental health care including lack of options for childcare, inaccessible location, providers not respecting or understanding their culture, and distrust of mental health providers. Several women did not feel comfortable fully disclosing their abuse experiences to their counselor because they feared the provider would call the police or child protective services – a concern that is echoed by advocates working with this population (Goodman et al., 2020). Given the many potential costs (emotional, financial, legal, etc.) that go along with seeking formal mental health treatment, most women opted out in favor of self-help books, talking to friends, and other strategies to help themselves heal (Laughon, 2007). Black women would rather forge their own path toward resilience than be misunderstood and further traumatized in formal mental health settings.

Scholars and practitioners have recognized that mainstream services often fall short for Black women as well as other women of color, and there is a body of scholarship that forwards cultural competence of services and service providers as the most effective pathway toward addressing that problem. Scholars have described what such interventions should look like both in general and specifically for Black women (Gillum, 2008). For example, a randomized control trial to prevent HIV and other STDs among African American women earning a low income utilized Afrocentric videos, pictures, music, and food as part of the intervention curriculum. African Americans were intentionally hired as facilitators and small group leaders to promote trust and fidelity (Robinson et al., 2002). Through such efforts, scholars have worked to define the factors that comprise culturally competent interventions for African Americans.

While great strides have been made through the cultural competence framework, this scholarship has shortcomings in three main areas. First, cultural competence has been critiqued as a mechanism that maintains the status quo of a racist system (Abrams & Moio, 2009; Schiele, 2007). Specifically, the breadth of the multiculturalism paradigm, which is a cornerstone of cultural competence, while well intended, has the potential to a perpetuate a color-blind perspective. Color-Blind Racial Ideology (CBRI) is a paradigm that manifests as "ultramodern" forms of racism (Neville et al., 2013 p. 455). It perpetuates racism through "color-evasion," or ignoring racial differences in favor of highlighting similarities, which prevents White supremacy from being addressed, and "power-evasion," which is the belief that all people are afforded the same opportunities to progress in society (Frankenberg, 1993). CBRI has been associated with the minimization and/or denial of blatant forms of racism, institutional racism, and racial privilege, and it is a particularly harmful mindset for Black people to adopt. Among African Americans, CBRI has been shown to be related to increased self-blame for social and economic disparities within society, the belief that social hierarchy exists because of inherently inferior and superior groups, and internalized racial stereotypes of Black people (Neville et al., 2013). Cultural competence does not explicitly endorse CBRI, yet some of the core tenets reinforce colorblindness. The cultural competence framework can also lead to overgeneralizations where culture is equated with group membership and characteristics of the group members are amalgamated into a "one-size-fits-all" approach (Kirmayer, 2012 p. 160). The conflation of group characteristics and the lack of attention given to

historical and social context does not do enough to attend to intersectionality, nor does it explicitly address racism.

Second, in clinical practice and practitioner education, cultural competence has been criticized for its focus on the individual. While cultural competence calls for providers to consider culture and context, it is often constrained within the limits of individual service provision rather than laying out a framework to address systemic and institutionalized oppressions (Abrams & Moio, 2009). Like CBRI, the individual nature of the cultural competence paradigm prevents it from adequately address the systemic racism that frames Black women's experience of GBV.

A third critique of cultural competence is the lack of clarity around operationalization and outcome goals. Models of cultural competence have attempted to delineate its dimensions but stop short of showing how dimensions interact to form a whole construct, making them difficult to apply (Ridley, Baker, & Hill, 2001). Measures of cultural competence are often self-report assessments of the practitioner's/ student's perspective of their own competence, typically without input from the ones receiving care. While many cultural competence scholars renounce the outcome goal of competency, the measures are implemented in ways similar to other competence-based practices in medical and mental health settings (Beagan, 2018). The lack of consensus around measurement and operationalization allows practitioners to revert back to the status quo of outcome goals based on the Western medical model (Abrams & Moio, 2009). In other words, well-intended practitioners may seek to implement culturally competent interventions, but without a consensus about how to operationalize the

construct or its aims, they are likely to utilize traditional outcome measures without truly understanding or attending to client needs relevant to culture, intersectionality, and socio-political context. Kirmayer (2012) articulated the need for a shift from cultural competence this way:

> We need to diversify our notion of competence itself, not to encourage the indiscriminate embrace of any treatment that is labelled traditional but to broaden our notions of efficacy and outcome to assess practitioners and treatments in diverse systems of healing and intervention. (p.157)

In sum, while some scholars advocate to find more effective ways to implement culturally competent interventions, others warn against its shortcomings in addressing systemic inequality. Further, many express frustrations in the lack of clarity about how to measure cultural competence and its outcomes in a way that accurately addresses the impact of services provided. The tendency is to use "standard" outcome measures for culturally competent treatment, which again avoids the specificity of the approach needed for Black women.

Shortcomings in the Way Health and Illness are Defined

According to CRT, "racism is ordinary not aberrational" (Delgado & Stefancic, 2017, p. 8); as such it is embedded in norms and standards, including those foundational to mental health care. Racism impacts the very way that illness and health are defined within the mental health system. For instance, some of the earliest psychiatric diagnoses of Black people were used to explain the "disordered" mind of enslaved Africans who defied their masters. Physician and medical writer Samuel Cartwright developed theories of drapetomania - a mental illness that caused slaves to run away, dysaesthesia aethiopica - a belief that slaves did not feel or understand punishment in the same way as White

people, and rascality -a term used to define an illness that caused slaves to commit petty offenses (Willoughby, 2018). Those theories were used to support White supremacy, perpetuate the enslavement of Africans, and label any resistance to this system as illness. Despite the fact that such definitions have historically perpetuated oppression for minority groups (Korchin, 1980), research tends to evaluate interventions according to standards developed within that system without question. Such examples underscore the need to critically explore definitions of health and sickness when treating populations that have been systematically disenfranchised and exploited by the mental health system.

In a less extreme example, gold standards of care such as Cognitive Behavioral Therapy were initially developed with and for White populations and later adapted for other ethnic groups and cultures. Most CBT trials continue to include a majority of White samples (Windsor, Jemal, & Alessi, 2015). There have been several adaptations of CBT to include culture, and many would classify the adaptations as a step toward equality. However, according to CRT principles, incremental or surface level changes are not enough. The mental health system is so steeped in racism that the small changes end up nullified by the other racist processes at work within the system (Delgado & Stefancic, 2017).

Even culturally specific interventions that are Black woman-centered retain a focus on White norms, in that they measure their outcomes based on symptom reduction. For example, Kaslow and colleagues (2010) measured the success of their culturally based intervention for Black female IPV survivors by reduction of depressive symptoms, suicidal ideation, and PTSD symptoms. Similarly, Nicolaidis and colleagues (2013)

measured success of their community-based intervention for African American IPV survivors with depression by reduction of depression symptoms using the PHQ9. Both studies found that women who participated in the program had reduced depression symptoms following the intervention. While these studies are useful, they are missing the broader picture of what healing means to Black women: It is unclear if the services are effective in the way that is most relevant and important to the women themselves.

A focus on symptom reduction risks harm to Black women in several ways: 1) It locates the problem within the individual and evaluates that individual according to Western standards. By this way of thinking, if the person does not heal in the way that is expected according to the White dominant norms, then the person is somehow to blame. 2) It mischaracterizes the baseline. Given the context of racism described earlier, Black women are positioned in a place of disadvantage compared to women of other races. Trauma happens within that context. To assume that all patients start in the same place would be ignoring the substantial impact of racism on Black women. 3) It ignores the context that people are healing within. Because they must navigate the context of racism while healing, Black women in the U.S. need a set of skills and knowledge that are not the same as they would be for other racial or gender groups, and conceptualizations of wellness should reflect this difference.

When symptom reduction is the goal, we risk defining wellbeing in a way that misses the heart of what matters to Black women, or even perpetuates their oppression by suggesting any failure to heal is their own fault. Black women navigating the healing process within a racist society deserve more from mental health service providers. In

order to effectively treat Black women survivors of trauma, it is necessary to go beyond White norms and instead develop models where Black women are at the center from inception. As articulated by French and colleagues (2020) in their framework for "radical healing,"

> "We believe that we are currently in critical and radical times, which necessitate a radical response to injustice—one that moves beyond individual Eurocentric symptom reduction and toward collective multisystemic resistance and new realities" (p. 19).

Black Woman-Centered Wellness for Survivors of GBV

Just as racism frames the experience of Black women, so does the resilience they develop as a response to their circumstances, and consistent with the CRT lens, the strengths Black women embody should also be incorporated in conceptualizing wellness (Delgado & Stefancic, 2017). Despite formidable barriers, Black women have made strides in education, business, and in their communities.

In higher education, Black women have progressed significantly in spite of racism in the education system with two thirds of the bachelor's degrees, 70% of the master's degrees, and 60% of the doctorates among African Americans (Jeffries, 2015). Despite a general decline in entrepreneurship in the U.S., Black women are starting businesses at the fastest rate of any racial group. Since 2007, Black women heading firms has grown by 164% (McLymont, 2018). Black women-owned businesses had the highest rate of growth of any group with a growth rate of 12% compared to an average 8% growth rate between 2014 and 2019 (The State of Women-Owned Businesses, 2019). In addition to achieving success in sectors valued by the dominant culture such as education and business, Black women have pushed forward in less celebrated sectors such as their

homes and communities. Black women have found ways to be resilient in the face of mass incarceration (Roberts, 2003), community violence (Jenkins, 2002), and state sanctioned violence (Méndez, 2016) that has ravaged their communities and killed and detached many Black men from their families. For generations, Black women have been heads of household, sole providers, and mothers to others in their communities, using creative solutions to manage hardship stemming from systemic racism (Hine, 2007; Jenkins, 2002).

These efforts take a toll on the mental health of Black women. In line with the trend of Black women essentially making a way out of no way, when mental health service providers were not equipped to support them, they opted for family, churches, and community organizations instead (Ullman & Lorenz, 2020). However, these informal sources vary widely in their capacity to support, the resources they have available, and expertise in particular areas of healing. This gap leaves Black women in a space where they may appear to be succeeding by many standards, but they may not have healed from all that they have been forced to endure, including GBV.

Black women need a path to thriving on their own terms. While such a framework has not been clearly described, there is relevant scholarship to provide a starting place. In the next section, I review the literature in order to articulate that foundation.

Literature Review Method

In order to develop a holistic understanding of wellness for Black women GBV survivors, I engaged in a broad review. I began by exploring peer-reviewed literature using APA PsycNet and Google Scholar to identify scholarship that articulated the

components of wellness for Black women following experiences of GBV. In response to the limited findings from the initial search, I expanded the review criteria to include articles that were focused on at least two essential elements related to the topic of interest: the "GBV" criterion was expanded to include intimate partner violence (IPV), sexual assault (SA), and childhood sexual assault (CSA); the "Black women" criterion was expanded to include the terms African and African American; the wellness criterion was expanded to include wellbeing, posttraumatic growth, coping, and healing. The expanded search yielded 127 articles that met criteria for review.

Two articles stood out among the rest as foundational pieces for the development of wellness domains for Black women GBV survivors: Taylor's (2004) ethnographic study investigating the process of recovery following domestic violence and Bent-Goodley's (2005) work applying African-centered cultural principles to treating Black women who experienced domestic violence. With significant scaffolding from Taylor and Bent-Goodley, I synthesized the themes that emerged from the relevant literature and narrowed them down to eight domains of wellness. I synthesized the relevant literature and determined eight prospective domains of wellness for this population. I conducted a second literature review to further explore and substantiate the eight domains using key words "Black", "African American", "Black Women", "IPV" "Sexual Assault", "Childhood Sexual Abuse" or "GBV", and the name of the wellness domain. In cases when this search did not turn up any literature, I conducted an additional search using just the name of the wellness domain.

Eight Domains of Wellness

The results of our literature review include the work of scholars who have made strides in conceptualizing wellness for Black women survivors of GBV. This literature describes coping strategies, evaluates interventions, and identifies factors that promote wellness among Black women (Bent-Goodley, 2005; Bryant-Davis, 2005; Dickerson, 2011; Taylor, 2004). I draw substantially from Taylor's (2004) study investigating the process of recovery following domestic violence. Six themes of "survivorship-thriving" were identified from Black women's stories: sharing secrets/shattering silences, reclaiming the self, renewing the spirit, self-healing through forgiveness, finding inspiration in the future, and self-generativity by engaging in social activism. This study builds on Taylor's work by examining and synthesizing these themes as standards of wellness instead of processes of thriving.

With respect to Afro-centric values, Bent-Goodley (2005) determined eight African-centered cultural principles derived from the values and practices of ancient African cultures, and suggested that they should inform interventions with Black women survivors of domestic violence. For each principle, Bent-Goodley describes its significance to people of African descent, and its application to Black women experiencing domestic violence. The principles include Fundamental Goodness, Self-knowledge, Communalism, Interconnectedness, Spirituality, Self-Reliance, Language and Oral Tradition, and Thought and Practice (Bent-Goodley, 2005). These principles were used as a litmus test to assure that the proposed wellness domains were culturally relevant.

Finally, applying the lens of CRT, I articulate the connection between each domain and the context of racism within which Black women must heal. The result of this process is eight potential domains of wellness (Table 1) for Black women survivors of GBV, within four distinct categories: wellness in connection to spirit, society, relationships, and self. Wellness in connection to spirit is its own domain; wellness in connection to society includes Social Action Engagement and Critical Consciousness; wellness in relationships includes the domains Openness to Share Experiences, Developing Meaningful Community and Considering Family Relationships; and wellness in connection to self includes domains of Reclaiming the Self and Physical Wholeness.

Table 1 *Black Woman-Centered Wellness Domains*

Wellness Domain	Definition
Wellness in Connection to Spirit	
Spiritual Wellbeing	A two-way relationship with something greater than the self. Wellbeing on one side of the relationship involves gratitude, a destiny, faith in the "universal order of things", and a belief in something greater than the self. The other side of the relationship is the sense of receiving from "the transcendent" compassion, support, guidance, and knowledge.
Wellness in Connection to Society	
Social Action Engagement	The range of ways in which Black women participate in altruistic activities, political movements, and practices that influence systemic change after experiencing GBV
Critical Consciousness	Understanding how systems of power, privilege and oppression are at work in society, and how those systems impact the daily lives of Black women survivors of GBV, as well as the intention to counter unjust systems and toxic narratives
Wellness in Connection to Relationships	

Openness to Share Experiences	Willingness to sharing elements of the traumatic experiences with others for their personal healing and/or for the benefit of others
Developing Meaningful Community	Creating or tapping into established relationships specifically to problem solve, share experiences, access resources, and engage in strategies that promote healing
Considering Family Relationships	Taking the time to examine the role family plays in the survivor's life given the context of her experiences, allowing her to celebrate phenomenal familial relationships, reconnect with estranged family members, or create other family spaces when her family of origin is not an option she desires.
Wellness in Connection to Self	
Reclaiming the Self	Shedding stigmatizing labels and degrading self-talk and moving toward embracing who she is and what she's experienced; Engaging in activities that build up the survivor's sense of purpose and identity in the context of a society that presents ongoing stressors.
Physical Wholeness	Feeling connected and comfortable in her own body.

In the following sections, I provide a definition of each Black woman-centered wellness domain, based on previous scholarship. Then I discuss how scholarship supports the importance of the wellness domain for Black women survivors of GBV. I highlight what makes each domain Black woman-centered by describing its resonance with African centered principles and the relevance to the context of racism. Finally, I conclude by highlighting the questions this literature review leaves unanswered.

Wellness in Connection to Spirit

Spiritual Wellbeing

Definition. Spirituality is two-way relationship with something greater than the self. Wellbeing on one side of the relationship involves gratitude, a sense of destiny, faith in the "universal order of things," and a belief in something greater than the self (Miller, 1995; Musgrave, Allen, & Allen, 2002; Watlington & Murphy, 2006). Wellbeing on the other side of the relationship is the sense of receiving from "the transcendent" compassion, support, guidance and knowledge (Dickerson, 2011; Mattis, 2002).

Research Support. Spiritual wellbeing is the primary domain that is highlighted in the literature as an area of thriving for Black women who have endured GBV. Several studies have found that Black women survivors of GBV consider spirituality and/ or religious coping to be an integral part of their healing process (Arnette et al., 2007; Blakey, 2016; Bryant-Davis & Wong, 2013; Taylor, 2004). Bryant-Davis & Wong (2013) came to this conclusion after reviewing the literature on the link between religious coping, spirituality, and trauma recovery. According to their review, there is substantial evidence that spiritual and religious coping are strategies that promote women's recovery following interpersonal violence, but most violence intervention programs do not include a focus on survivors' spiritual life.

Spiritualty is an important factor in trauma recovery in general, but it is an especially salient component for healing among Black women. Research suggests that spiritual wellness protects Black women from symptoms related to trauma (Davis et al., 2009; Dickerson, 2011; Meadows et al., 2005), and from engaging in life threatening behaviors such as attempting suicide (Meadows et al., 2005). In an evaluation of an intervention designed for African American women survivors that promoted spiritual

wellbeing, over 80% of the program participants said that the intervention increased their ability to talk about IPV and suicidal feelings, helped them cope more effectively with IPV, and reduced their suicidality (Davis et al., 2009).

Evidence suggests that spiritual wellness not only supports the healing process, but also allows for Black women survivors to thrive after experiencing GBV. Two ethnographic studies support this contention. Taylor (2004) found that Black women identified spirituality as a process that promoted thriving, and in Dickerson's study (2011), Black women revealed that spiritual connection to God was the primary factor that allowed them to experience deeper levels of strength and wisdom following trauma.

What Makes it Black Woman-Centered. Emphasis on the spiritual is a value that is central to African culture. Spirituality is a core component of how people of African descent understand, interpret, and find meaning in life. Since spirituality is central to understanding life, it is essential for true healing and thriving according to ancient African principles (Bent-Goodley, 2005). The connection between mind, body, and spirit are inextricably intertwined. Each part is only understood in relation with the other. From this perspective, a person cannot truly heal in their body and mind unless they have attended to their spirit as well (Monteiro & Wall, 2011). Spiritualty is deeply rooted in African American history as well. Many African Americans attribute faith as one of the main sources of strength that helped their ancestors endure and escape slavery.

Wellness in Connection to Society

Social Action Engagement

Definition. Social Action Engagement encompasses the range of ways in which Black women participate in altruistic activities, political movements, and practices that influence systemic change after experiencing GBV (Draucker et al., 2011; Taylor, 2004).

Research Support. Social Action Engagement among Black women is ignited by the desire to transform the pain of their past experiences to serve a greater purpose. In a study of Black women who experienced IPV, the reason they participated in activism was to help validate the struggles of women in similar situations and fight to prevent others from going through the same experiences (Bryant-Davis, 2005). Many women find that helping ensure that others do not suffer in the same way they did helps produce posttraumatic growth within themselves. For example, among a sample of Black women survivors of IPV, many reported that participating in the research process, with the intention of helping others in the Black community, facilitated feelings of empowerment following experiences of trauma (Taylor, 2005). Similarly, a study with a population of mostly Black women who experienced CSA identified that a commitment to help improve the lives of others is a sign of recovery for survivors (Draucker et al., 2011). Social Action Engagement was also identified as a method of coping that promoted healing for Black women survivors of child abuse (Bryant-Davis, 2005). The role of Social Action Engagement in the lives of survivors even impacts the effectiveness of interventions. A literature review of domestic violence interventions found that most of the effective programs for Black women include activism within communities and among organizations (Hampton et al, 2008). In sum, social action has the potential to promote healing as well as posttraumatic growth.

What Makes it Black Woman-Centered. This domain reflects the African principles of Thought and Practice and Interconnectedness. Bent-Goodley (2005) describes thought and practice as joining knowledge with social action, helping to bring about a more just society. Interconnectedness is the way in which African people's destinies are intertwined, meaning that the fate of one person is inextricable from the other. The suffering of one Black woman is the suffering of all Black women and the success of one Black woman is the success of all Black women. Black women have the opportunity to live out the principle of thought and practice and validate their value of Interconnectedness through social action. Social Action Engagement is an important indicator of wellness for Black women who are fighting against racism as well, helping to maintain a sense of purpose and hope.

Critical Consciousness

Definition. Critical Consciousness in the context of Black women survivors of GBV refers to understanding how systems of power, privilege and oppression are at work in society, and how those systems impact the daily lives of Black women survivors of GBV, as well as the intention to counter unjust systems and toxic narratives (Bryant-Davis, 2005; Dickerson, 2011; Friere, 1973; Singh, Garnett, and Williams, 2013). It can exist in combination with Social Action, or on its own.

Research Support. Critical Consciousness is a component of wellbeing for Black women survivors of GBV because it constitutes awareness of the realities of systemic oppression, the outcomes of which they might otherwise attribute to themselves. For instance, Dickerson (2011) found that when survivors are educated about the power and

control dynamics of domestic violence and understand how it is perpetuated in society, it helped them take effective action that promoted healing. While relevant to all survivors of GBV, critical consciousness is particularly important for Black women, given the potential to be subjected to multiple forms of marginalization due to their intersectional identities. One study found that Black women CSA survivors identified recognizing and resisting internalization of racist and sexist stereotypes of African American women to be a factor contributing to their healing process (Singh, Garnett, and Williams, 2013). Understanding the world through a critical lens helped survivors combat feelings of self-blame and shame that stemmed from their experiences of trauma. Similarly, Bryant-Davis (2005) created a term for a type of critical consciousness called "racial reframing" (p. 413) where survivors of trauma make meaning of their experience within the cultural and historical context of racism. She found that CSA survivors reported racial reframing as a primary coping strategy because it gave them a sense of control (Bryant-Davis, 2005). The awareness and mindset shift involved in critical consciousness allows survivors to fully comprehend their experiences of abuse, within context. As a result, scholars have called for service providers to explicitly address prejudice, power, and oppression through their interventions with Black women survivors (Nnawulezi & Sullivan, 2014).

What Makes it Black Woman-Centered. The African-centered principles of Interconnectedness and Thought and Practice support the significance of critical consciousness for people of African descent (Bent-Goodley, 2005). Interconnectedness is relevant because Critical Consciousness allows for the full frame of the Black experience

to come to light which promotes a deeper connection to African history, culture, and people sharing in the experience of enduring and/or fighting oppression. Thought and Practice also aligns with this domain due to the importance of the knowledge of systemic oppression that can eventually lead to meaningful social action. Black women can benefit from recognizing systemic racism and other forms of oppression so that they can better understand their experiences within context, and resist placing blame on the individual.

Wellness in Connection to Relationships

Openness to Share Experiences

Definition. Openness to Share Experiences refers to survivors' willingness to sharing elements of their traumatic experiences with others for their personal healing and/or for the benefit of others (Taylor, 2004; Taylor, 2005).

Research Support. The survivor's openness to talk about her traumatic experiences without fear or shame has been described as a sign that she is moving from surviving to thriving (Banyard & Williams, 2007; Taylor, 2004). For instance, one study found that among a predominately female and African American sample, for women who experienced childhood sexual abuse, disclosure served as a mechanism through which survivors overcame feelings of guilt and shame (Draucker et al., 2011). Black women are better able to recover from traumatic experiences when they can share their story with others. A study by Taylor (2005) also found evidence for the benefit of disclosure within research to promote thriving among Black women who experienced domestic violence. Sharing personal stories, particularly traumatic experiences, is also known as testimony. As Taylor (2005) explained, "Testimony is a vehicle by which [Black] women share their

stories and perform self-healing, affirmation, and empowerment" (Taylor, 2005, p. 154). When a Black woman is able to share the testimony of her past trials, she is demonstrating a level of healing that promotes overall thriving.

What Makes it Black Woman-Centered. This domain is aligned with the African principle of language and oral tradition. Some survivors may use poems, some tell stories, and some develop lyrics to share their experiences with others. Important factors included in African language and oral tradition are the meaning behind the words used, the rhythm, and the flow of the interaction. The manner of expression and the meaning behind sharing stories are just as important as the content that is being communicated for Black women (Bent-Goodley, 2005). This domain can serve as an indicator of wellness within the context of racism as well. Similar to survivors of GBV, Black women who have endured racism cannot experience full wellness until they are able to share their story. Since experiences of racism are prevalent in the Black community, sharing stories can facilitate connection and support for Black women. Furthermore, getting comfortable sharing with others can be a mechanism for maintaining wellness as one continues to encounter the stresses of living in a racist society.

Developing Meaningful Community

Definition. Developing meaningful community involves creating or tapping into established relationships specifically to problem solve, share experiences, access resources, and engage in other strategies that promote healing. (Bryant-Davis, 2005; Singh, Garnett, & Williams, 2013).

Research Support. The context of racism and historical mistrust of mainstream mental health outlets increase the significance of the trusted communities that survivors can access following experiences of trauma (Bryant-Davis, 2005). While meaningful community seeks to go beyond social support to include people who provide a safe place to process the full context of their situation, much of the research has explored social support. Social support has been shown to serve as a protective factor among Black women GBV survivors. For instance, one study found that support from friends and family reduced adverse mental health outcomes for majority Black survivors by nearly 50 percent and decreased the likelihood of attempting suicide (Coker et al., 2002). Black women survivors with meaningful community support are also less likely to report symptoms of depression and PTSD (Bryant-Davis et al., 2011).

Meaningful community can also help survivors move from surviving to thriving. Relationships with others has been found to motivate survivors to make positive changes in their lives (Banyard & Williams, 2007), and increase their sense of competency and efficacy (Hobfoll et al., 2002). For instance, Singh, Garnett, & Williams (2013) found that among Black women survivors of CSA, the support they received from their community helped bolster resilience by increasing their sense of self-empowerment and self-efficacy. Wellness for Black women must include some form of meaningful community space where they can feel safe to share their feelings, receive support, and gain access to resources.

What Makes it Black Woman-Centered. Communalism and interconnectedness are the African-centered principles that provide the foundation for this domain (Bent-

Goodley, 2005). Communalism embodies the value of interdependence and loyalty one has with others in their group. Interconnectedness and communalism both emphasize aspects of relational humanity. The African philosophy of Ubuntu further describes the essence of relational humanity, wherein the belief is “I am because we are, and because we are, I am,” (Ngunjiri, 2016). The strong cultural significance of communalism and interconnectivity in the African American community supports the need for meaningful community support among Black women survivors of GBV. Meaningful community also serves to help the survivor maintain wellness within the context of a racist society; it provides a safe space to address the needs of women who are likely to experience marginalization in multiple capacities.

Considering Family Relationships

Definition. Considering Family Relationships is about the survivor taking the time to examine the role her family plays in her life given the context of her experiences. This examination allows her to celebrate phenomenal familial relationships, reconnect with estranged family members, or create other family spaces when her family of origin is not an option she desires (Singh, Garnett, and Williams, 2013; Taft et al, 2009).

Research Support. Considering Family Relationships is an important aspect of wellness because family dynamics have the power to influence the survivor’s wellbeing. Unhealthy family relationships can prevent a survivor from healing. In many cases, survivors of GBV may have been isolated from family or their circumstances might have caused problems with family members (Russo & Pirlott, 2006). The lack of support from family can hinder the survivor from seeking help in times of need. For instance, one

study found that survivors who were alienated from family were more likely to avoid help seeking compared to survivors who had familial support (Wozniak & Allen, 2012). Repairing and maintaining healthy relationships among family members can be protective and promote thriving. For example, in one study, African American survivors of CSA identified repairing and effectively navigating family relationships as an important resilience factor in their healing process (Singh, Garnett, and Williams, 2013). Wozniak & Allen (2012) found that survivors with family support were more likely to leave their abusers and seek help than those who did not have family support. In some cases, restoring family bonds is the goal, while for others, severing ties may be the decision they choose for their healing process. The definition of family may vary by individual but the significance of family in the life of a Black woman remains the same. Healthy family and/or pseudo family relationships are integral to the overall wellbeing of Black women with histories of GBV.

What Makes it Black Woman-Centered. This domain reflects the African-centered principle of communalism (Bent-Goodley, 2005). The African philosophy of Ubuntu also applies to this domain because the survivor's understanding of herself following trauma is intertwined with her family dynamic. Family connection provides the deeper and more intimate forms of community that are necessary for Black women to thrive. Families heavily influence the values and perspectives of the individual. Similar to how family can foster wellbeing or unhealthy outcomes among survivors, the same applies when navigating racist systems. Supportive connections with family can serve as

a haven from the experience of racism where the survivor can make meaning of their encounters in line with their family values.

Wellness in Connection to Self

Reclaiming the Self

Definition. Reclaiming the Self refers to the ways in which survivors of GBV are able to shed stigmatizing labels and degrading self-talk and move toward embracing who they are and what they have experienced. Reclaiming the Self involves two main areas of change for Black women: redefining the self after experiencing trauma and engaging in activities that build up the survivor's sense of purpose and identity in the context of a society that presents ongoing stressors (Dickerson, 2011; Draucker et al., 2011; Taylor, 2004).

Research Support. GBV is often associated with shame and guilt for survivors. The stigmatizing nature of GBV can often be enough to make survivors feel as if they are damaged or worthless (Eisikovits & Enosh, 1997; Nash, 2005). Therefore, it is important for Black women who have experienced GBV to reaffirm their value through embracing the whole self. Reclaiming the Self is facilitated by engaging in actions such as developing healthy eating habits, promoting equality in relationships, and helping others (Draucker et al., 2011). The other way in which survivors reclaim the self is by changing their mindset. Particularly among survivors of IPV, reclaiming the self involves believing that they are not defined by their experiences of abuse so that they can claim a "restored" identity (Bryant-Davis, 2005; Dickerson, 2011).

Research supports the idea that the process of reclaiming the self-facilitates the wellbeing of survivors. For example, a longitudinal mixed methods study found that coming to a place of peace within the self was indicative of recovery in a majority African American sample of complex trauma and childhood sexual abuse survivors. The qualitative portion of that study revealed survivor's active efforts to increase a sense of purpose was what facilitated their resilience process over time (Banyard & Williams, 2007). Beyond recovery, there is a possibility for post traumatic growth where one becomes better for their experiences of trauma. Survivors who embraced their whole self, felt like they were better for their experiences because they developed a new sense of confidence and pride (Dickerson, 2011). In another study, Black women who experienced IPV identified that engagement in activities that helped boost their self-efficacy were ways that they "reclaimed the self," including setting and achieving goals at work and in areas of personal growth (Taylor, 2004). When GBV survivors no longer define themselves by the stigma associated with their traumatic experiences, they can embrace who they are fully, which helps facilitate wellness.

What Makes it Black Woman-Centered. Reclaiming the Self encompasses several African-centered principles including fundamental goodness, self-reliance, and self-knowledge. Fundamental goodness is the notion that people are inherently good; even if they have behaved in ways that were considered "bad," they always have potential to change for the better (Bent-Goodley, 2005). This principle is important for survivors who might blame themselves for abuse or for those who feel like a bad person following their traumatic experiences. While people of African descent are generally

communal, they also value self-reliance– the development and contributions of the individual for the advancement of the community as a whole (Bent-Goodley, 2005). Self-knowledge also aligns with this wellness domain because it is a principle based on the belief that people should be reflective and understand how they function in society in order to thrive (Bent-Goodley, 2005). Reclaiming the Self calls for survivors to get to know themselves intimately in order to heal from their traumatic experiences.

Reclaiming the self can be doubly necessary for Black women because of experiences of discrimination. It is important to note that discrimination can happen before and after the trauma– potentially compounding its effects and threatening efforts to heal. Research shows that salient Black identity formation is a protective factor against the impact of discrimination (Landrine and Klonoff, 1996), suggesting that Black women who have reclaimed their identity as a Black woman and survivor will be better able to withstand the effects of racism.

Physical Wholeness

Definition. Physical wholeness refers to Black women feeling connected and comfortable in their bodies (Bryant-Davis, 2005; Monteiro & Wall, 2011).

Research Support. Women may feel disconnected or dissociated from their body because of the coping mechanisms the body employed during experiences of trauma. Following the trauma, it is important that a survivor is able to reconnect with her body, and to rediscover a sense of safety within herself (Van der Kolk, 2015). Several types of physical activity have been suggested to help Black women reconnect with their bodies

and express their trauma physically, such as yoga and other forms of exercise, but none as much as dance (Bryant-Davis, 2005).

Dance is a healing strategy that can help women engage in Physical Wholeness, by increasing survivors' connectedness to their body and allowing for them to express their feelings, physically (Hanna, 1995 & Monteiro & Wall, 2011). For instance, a wellness group dedicated to Black women survivors of trauma found that incorporating dance in their group interventions helped foster increased connection within themselves and others in the group. Survivors felt more comfortable with themselves and were better able to process their traumatic experiences following the intervention (Akinsulure-Smith, Ghiglione, & Wollmershauser, 2008). Another group utilized similar group therapy strategies that included dance among other practices that incorporated culture for African refugees who were victims of torture. Many of the survivors experienced such extreme forms of trauma that it was difficult for them to verbally express their feelings. Dance was one way in which survivors could move through processing the pain of their trauma without having to verbalize it right away (Stepakoff, 2007).

What Makes it Black Woman-Centered. Physical Wholeness involves the African-centered principles of self-reliance and self-knowledge (Bent-Goodley, 2005). Self-knowledge cannot be holistically experienced without acknowledging the physical body. For Black women, embracing skin color, shape, size, and recovery processes of the physical body can promote self-knowledge. Self-reliance is essentially a principle about agency and Physical Wholeness allows Black women to participate in agentic behaviors like: using the body to fight off danger, march for change, and dance freely are all

examples of the way physical wholeness is tied to the agency needed for self-reliance. When the survivor feels secure in her whole self, then she is better able to engage in self-reliance because she knows and trusts all parts of herself (Laughon, 2007). Physical Wholeness also relates to an African-centered conceptualization of wellness by honoring the value of "holism." Holism is about the integration of the African body, mind, and spirit (Monteiro & Wall, 2011p. 235). The wellness domain of Physical Wholeness facilitates the reintegration of the body into the full self. Also, engaging in purposeful physical activity can become a wellness maintenance tool, as it can serve as a mechanism to process other traumatic experiences that Black women are likely to face, such as intersectional marginalization due to systemic racism.

Limitations

There are some limitations of the study worth noting. The presented domains are based on existing scholarship and do not utilize a participatory framework. CRT includes values experiential wisdom and utilizing participatory practices, so ideally work that impacts marginalized communities would include such practices (Delgado & Stefancic, 2017). Future research utilizing participatory methods is needed to build on the current work so that survivors can define Black woman-centered wellness in their own words. Furthermore, an important epistemological question to consider is "what counts as knowledge"? This review relied on peer reviewed liturature to develop a knowledge base, however critical theorists have posited that solely relying on peer-reviewed work that is rooted in and perpetuates a system that undervalues the experiences of minoritized people, is not sufficient. Future research is needed to explore these topics in spaces

outside of the traditional academic spaces to emphasize other ways of knowing that is not reliant on "ivory tower" gatekeeping.

The wellness domains are synthesized from scholarship that is primarily focused on resilience, coping, and theory but very little from empirical work. There is a general lack of empirical work in this content area. Additionally, the majority of the research included in this review was grounded in the experiences of cisgender, straight, Black women. More research is needed to expand the cannon to include an understanding of wellness among Black women who have other salient intersectional identities such as the experience of LGBTQ GBV survivors. Finally, the majority of the literature used to develop these domains are based on African American women. Our emphasis on African-centered principles in this study means that theoretically all women of African descent could resonate with these domains, however it is unclear to what extent based on the samples included in the relevant literature. There is a need for further research assessing the proposed domains among women who identify as Black throughout the diaspora.

Gaps

While there is research support for each of these wellness domains, there are gaps in the literature that need to be addressed. Most of the research support for the wellness domains were initially identified as coping mechanisms for Black women, which would indicate that these are areas of wellness that Black women engage in without the influence of intervention. Much of literature highlights the resilience factors Black women have displayed amid centuries of oppression but have not produced sufficient scholarship with a critical lens toward the systems that perpetuate oppression and force

Black women to engage in such coping. The over-emphasis on coping can inadvertently perpetuate a victim blaming mentality. Also, there are very few empirically tested interventions designed utilizing the presented domains. Without sufficient empirical data, it is difficult to glean what practices work well for Black women. Even when empirical studies are conducted with interventions tailored for Black women, the outcomes are often measuring symptom reduction, which does not fully grasp what wellness means to Black women.

Inconsistent terminology is also a significant barrier to applying these wellness domains. For example, spiritualty and religious coping are sometimes used interchangeably in research, but some scholars differentiate between the two and have found different outcomes for each concept within the same population (Dickerson, 2011). Social Action Engagement can be difficult to define because there are numerous terms used to describe similar concepts as Social Action Engagement such as advocacy, activism, civic engagement, self-generativity, volunteering, and altruism. The inconsistency in terms can make it difficult to determine if there are significant differences among these related constructs. On the other hand, "social support" has been used consistently among scholars but there are various ways of defining it, some that include cultural context and some that do not. A cohesive description of these domains with clear definitions would allow for the development of a stronger knowledge base about Black woman-centered wellness following experiences of GBV.

A particularly important gap highlighted by the CRT framework is that there are very few studies where Black women's voices are prominent in the development of

wellness outcomes that are meaningful to them. There is a substantial amount of studies where Black women survivors are surveyed about their experiences but not about their preferences. The field is in need of more studies that utilize participatory action research (PAR), critical participatory action research (CPAR) community based-participatory research (CBPR), and critical race methodology (CRM) to partner with Black women, understand their preference for care, and implement practical steps to meet their needs beyond symptom reduction.

The notion that symptom reduction is too narrow to capture the full healing process is not new in the general population. Scholars have defined well-being as the goal for healing through areas of scholarship such as positive psychology, the concept of posttraumatic growth, and other wellness movements. However, these models have yet to be integrated into the evaluation of programs, let alone to programs attempting culturally relevant work with Black women who have experienced trauma. Scholarship has identified some components of holistic thriving for Black women (Bent-Goodley, 2005; Bryant-Davis, 2011; Stennis et al., 2015; Taylor, 2004) but has yet to develop a full picture that might be used to evaluate outcomes. The field is lacking in truly Black woman-centered research.

Conclusion

This review begins with the notion that too much of the current research focuses on Black women in order to provide a rationale for disparities that are, in fact, products of systemic racism. The Critical Race Theory framework allows for a comprehensive understanding of the barriers and outcomes for Black women engaging with formal

mental health services, without unintentionally blaming the victim. Consistent with this frame, in this paper I have gone beyond documenting problems and ventured toward solutions by building on previous scholarship to develop domains of wellness specific to Black women who have experienced GBV. I intend these domains to be a starting point for scholarship in partnership with Black women, and for the creation and evaluation of services that are uniquely relevant to this population. I am proposing that researchers and service providers shift the way mental health services are conceptualized from inception, toward radical healing as illustrated by (French et al., 2020), rather than seeking ways for Black women to fit into a system that was not created for them. Black women deserve services that truly attend to their needs, embrace relevant cultural heritage and recognize the hostility of the socio-political context without adding to their experience of oppression, othering, or victim blaming. Ultimately, I hope this shift will contribute to the deconstruction of racist paradigms, and the uplifting of Black women as experts in their own experience.

STUDY TWO

Positionality Statement

My epistemic and ontologic perspectives have been shaped by my individual, cultural, educational, and professional experiences. Currently, as a Black woman and a doctoral student in clinical psychology, I recognize the misrepresentation and misinterpretation of marginalized groups that can occur in clinical psychology research. I have developed a critical lens in regard to Black women's experiences of inequity in research and clinical practice. I believe that Black women's voices are underrepresented in clinical psychology research. I also see how the Western framework from which clinical psychology was born has been used to perpetuate White supremacy and the oppression of Black women to this day. The goal for my research is to highlight underrepresented voices, contextualize marginalized people's experiences and to examine our knowledge base with a critical lens to make sure that oppression and inequality is named and explicitly challenged. More specifically, I intend to bring African-centered principles of wellness and healing to the forefront of science and practice in order to help Black women survivors of GBV thrive after experiencing trauma.

Introduction

There is a need for a Black woman-centered conceptualization of healing from gender-based violence (GBV). While the formidable threat GBV presents to the lives of

Black women is well-documented, current services lack a framework that would promote their wellness. Instead, services tend to lean on color-blind practices, contributing to the erasure of Black women's culture, strengths, and their unique position in society. Even culturally specific services that have been developed for Black women lack attention to systemic forms of oppression, and treatment success is determined primarily by symptom reduction. Black women need services where the content and the scope of the treatment are centered on their experiences.

In response to the need for such a framework, I conducted a review to develop a more comprehensive understanding of Black woman-centered wellness in the aftermath of GBV. I identified eight domains of wellness within four categories: Wellness in connection to *spirit (*Spirituality), *society* (Social Action Engagement and Critical Consciousness), *relationships* (Openness to Share Experiences, Developing Meaningful Community and Considering Family Relationships), and *self*: (Reclaiming the Self and Physical Wholeness). Evidence for the relevance of these domains comes from peer-reviewed scholarship, which makes them a compelling starting place. However, they are missing the voice of Black women providing direct feedback on this subject. Relying on principles of Black feminist, Liberation Psychology and Critical Race Theory (CRT), which highlight experiential wisdom and participatory practices in generating knowledge about a marginalized group, this study seeks to fill this gap in the literature. I utilized in-depth interviews to hear directly from Black women how they define Black woman-centered wellness following GBV, exploring the relevance of the eight domains derived from the literature.

Background: The Need for a Black-Woman Centered Conceptualization of Wellness following GBV

Prevalence and Impact of GBV for Black Women

Black women are disproportionately impacted by GBV (Basile et al., 2011; Breiding, 2014; Petrosky et al., 2017). According to the 2011 National Intimate Partner and Sexual Violence Survey, approximately 41.2% Black women have experienced physical violence by an intimate partner during their lifetimes compared to 30.5% of White women, 29.7% of Hispanic women and 15.3% of Asian or Pacific Islander women (Breiding, 2014). Relatedly, according to the CDC, Black women experience the highest rates of homicide among women in the US, and over half of those homicides were related to intimate partner violence (IPV) (Petrosky et al., 2017). Similarly, rates of rape are highest in the Black community. Approximately 1 in 5 Black women (22.0%) in the United States has experienced rape at some point in their lives compared to White and Hispanic women with 18.8% and 14.6% respectively (Basile et al., 2011). The high prevalence and severity of GBV against Black women demonstrates a need to develop services that can responsibly address the inevitable effect of this public health crisis.

The health consequences associated with gender-based violence (GBV) are widely established. GBV impacts physical, cognitive, and emotional wellbeing of survivors (Black, 2011; Campbell, 2002; Dube et al., 2005; Koss, 1993; Tjaden & Thoennes, 2006). The same applies for Black women along with additional detrimental repercussions (Houry et al., 2006; Lacey et al., 2015; Lang et al., 2011). The additional

impact of GBV on Black women derives from the interlocking systems that perpetuate and White supremacy, hegemonic masculinity, and anti-Black racism in the US, placing Black women at the intersection of some of the most oppressed positions in society. Racism impacts the experience of Black survivors by compounding victimization with the experience of marginalization (Gillum, 2008), exacerbating the negative health outcomes associated GBV (Donovan &Williams, 2002; Waltermaurer, Watson & McNutt, 2006; West, 2002). For instance, Waltermaurer, Watson & McNutt (2006) found that when African American women reported experiences of both IPV and racial discrimination they were 41%-57% more likely to experience anxiety symptoms and 28% - 43% more likely to experience physical symptoms compared to Black women who did not report both experiences. The impact of racism in the lives of survivors underscores the need to understand the full picture of Black women's experiences in efforts to support them.

Critical Theoretical Frameworks

Black women GBV survivors need interventions that will not only help them heal from GBV in general but will help them heal in the context of being a Black woman in the US. The uniqueness of this context means that healing itself needs to be conceptualized in a way that is meaningful for Black women. That conceptualization should then drive the evaluation of services meant to help them. Critical theories that question existing approaches to wellbeing among marginalized groups are useful in this effort. In particular, I draw from four schools of thought: Black Feminist Theory, Womanism, Liberation Psychology and Critical Race Theory (CRT).

Black Feminist Theory is the product of activists and scholars who noticed the ways in which the Black freedom movements and the White feminist movements did not adequately address the needs of Black women. The primary principles of Black feminism are a) naming the historical experience of multiple oppressions that Black women have endured; b) examining the negotiation of multiple intersectional identities; c) eradicating the toxic narratives about what it means to be a Black woman; and d) utilizing research for activism through empowerment, critical consciousness raising, and promoting collaborative knowledge production (Few, 2007).

Womanism is related to Black Feminism but espouses a unique perspective on Black womanhood. Alice Walker first defined Womanism as a way to convey the substantial components of Black womanhood from a critical and anti-oppressive standpoint. The primary principles of Womanism are a) the belief that Black women have inherent qualities capable of dismantling systemic oppression; b) the significance of spirituality in women's lives; c) the need for activism; and d) understanding that culture and relationships impact Black women's sense of self and subsequent empowerment (Burnette, Garrett-Akinsanya, & Bryant-Davis, 2016).

Liberation Psychology, in the form that it is known today, was articulated by Ignacio Martín-Baró with the goal of applying psychology principles to aid the freedom of people in Latin American countries. The foundational concepts in liberation psychology were discussed in other contexts from scholars such as Frantz Fanon, Albert Memmi, and Syed Hussein, prior to the coining of the term (Burton & Guzzo, 2020). The primary principles of liberation psychology include a) "reorientation of psychology" from

the primarily White, Western focus to understanding the lived experience of those who are most oppressed in society; b) “recovering historical memory” to understand the etiology of the oppression marginalized groups face; c) “ideologizing everyday experience” by making sense of daily life through the understanding of historical legacy of systemic oppression; d) “denaturalization” through critically examining what is deemed normal in society; e) “problematization” by cultivating critical thinking in common life circumstances; f) “virtues of the people”, which involves highlighting strengths and resilience factors of oppressed people; g) “conscientization” through critical consciousness raising among the oppressed; h) exploring and understanding “power dynamics”; and i) “praxis” by making theory and research applicable for action with the goal of liberation (Rivera, 2020 pp. 44-48).

Critical Race Theory (CRT) was developed by scholars and activists committed to examining the dynamics of the racism through the construction of race and the imbalance of power in the context of law and education. CRT builds on the foundation of previous critical theories such as Black Feminism and critical legal studies. The primary principles of CRT are a) that racism is ordinary and is imbedded in all forms of common practice; b) racism provides advantages for White people of all class levels so there is more incentive to maintain the status quo instead of fighting to end racism; c) race is a social construct; d) minoritized groups experience different levels of oppression based on the social and economic climate; e) everyone has intersectional identities that produce specific experiences and societal treatment; and f) minoritized groups are most equipped

to speak to the dynamics of race and racism through their lived experiences (Delgado & Stefancic, 2017).

I initially conceptualized this topic using CRT as a way to address the systemic racism that hinders Black women's access and experience in mainstream mental health settings. As I moved toward developing a more comprehensive understanding of the intersectional experience of survivors within the oppressive systems, Black feminism became an especially useful framework. Womanism offered an additional layer of understanding about the wisdom inherent to Black womanhood. Finally, liberation psychology provided a framework that highlighted the path toward freedom for survivors who have experienced oppression. Each of these schools of thought bring specific insights to the study topic and they also have shared theoretical tenets that provide guidance for understanding wellness for Black women who have experienced GBV.

Significance of Intersectionality

It is paramount to have an intersectional lens when considering the effect of GBV for Black women. In the US, Black women are not only subjected to the impact of racism but sexism and classism as well. Intersectionality was first formally named by Kimberlé Crenshaw (1990) to illustrate Black women's positionality in US society. She posits that the enactment of racism and sexism are not separate offenses for Black women, rather they are synthesized to create a unique experience with compounded consequences. Prominent Black feminist scholar Patricia Hill Collins made significant contributions to the field's understanding intersectionality by articulating what she termed the matrix of domination - an intentionally organized intersection of oppression based on race and

gender as well as social and economic class (Collins, 2002). CRT and Liberation Frameworks also assert the importance of understanding intersectionality particularly in the lives of those with multiple marginalized identities. The specific impact at the intersection of multiple marginalized identities cannot be disentangled from GBV for Black women. Neglecting this context in treatment settings is limiting at best and harmful at worst.

Holistic Perspective of Wellness

Critical theories critique the piecemeal version of wellness in mainstream approaches, and describe a more holistic vision. In particular, the Womanist framework foregrounds the multidimensional nature of Black women, emphasizing spirituality and culture as primary ways of conceptualizing a Black woman's experience and wellbeing (Brewer, 2020). Liberation psychology offers a "decolonial model of well-being," characterized by the balance between various aspects of the self, such as mental, physical, and spiritual wellbeing as well as interpersonal and societal wellness (Quiñones-Rosado, 2020, p.54). These theories underscore the idea that these aspects of the self all hold simultaneous importance and cannot be carved out and considered separately.

Understand the Individual Within Context

Critical Race Theory (CRT), Liberation Psychology, and Black Feminism all assert that it is impossible to separate the individual from their context. These schools of thought display different angles to the same overarching understanding: that the everyday lives of marginalized individuals are impacted by systemic forms of oppression and therefore cannot be fully understood without understanding the context in which they

exist (Collins, 2002; Comas-Díaz & Rivera, 2020; Delgado & Stefancic, 2017). This concept is particularly important for Black women who have experienced GBV due to the multiple forms of oppression they experience, whether interpersonally through GBV or societally through the intersection of racism, sexism, and often classism.

Radical Change Over Reform

Critical theories describe the need for change that goes beyond the surface, to the roots of societal problems. The foundation of Liberation psychology, in fact, is the idea that critical awareness, problematization, and resistance of oppression will facilitate freedom for marginalized groups. A primary principle of Liberation Psychology is for scholars to take action to resist and ultimately dismantle systems of oppression. Womanism also advocates for radical change by taking a postmodern, anti-oppression, and decolonial stance, calling for a system based on Black women's wisdom from their lived experiences rather than trying to find wellbeing within the systems oppressors built (Lindsay-Dennis, 2015). CRT posits that attempts at reform are insufficient and will never be enough to transform oppressive systems because of how deeply embedded oppressive practices are within systems. (Delgado & Stefancic, 2017). These theories converge on the idea that a radical orientation is the only hope for dismantling the oppressive systems that Black women are forced to navigate on a daily basis.

Strengths-Based Rather than Deficit-Based Orientations

CRT, Liberation Psychology, and Black Feminism-Womanism all reject the White-Western norm of a deficit orientation that seeks to fix defects. Instead, they advocate for a strengths-based perspective. These theories posit that people have inherent

strengths that can be leveraged to produce resilience, healing, wellness, and freedom (Lindsay-Dennis, 2015; Comas-Díaz & Rivera, 2020; Delgado & Stefancic, 2017). Due to their multiple marginalized identities and traumatic experiences, Black women survivors of GBV have an increased vulnerability to being pathologized rather than valued. A strengths-based perspective shifts the vantage point.

Centering the Voices of the People Experiencing the Phenomenon of Interest

Womanism espouses the belief that Black women's voices are expert without need for external validation and therefore deserve to be heard (Lindsay-Dennis, 2015). CRT and liberation theories also advocate for research methods and practice that center the experience of the group most impacted by the work. These frameworks counter the notion that group outsiders can claim to have knowledge about a group without the active engagement of that group in producing knowledge (Delgado & Stefancic, 2017; Rivera, 2020). This principle is helpful for research and practice that seeks to understand or serve Black women who have experienced GBV.

Moving Beyond Symptom Reduction

Taken together, the tenets of these critical theories make it clear that in order to understand wellness for Black women following experiences of GBV the voices of Black women need to be centered, utilizing contextual, critical, and intersectional perspectives. When symptom reduction is the definition of healing, the fullness of Black women's experiences in context is missed. The notion that symptom reduction is too narrow to capture the full healing process is not new in the general population. Scholars have defined well-being as the goal for healing through areas of scholarship such as positive

psychology (Gable & Haidt, 2005), the concept of posttraumatic growth (Tedeschi, & Calhoun, 2004), and other wellness movements (Myers, 1991). However, these models have yet to be integrated into the evaluation of programs, let alone to programs attempting culturally relevant work with Black women who have experienced trauma. Scholarship has identified some components of holistic thriving for Black women (Bent-Goodley, 2005; Bryant-Davis, 2011; Stennis et al., 2015; Taylor, 2004) but has yet to develop a full picture that might be used to evaluate outcomes.

Out of those calling for more holistic interventions, a few scholars have determined concrete frameworks that can be applied in research and practice. French and colleagues (2020) propose a framework of "radical healing" for people of color and indigenous communities (POCI), in which interventions must balance the dialectic of resisting oppression and working toward freedom. This work requires shifting from traditional therapy models, actively taking a radical stance, and facilitating processes that produce healing that transcends the individual. Consistent with but pre-dating this idea, Bent-Goodley (2009) outlined the *A Black Experience–Based Approach to Gender-Based Violence* for social work practitioners (BEBSW). BEBSW is conceptualized in three stages: Moaning, Mourning, and Morning. Moaning is described as the process of acknowledging the pain and suffering that Black women experience, as well as assessing the strategies they use to survive in hostile environments that perpetuate racism and sexism. Mourning represents the grief and loss that Black women experience from GBV as well as systemic racism. Finally, Morning is about establishing hope, inspiring collective empowerment, and fostering transformation and healing (Bent-Goodley, 2009).

This approach acknowledges the multifaceted impact of GBV for Black women and rejects the status quo of narrowing the scope of healing to treating "illness."

Eight potential Domains of Wellness

Even with these frameworks to provide direction, there remains a need to articulate the nature of wellness for Black women GBV survivors. In order to fill this gap, I conducted a review of the literature, and identified 8 potential domains of wellness for Black women GBV survivors (cite us). I drew substantially from Taylor's (2004) study investigating the process of recovery following domestic violence and used Bent-Goodley's (2005) African-centered principles for working with survivors of DV as a litmus test to assure that the proposed wellness domains were relevant for the population. The findings of the review resulted in eight domains of wellness within four categories: wellness in connection to spirit, society, relationships, and self. Wellness in connection to spirit is its own domain; wellness in connection to society includes Social Action Engagement and Critical Consciousness; wellness in relationships includes the domains Openness to Share Experiences, Developing Meaningful Community and Considering Family Relationships; and wellness in connection to self includes domains of Reclaiming the Self and Physical Wholeness.

While there is research support for each of these wellness domains, the literature from which they are derived does not utilize a participatory framework; they need to be substantiated by Black women. The tenant of centering the voices of the people shared by CRT, Black Feminism, Womanism, and Liberation frameworks speaks to the importance of developing a knowledge base by the people, for the people.

Current Study

This study seeks to fill this gap in the literature by exploring the concept of wellness directly from the perspective of Black women. The research questions are as follows:

1. What does wellness mean for Black women who have experienced GBV?
2. How does Black women's understanding of wellness align with the domains of wellness synthesized from the literature?

Methods

Participants

This study includes a purposive sample of Black women who have experienced GBV. A total of 20 Black women completed in-depth interviews. The participants varied in age with a range from 24-54 years and a mean of 34.5 years. The sample was geographically diverse with participants located in 15 different counties and 13 different states/ territories across the United States. Half of the participants were from the Northeast US, while the rest were dispersed throughout the Midwest, Southeast, and Southwest US. The participants in this sample endorsed a wide range of educational experiences from GEDs to Doctorate degrees. Most of this sample had higher education experiences. Several participants had post-graduate degrees with Master's (n=5) and Doctorate (n=3) degrees. Four participants earned a bachelor's degree and four had some college experience. Four participants had a GED or Highschool Diploma. Most of the participants were employed with full-time jobs in various career fields. Out of the 20 participants, one was unemployed, and one participant had a part time job. A little over

half (n=11) of the participants were mothers. Of those who were mothers, most of the participants had one child (n=7). Most of the participants identified as heterosexual (n=15), two participants identified as queer, one identified as bisexual, and two choose not to respond.

Data Collection

Critical Race Methodology

The shared tenets of CRT, Black Feminism, Womanism, and Liberation Psychology inform the methodological approach of this study. Critical Race Methodology (CRM) captures this synthesis. As defined by Solorzano and Yosso (2002), it incorporates not only Critical Race Theory, but includes the work of Black Feminist scholars, and utilizes concepts that are also found in Liberation Psychology and Womanism. CRM is defined as an approach that utilizes theory to critically examine the dynamics of race and racism throughout the research process, highlight significance of intersectionality, challenge traditional research methods, and revere the wisdom that comes from experience (Solorzano & Yosso, 2002). A qualitative approach is well-suited for CRM. It allows for a deep exploration of Black woman-centered wellness that makes room for context and the experiential wisdom of survivors. Utilizing the hermeneutical approach, the goal of this study was to uncover meaning that can only be understood through deep reflection gathered from multiple perspectives. One of the strategies to promote deep reflection is through interactive dialogue (Schwandt, 2000). This study incorporated data collection methods that aligns with the relevant tenants of critical theories through Counter Storytelling and Participatory Action Research.

Counter Storytelling

According to CRT, counter storytelling functions as a means of challenging dominant narratives. Telling the stories of those placed in the margins of society allows for a counternarrative to present different points of view, critique the status quo, and expose racism (Solorzano &Yosso, 2002). Counter storytelling involves the CRT value of experiential knowledge, which means allowing people to speak for themselves about issues that impact their lives instead of trying represent other's voices (Delgado & Stefancic, 2017). This study included stories directly from the Black women who experienced GBV to critique the existing mental services available and develop a deeper understanding of Black woman-centered wellness.

Participatory Action Research

PAR is also aligned with the values of CRT and my research paradigms. This method comes from the constructivist epistemology where reality is constructed by the perspectives of individuals that are generated from their experiences and influenced by the values derived from their cultural context. From a constructivist perspective, researchers must co-construct knowledge with those they are researching in order to develop a more whole understanding of a phenomena. Co-constructing knowledge involves a reflective cycle where participants help develop questions, collect data, analyze data and decide what action should follow the research process (Baum, MacDougall, & Smith, 2006). PAR does that by collaborating with stakeholders as co-researchers to address the concerns of people in the population of interest to make

practical changes that will impact that population. For this study, PAR[1] methods were utilized to through focus groups that include participants in the data analysis, determining conclusions, and dissemination plans. The feedback of the participants was used to determine the trajectory of the entire research process. For example, the two focus groups, convened after the open coding phase, provided feedback about prioritizing wellness domains that led to the development of the Black woman-centered wellness model.

Recruitment

Survivors of GBV who identify as Black women were recruited via social media (Facebook, Instagram, and Twitter) to participate in an individual interview via GMU's secure Webex platform. The posts were shared several times per week until 20 participants completed interviews. Participants were offered a $40 gift card for their participation. People interested in participating were prompted to email the official study email or to direct message the official study Instagram account. The recruitment protocol was reviewed and approved by George Mason University's IRB.

All potential participants were screened for eligibility to participate based on the screening questionnaire. Individuals could participate if they met the inclusion criteria and did not have a personal relationship with the PI. To be included in the study, participants had to both identify as Black and/or African American and as a woman[2] and

[1] Consistent with the PAR framework, participants will be consulted as coresearchers throughout the entire research process. The participants will have a say in what findings and implications are presented prior to publication. They will also be consulted to develop action oriented next steps based on the findings.
[2] Based on the study paradigm, it was important to be open to the ways that someone could present as a Black woman. The proposed domains of wellness are rooted in African centered principles that should broadly apply to all people of African descent. Participants could originate from anywhere across the

be at least 18 years old. Inclusion criteria also included a history of GBV such as domestic violence, rape, sexual assault, childhood sexual abuse, and/or human trafficking. A total of 27 Black women from across the US were recruited and of those who were recruited, 20 participants completed interview the in-depth interview.

Screening questionnaire

All possible participants were screened for eligibility with a stipulation of the inclusion criteria on the recruitment materials as well as a directly administered screening questionnaire (Appendix B). The screening questionnaire contains four questions that pertain to the inclusion criteria for the study. The screening questionnaire questions were administered via email and direct message to determine eligibility before they were scheduled for an individual interview. Those who were eligible were asked to participate in-depth interviews and subsequent focus groups.

In-depth interviews

In-depth qualitative interviews provide space to explore topics, experiences, and beliefs in greater depth than would be obtained by a questionnaires or other strictly quantitative methods (Gill et al., 2008). Qualitative interviews enable researchers to understand context, process, and meaning related to participants' experiences (Maxwell, 2008). Interviews are therefore the most appropriate method to explore topics where there is little known about the phenomenon and greater depth of insight would be necessary (Gill et al., 2008), like Black woman-centered wellness following GBV. Furthermore, interviews are in alignment with CRM. According to the principles of CRM it is

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African diaspora as long as they identified as Black. Potential participants could also identify by any sexual orientation and could be cisgender or transgender as long as they identified as a woman.

important that the dominant perspective is challenged by foregrounding the perspectives of marginalized groups through counter storytelling (Solórzano & Yosso, 2002). In-depth interviews provided the opportunity for Black women survivors to engage in the counter storytelling process.

The development of the interview protocol was informed by the research questions and existing research on well-being of GBV survivors. One pilot interview to further develop the protocol and determine the appropriateness of questions, was conducted with a Black woman survivor and advocate for survivors. The interview questions covered the topics of mental health services for survivors such as *"How has it been for you accessing mental health support after experiencing a traumatic event?"* and wellness such as *"How does spirituality impact your overall wellbeing, if at all, after experiencing trauma?"* This stakeholder engaged in the interview as a participant and also critiqued the protocol from the lens of an advocate, following the interview. Following the pilot interview, the interview protocol was revised to leave more room for storytelling, improve clarity of questions, and to ensure the questions were presented in a way that was culturally relevant and trauma informed. For example, I revised the definitions of the eight wellness domains to move from research jargon toward language that was more widely used among Black women.

In line with counter storytelling, the interviews included open ended questions and made room for the participant's stories. The open-ended, semi-structured qualitative interviews consisted of 24 questions and focused on Black women's perspective of wellness (e.g., *As a Black woman, what does wellness mean to you?)*, the impact of GBV

on Black women's wellness (e.g., *How did GBV experiences impact your wellness?)*, assessing the relevance of the domains of wellness derived from the literature (e.g., *This is how researchers have described Reclaiming the Self [present the definition] What do you think about this proposed domain? What does it mean for you?)*, and finally to understand more about their experiences with existing care providers (e.g., *I believe mental health providers know how to help me as a Black woman. Please choose a response between 1 and 5 or N/A for not applicable.*). Interviews were scheduled for one hour online via a secure university Webex video conferencing service. Before the interview, participants were asked via email to choose a day and location that would allow them maximum privacy to complete the interview. All interviews were recorded, transcribed verbatim, and saved in a secure database for data analysis. Dedoose, a qualitative data management tool was used to code the interviews.

Data Analyses

Modified Grounded Theory was utilized for data analysis. There were two phases of data analysis. First, informal data analysis occurred in the field as the researcher was conducting interviews and used memos to begin to make sense of the data. Formal data analysis included three waves of coding: open, axial, and selective coding (LaRossa, 2005). During open coding, the first author, developed 8 a priori codes based on the research questions, previous studies, and memos written during data collection. These codes consisted of the eight domains of wellness (e.g., *reclaiming the self* and *building meaningful community*). The first author and two research assistants who identify as Black women, generated initial codes across the entire dataset through open coding. Each

coder started with the first three transcripts and then met to discuss and refine the codes to build reliability. Then we continued coding the interviews three at a time until coding reached saturation and no new codes emerged from the data. The open codes were low inference and inductive. We developed 554 codes for the entire interview, 167 of the codes pertained directly to the research questions for the present study (e.g., *wellness means protecting your peace* and *spirituality is essential to wellness*). Each code was discussed by all three coders and assessed based on the original transcript excerpts. In order to keep a code, all three coders had to come to a consensus on the wording and the accuracy of the code based on the text. As an additional part of open coding, I presented the codes related to the present research questions to two focus groups from the original sample of participants for member checking. The focus groups helped refine and organize the codes about what wellness means to them. The focus groups also reviewed the codes pertaining to the eight domains of wellness and provided feedback about wording of codes and meaning making related to the codes. For example, some of the focus group participants noted what was missing from the codes we had about wellness was the part where they talked about what they had to overcome in order to experience wellness. The feedback was to also code the parts where they talked about the journey and the barriers to wellness because that was initially missing and did not do justice to what it truly takes for Black women to be well. Following the focus groups, we conducted axial coding based on the feedback from participants by making the adjustments they requested and by organizing the codes based on the themes they found to be most relevant to their experience. Axial coding consisted of medium to high inference codes that culminate into

about 30 prevalent themes that the first author and the two research assistants, who identify as Black women, distilled to 6 main themes (LaRossa, 2005). During selective coding the first author and two research assistants refined the main coding categories (i.e., Prioritizing self-care despite barriers, rejecting stereotypes and problematic norms, believing "you are your own best thing", well mind, well body, and well spirit) into two, distinct overarching themes: Black women's wellness is steeped in resistance and their perspective of wellness is holistic, to tell the story of the data.

Data Quality

Rigorous qualitative research requires procedures that enhance the trustworthiness of the data (Lincoln & Guba, 1985). Morrow (2005) identified strategies to ensure trustworthiness based on specific research paradigms. According to Morrow, the criteria for trustworthiness for critical research extends beyond other paradigms. Critical researchers need to attend to both the trustworthiness standards that are employed under other paradigms such as constructivist/ interpretivist research, while also attending to factors that differentiate the critical perspective like making sure to attend to power dynamics between the researcher and participant. This study employed strategies recommended for constructivist and critical theorists such as reflexivity, triangulation, member checking, and peer debriefing (Lincoln & Guba,1986 & Morrow, 2005).

Reflexivity

The process of reflexivity is essential for credible qualitative research since the researcher is the mechanism that collects and analyzes the data (Russell & Kelly, 2002). Reflexivity is the process of reflecting on the way that the researcher's position in

society, experiences, and assumptions influence the research process (Watt, 2007). The influence of my personal perspective on my research was explicit from the beginning. The initial research questions stemmed directly from my personal experiences. As a Black woman in community with other Black women, I realized that an alarming rate of Black women I encountered experienced some form of GBV. I came to the question of what Black woman-centered wellness looks like for survivors of trauma because of the therapy clients I was treating at the time. A majority of my clients were Black women with trauma histories. One of my clients asked me how she could move from surviving to thriving and I was not sure how to advise her in a way that would truly speak to her experience as Black woman in America. I developed the current study from that place of uncertainty with my client. Throughout the research process, from choosing the methods, to developing the interview protocol, and analyzing the data, I engaged in reflect on my positionality by journaling, debriefing with others, and ultimately acknowledging the influence of my bias as an "insider" in the group I partner with for this research. Throughout the research process, from recruitment to data analysis, I journaled my reactions as well as talked with my research team members who shared the identity of a Black woman. I noticed an ease with connecting with the participants on the basis of race and gender concordance, however it seemed easier to make assumptions in a way that could limit the data.

Triangulation

Triangulation also provides credibility to the data (Lincoln & Guba,1986). Triangulation is the use of multiple data sources, time points, or people to lessen the

likelihood of researcher error (Flick, 2004). This study includes data from focus groups, individual interviews, personal journal entries, and from peer reviewers. The multiple methods of gathering information help ensure the research is trustworthy.

Member Checking

Member Checking involves continually checking with the research participants to make sure that the study results accurately reflects the participants' perspectives Krefting, 1991). This study included member checking through the focus groups. Following the first wave of coding, I held a focus group to ensure the initial codes resonated with the survivors who participated in the interviews before developing themes or going further in the data analysis. The second round of member checking will happen before any of the findings are submitted for publication so that survivors also have an opportunity to help determine the study conclusions and shape the appropriate narrative around their stories.

Peer Debriefing

Peer debriefing and/or peer review helps establish credibility by bringing someone who is not affiliated with the study into the research process to challenge the work. The peer should be able to critique the assumptions, question the decisions, and offer insight that may not have been considered by the researcher (Creswell & Miller, 2000). Researchers who study the GBV among Black women served as reviewers for this study. The researchers have no affiliation with the study as not to have biased perspective. At the initial stages of the project development, one researcher reviewed and provided feedback on the study questions and framework. After the initial codes were generated, the second researcher reviewed the broad themes that emerged from the

research and provided their insights and questions to consider. The process of peer debriefing allowed me to get multiple perspectives on key study decisions such as recruiting, data collection, and data analysis.

Results

Results of Research Question 1: Defining Wellness

This section focuses on two themes that emerged in answer to research question 1: How do Black women who have experienced GBV define wellness? First, the pursuit of wellness for Black women is steeped in resistance and the belief that "you are your own best thing," prioritizing self-care despite barriers, stereotypes and problematic norms. Second, Black women GBV survivors in this study described wellness as holistic, including the mind, body, and spirit. The final section outlines how participants relate to the domains synthesized from the literature. Participants are identified by pseudonyms, their age, and other relevant demographics, when appropriate.

"Black women's wellness is steeped in resistance"

The first set of findings outlines the contextual factors that make it so that resistance is necessary for Black women's wellness. Cassandra's (age 29) words aptly summarized the sentiment that most of the participants conveyed throughout their interviews when she said, "Black women's wellness is steeped in resistance." This idea was described by the participants in a range of ways. Some women described how they had to overcome significant barriers in order to prioritize themselves. Most of the participants talked about rejecting the limiting expectations from partners, family, community, and society that communicate what a Black woman is supposed to be or

allowed to do; they had to learn to embrace their inherent worth despite messages and narratives, at every level, communicating the opposite. Women's descriptions of wellness-as-resistance fell the following categories: prioritizing self-care despite the barriers, rejecting stereotypes and problematic norms, and believing "you are your own best thing."

Prioritizing self-care despite barriers

Most of the participants viewed self-care as an investment in long-term wellness, for example, Mercy (age 25) said "I think of [wellness] as taking care of myself, taking steps that I need to, to make sure that I'm in a place that promotes my longevity and my quality of life" (Mercy, 25). Several participants mentioned the need for Black women to engage in self-care in a way that held depth in the meaning beyond the buzz word. Cassandra (age 29) acknowledged the way that the term has been popularized but it still resonated with her as an essential part of wellness. "I think wellness is self-care. I know that's a buzz word and everyone's talking about it… but I think that really is true." Participants' self-care practices included activities promoting physical, mental, and spiritual health, activities that helped them engage in personal development, and in a few cases, prioritizing "just whatever makes you feel happy" (Destiny, 27). Some participants engaged in a variety of self-care strategies to promote wellness. For example, Tamera (age 31) said "When it comes down to self-care, I got to continue to keep reading, and praying, and meditating, and yoga, and eating healthy. Constantly finding ways to better myself as a person."

Participants also mentioned the barriers that have to overcome in order to engage in those practices. The majority of participants described formidable barriers in their wellness journeys, including systemic oppression, problematic cultural norms, and interpersonal guilt. Nearly all participants explained prioritizing their personal wellness as a concept they only recently realized was possible, and as something they had to grapple with given the ever-present barriers. For example, Angie (age 45) shared:

> So, I think the biggest thing that I've learned recently is, wellness is a peace of mind. And it is accepting accountability for my own happiness and realizing that I can't look to any outside source for that. And so really putting that as a priority, and even through what we're going through now, is to discover things that make you happy because sometimes [Black women] don't just inherently know.

Like other participants, Angie only recently came to the realization that she could prioritize her peace and her happiness. Like several other participants, she also highlighted the idea that process is not intuitive, and that what is taught, communicated, and expected of Black women either omits or opposes self-care.

Several participants mentioned that the journey to prioritizing themselves included a shift in mindset that allowed them to be okay with prioritizing their wellness without guilt. Ebony, a 41-year-old mother of two children explained specific self-care practices and her shift in mindset that allowed her to engage in those practices:

> So, wellness to me, means stepping back from your computer, your electronics- stepping back from life, and relaxing. Taking a breath. Knowing it's okay to be a bit selfish. Reading a book. Going on a vacation. Closing your door and you are

away from the kids, and absolutely being okay with that, and not feeling guilty for wanting to be well by yourself.

Some participants mentioned cultural norms, even within the Black community, that hindered Black women's wellness processes. One cultural norm that multiple participants mentioned was the notion that Black women are supposed to sacrifice their needs for the needs of the community. For example, Camille (age 25), described how the expectation for Black women to be self-sacrificial impeded her ability to attend to self-care.

> I mean I am a Black woman; I was raised as a Black woman. I was raised to be self-sacrificial, and mothering, and all of those things-- and through my journey…I recognize that in the past couple years, I have not taken care of myself physically. I've been taking care of myself spiritually and balancing that, but I haven't been able to, but just [take care of] my wellness as far as physically, I am not balanced. I'm not always balanced, but I'm getting there.

Cassandra (age 29) also explained the impact of generational cultural expectations within the Black community and described how she had to set that narrative aside to prioritize her wellness.

> [Black women] in general really are [just now] prioritizing our wellness in relationship to how well we take care of ourselves. Before or maybe in older generations, wellness was sort of equated with the wellness of the community. Like you may not be fine, but as long as your kids are provided for and you have your church community and everyone's well and everyone's accounted for, and so and so and so on, you could count that as sort of a mark towards your own

> wellbeing…, but it really sort of came sometimes at the expense of the Black woman or the Black people individually. Now, with this focus on individual health and self-care, I think that for me I've really prioritized checking in with myself and making sure if I'm having a bad day, maybe I stop and say, "What's going on with me?”

Cassandra went on to explain how systemic oppression hinders Black women’s pursuit of wellness and named the dilemma many Black women face: how to prioritize her individual wellness when she is part of a community experiencing ongoing oppression.

> I think it does make it more difficult when you feel like you're a cog in a wheel in this system that eats people alive to think about how you heal yourself. It definitely is harder because your healing and wellness isn't a concern to those powers that are enacting those sorts of policies... I feel like part of my wellness and part of the critique of my wellness and, I guess, Black women's wellness is steeped in resistance all the time so that it's really hard to think about. It is really hard to consider yourself as an individual sometimes because it is such a systemic issue, both by virtue of the communal aspect of being in the Black community, and also by virtue of the fact that it is a systemic inequality that is making you vulnerable to all of the unfair practices and policies and whatnot, that you become mired in that is outside of your control. It's hard. It's hard to be an individual it's hard to be in the [Black]community, because it's both, and (Cassandra, 29)

Multiple participants mentioned how the experience of being a Black woman in the US hindered wellness. A few of the participants also described the compounded experience

for Black women who also experienced GBV. For instance, Shanice a 42-year-old mother, described the barriers she recognized Black women encountered, specifically as survivors trying to pursue wellness.

> …if we take the time to seek out help after something traumatic has happened to us, we go to the hospital, our pain is minimized, we're not treated in the same way with the same regard that people are treated, and so it absolutely makes a difference (Shanice, 42)

Some of the participants specifically highlighted the way in which these obstacles were different for Black women, compared to White women in the US. Angie (age 45) described how this realization related to her understanding of what it means for her to pursue wellness.

> Unfortunately, society doesn't always grant us access to be carefree like White women and just do whatever we want right, because we're so busy surviving. So, I feel that a big part of what wellness is for me is allowing myself the space and the grace to try new things, to figure out what works for me, to seek these things.

Rejecting stereotypes and problematic norms: '…not just an 'angry Black woman''

Several Participants described how rejecting the stereotypes and oppressive norms perpetuated about Black women are an important part of the process that facilitated their wellness. For example, Camille (age 25) shared, "I feel like [rejecting stereotypes] is the first step that Black women have to come to terms with because we're constantly having to show people that we're not aggressive or we're not just an 'angry Black woman' or all

this other stuff." Participants rejected norms by first becoming aware of the narrative being perpetuated about them. For some that meant noticing patterns in interpersonal interactions. For others it meant developing a level of critical consciousness, helping them understand the impact of societal narratives and reducing self-blame, but this was an issue on which participants varied greatly. For example, Asha (age 31), expressed "I think that [critical consciousness] has been a big part of, I would say, my wellness and being able to process the [traumatic] experience." Asha's perspective was shared across multiple participants who also noted that critical consciousness provided a framework to better understand their experiences of trauma as a Black woman and GBV survivor. For example, Mercy (age 25) explained that greater knowledge was comforting:

> I learned about critical race theory, gender theory, queer theory, all these things. And for me, that brought me so much comfort because I was like, 'Wow. These things have a name.' And they gave me something to blame instead of myself... it's been very helpful for me. So yeah. I think the more people understand systems, the less personal or individual blaming there is.

Mercy highlighted a point that other participants alluded to, that critical consciousness gave them an opportunity to accurately locate where some of the blame lies for their experiences, rather than solely on themselves. On the other side, a couple participants did not want to have to consider systems of oppression more than they already do. Angie, in particular, was vehemently opposed to considering critical consciousness as part of wellness she said:

> My wellness don't have shit to do with [critical consciousness]. I don't owe them any consideration when I'm suffering on a daily basis from all of that. No. Yeah, I can understand it, but does that do anything for my wellness? No. Because understanding it doesn't make any sense of it, and that shit does not make me feel better. So, no (Angie, 45)

Angie's perspective was distinct from other participants because she was the only one who expressed strong and clear opposition to the concept of critical consciousness as a component of wellness. Two other participants said they did not think it was necessary for Black women's wellness because it was either too aversive to process or they wanted to see themselves as an individual without having to contend with the system lens. Several additional participants said that they did feel critical consciousness is an important part of wellness but echoed the idea that the realization of systemic oppression is overwhelming. For instance, Faith (age 30) acknowledged the complexity when she said:

> I've done a lot of research with critical race theory. So that understanding of the bigger picture, like it lays out here the systemic or institutional ways that ism's are perpetuated. I think for my own personal wellness it has been huge because I think-- I just remember a life altering shift after I took … my first critical race theory class. And I was like 'Okay, so I'm not tripping? Okay great.'.... Now that I know that, let's look at this a little differently. But I definitely think this has been a huge part of my personal wellness... In terms of again like broadly for folks who've experienced GBV, I feel like this is probably one that I think can really

> help. Again, I don't want to say it should be something that you do. But I think there's almost a hump you have to get over in terms of understanding that this is your individual experience with this person or these people. Also, there are all these systems in place behind them that support this type of behavior (Faith, 30).

Many participants related their experience of wellness with the degree of freedom they had from the narratives that have been used to try to limit them. Candace (age 32) described her wellness process that included rejecting all stereotypes, even ones considered positive but that limit the range of acceptable ways of existing as a Black woman.

> To me, that means letting go of the negative stereotypes that follow African American women. It's exhausting. But like I said in the start of this, even when we are seen in a positive light, like the Olivia Popes and things like that. We still can't have a man, we still can’t have all of those things in our lives. And it's just, we can never just be those roles that are just reserved for White women... You know what I mean? Just like the soccer mom. We always have to be something; our Blackness always has to be impactful. And if you ask me, wellness would be to just let that go. Just let go of all of those stereotypes that are being pushed on you, even the positive ones. Even the ones that empower Black women and things of that nature. Sometimes you don't want to be empowered, sometimes you just want to be the damsel in distress. And I think that that should be okay.

The sentiments Candace shared reflected the view of many of the participants, that they felt confined by stereotypes and needed to reject them in order to experience wellness.

Some participants mentioned having to navigate interpersonal experiences of prejudice and discrimination based on identity characteristics such as race and gender, as well as GBV experiences. Asha (age 31) described her personal experience of encountering damaging stereotypes of Black women that she had to overcome.

> What sticks out to me is a lot of times when, I think especially Black women experience rape or sexual assault, that people may try to portray it as like it's something that they wanted or that they're promiscuous; that they're a hoe or a slut or whatever it is. And so I think being able to let go of the ways in which people are trying to portray it, that it's actually not and assumptions that people are making about it...And so, I think what that means for me in the context, and I guess especially what I've experienced, was letting go of people portraying you as just promiscuous or like, oh, you've had multiple sexual partners and so you're this or that…like, no, actually this is what I experienced.

Believing "you are your own best thing"

Two different participants specifically quoted Toni Morrison when explaining their perspective of Black women's wellness by saying "you are your own best thing." For example Cassandra said, "I think that really is true. I think, 'you are your own best thing', to quote another one of the greats." The sentiment of the quote was also espoused by most of the other participants. Nearly all of the participants specifically mentioned the importance of recognizing their worth and value. Some were able to outline their process of reaching those conclusions while others noted they were still in the process of trying to grow in confidence about their worth. Angie's experience of valuing self-love but

noticing a counter narrative in society is an example of what several other participants shared:

> My mom always said, '*It ain't what they call you, it's what you answer to'*...and like I've been a firm believer in that for years. So, I think that yes, that is a part of wellness, and that yeah loving yourself, but I think that it's very difficult for a Black woman, because at every turn, we're told we ain't enough (Angie, 45).

Angie's experience emphasizes the way that self-love promotes wellness in a toxic environment and is simultaneously a form of resistance for Black women. Similar to prioritizing self-care, many of the participants had to overcome obstacles to develop a sense of worth and to love themselves, it was not an intuitive process. In Briana's (age 24) case she said, "It took a lot of work just letting myself know that I'm not broken and that I'm worthy." Kendra (age 36) talked about her transformation from being unaware of her worth to developing a sense of confidence and self-assurance that allows her to engage in wellness.

> My old wellness would've been someone who didn't know their power. I didn't know my beauty. I didn't know my strength. I didn't know what I was worthy of. So, I allowed people to take advantage of me. I tried to make myself smaller to fit in with people that I didn't fit in with because… I'm a very outspoken, direct person by nature. It's who I am [but]… I dulled my voice a lot. I tried to be what I wasn't... But I didn't fit in because I was stronger and a little bit smarter and wiser and knew better. The person I am now is that person. I'm wiser. I'm stronger. I'm confident. I know who I am, and I know what I want. I'm not going to allow

anyone to take that away from me anymore. I stand on my own two feet (Kendra, 36).

Participants also noted the importance of self-worth related to interpersonal relationships. Several women talked about the realization of self-worth as an intentional shift from prior relationship dynamics in which they experienced GBV. Having a sense of self-worth seemed to be a helpful strategy for navigating interpersonal relationships, as Tamera (age 31), described: "And relationship-wise, understanding what healthy relationships looks like; and knowing my worth. Not tolerating just anything. Walking away from toxic-ness." Developing self-worth was protective for Tamera and other participants in that it helped them establish boundaries, articulate their needs, and recognize signs of toxic relationships.

Holistic Wellness

Several participants specifically described their perspective of wellness as "holistic." Across participants, three main areas of holistic wellness emerged: wellness in the mind, body, and spirit. Shanice (age 42) articulated what most of the participants shared when they thought of their own definition of wellness: "Wellness to me is holistic; it's not just physical wellness but it's also mental and emotional wellness, spiritual wellness. So, all those things. And it's a balancing act, and it ebbs and flows." Those who did not specifically use the words, holistic and mind, body, spirit, mentioned components of wellness that generally fell within these broad categories. The following sections go into detail about the specific ways that the participants described holistic wellness in mind, body, and spirit.

Well Mind

Wellness in the mind was described by participants in a variety of ways. According to participants, in the aftermath of GBV, a well mind involves a level of self-determination, whereby the survivor determines what she attends to in her mind, what she believes about herself and the world, and how she will direct her thoughts. Participants described specific categories that comprise a well mind: peace of mind, being "in tune" with the self, and emotional freedom.

Peace of mind. Multiple participants expressed a resolute need for peace of mind: being able to access sense of stability and calm, no matter the circumstances. Peace was often discussed in contrast to previous experiences where external and internal drivers of chaos denigrated their mental wellbeing. For instance, Candace's (age 32) story represents the way that participants describe utilizing peace to combat chaos.

> So wellness means to me, just having peace with where I'm at, amongst the chaos that's inevitable…especially, with all of this going on and just even life before this was chaotic for me... and so, wellness to me means not necessarily going back to the way things were before, because I'm a different person now, that event changed me. But trying to find peace in the new, whatever this new normal is. And whatever that means to you or to me (Candace, 32).

In participants' responses, it was clear that GBV was one factor that disrupted their peace and perpetuated chaos, but it was not the only factor. Participants described how peace of mind provides the clarity that is needed to overcome formidable barriers to wellness, from interpersonal violence to systemic racism. Imani explains the way that peace of

mind can function as a mechanism for regaining control that allows her to more effectively navigate difficult circumstances.

> I think what we know is that there are gonna be things that are happening externally that we don't always have a lot of control over-- but feeling as if you can navigate those different challenges in balance-- where you're not so drained that it takes you awhile to recover. That you have some reserves kind of already, you have continuous practices and things that you do on a regular basis to help to keep you in balance and kind of help to keep your reserves stocked up, or in store…I think just when I think about wellness, I think about peace. So having a level of calm that just kinda bubbles below the surface for you, most of if not all the time (Imani, 30)

A couple other participants shared Imani's perspective about the function of peace of mind being a way for to maintain balance and a sense of control over what enters the mind.

In-Tune with the self. Being in-tune with the self means actively engaging the mind to go beyond survival mode and instead attend to emotions, desires, and needs to become more holistically aligned within the self. The focus group of a subset of participants specifically chose the phrase "in-tune" to capture the experience of internal monitoring and assessing needs. Participants described a process necessary for wellness that included mindful awareness (e.g., "The only way I get through life as a single Black mom, entrepreneur… is to…be intact with my mindfulness and be intact with my overall wellbeing" Camille, 26) and an authentic assessment of needs (e.g., "I need some kind of

self-wellness check. What's my self-wellness? I need to check myself and do something" Denise, 37). Cassandra described this process of becoming in-tune with herself that included self-monitoring and self-assessment that helped her engage in overall wellness.

> "I think that for me I've really prioritized checking in with myself and making sure if I'm having a bad day, maybe I stop and say, 'What's going on with me? Why did I wake up weird? What's going on? Am I on social media too much?'' It really helps for me to ask myself questions, and that internal check-in helps me to sort of make sense of my surroundings a little bit better. (Cassandra, 29)

Emotional Freedom. A few participants described the importance of being able to express emotions without judgement instead of inhibiting their emotions. For example, Angie (age 45) mentioned the importance of making room for emotional expression: "I think that's what wellness is for me. Making the choice to, even when things get hard, allow myself to feel what I feel, move through those feelings but not stay stuck in them." A few other women talked about how being able to express their emotions either with a therapist or a trusted friend helped them improve their overall wellness (e.g., "See me, I go to therapy, so that helps me with getting well" Kiana, 25).

Well Body

Nearly every one of the participants said that physical wellness was an integral part of wellness. Participants described wellness in the body in three main ways: reconnecting with the body after trauma, reconciling societal standards of beauty and intentionally embracing the body through self-love. Whenever participants brought up physical wellness, they described it in a way that intersected with other facets of

wellness. For instance, they often discussed their physical wellbeing as dependent on their mental health “you can't be well if mentally you're not together or okay… the physical and the healthy part would come after, because you can't balance none of those things out if you're not mentally okay” (Kiana, 25). They also noted their mental wellness as dependent on their physical wellness practices “when I exercise, I usually do cardio dance, and that's something that has helped me feel really good about myself and my body in a way that I don't think anything else ever has” (Mercy, 25). One participant specifically talked about the way physical wellness is intertwined with other aspects of wellness. Like several other participants, she recognized the intersectional impact of traumatic experiences on the mind, body, and spirit.

> …being connected with our bodies and comfortable in our own bodies, I feel like that is heavily related to just being connected to our physical bodies but also just our spiritual bodies and recognizing stuff is all manifested. It can manifest physically. All of my family members in my family-- all of my aunties, and my mom, and my uncle, and my grandma, they all have physical conditions, all of these chronic pain issues and stuff like that that they're all experiencing right now. It flares up after every time that they have a traumatic situation, or they're triggered, or whatever like that (Camille, 25)

Camille’s example of what she witnessed in her family is one example of how the participants understand physical health being intertwined with mental and spiritual health, all of which can be disrupted by trauma.

Reconnecting with the body after trauma. A majority of the participants talked about the ways that trauma experiences hindered their physical wellbeing. Participants shared that GBV experiences disrupted their physical wellbeing by either by having to recover from physical violations or denigrated body image both of which led to a disconnect and/or shame they had toward their body. When considering wellness, overcoming that distance and shame was a primary aspect of physical wellbeing that the participants highlighted. For example, Briana (age 24) shared how sexual abuse impacted her relationship with her body and described the way she had to shift to reconnect with her body.

> Being a 10-year-old, I had a notion in my mind that if I became unattractive and fat, then nobody else would want to touch me or sexually abuse me. So actually, I did a lot of just eating and gaining weight in the hopes that no one else would want to see me in that light...So it just took a lot of just work with myself, just letting me know that whatever size I was, that I was going to be beautiful and again, worthy and strong. So it just took a lot of work just with on myself, just telling myself that it doesn't matter. Who I am or what I look like, if that person is an abuser, they're a rapist, they're going to do it no matter what. If I am still, you know in a crime of opportunity. So, just working back on myself and getting back physically in tune with my body (Briana, 24)

While there were several women who mentioned reclaiming their body after experiences of sexual assault, for Asha (age 31), reconnecting with her body took intentional effort to feel empowered within her body following the violation of rape.

> I think when you have experienced rape and sexual assault that you don't necessarily feel comfortable in your body. With that form of trauma, I think what makes it so unique is other traumas that you experience you're not faced with a constant reminder. Whereas when somebody is violent toward your body, whether that be domestic violence or rape or sexual assault, it's like your body actually becomes a traumatic reminder... And so, with that domain, I think being able to reclaim that ownership over your body and being able to feel comfortable, especially with sex again. I think it took me a while to have a truly positive sexual experience and be able to enjoy sex and be able to say this is what I want and be assertive (Asha, 31)

Other participants mentioned the impact of IPV and emotional abuse that led them develop a distorted body image. These participants mentioned the need to leave those messages behind and find a sense of worthiness outside of other’s opinions. Tasha (age 45) described the negative messages she heard from her abuser that she had to work to overcome.

> …just going back to my own story, you can be told that nobody wants you, having your flaws pointed out just so you can be more dependent on them. I remember that I was dressed down because I didn't want people to look at me because he would get mad at me... So [he would say] ‘nobody wants you’, especially if someone tried to come at me... I think…that body image and how we see ourselves is so important. That perspective of what you see when you look in

> the mirror. I think when I hear that and the correlation with gender-based violence is another very huge piece to speak from as well (Tasha, 45)

Reconciling Societal Standards. Several participants mentioned the influence of social media and popular culture on how they view their bodies. Each participant who brought up this issue mentioned having to overcome the toxic messages that Black women get from the media "… you do need to feel comfortable in your skin, but I think that [Black women's insecurities] says a lot about the things that are marketed to us... It's becoming an epidemic in our community" (Angie, 45). Some participants noted the negative impact of societal beauty standards specifically, because of the rise of social media. "Especially now more than ever, just because we're living in a social media/digital age, influencer age… I think it has taken a toll [on Black women] in the past couple of years" (Camille, 26). Kendra (age 36) explained the way that the toxic messages from prior experiences of abuse is compounded by societal messages.

> Obviously, being critiqued and criticized, being picked at, that definitely happens in abuse. Having to question yourself. The way you dress. The way that you think. The way you talk. The way that you act. All of those things were thrown in my face. I was gas-lighted a lot as well. And through all of that, I was told I wasn't good enough. So that is definitely a process. I feel that's more on the, that's the healing spectrum of that. That's something that I've been going through as well. I don't think that, honestly, you ever really stop going through that part because of society as well (Kendra, 36)

Several other participants mentioned the experience of dealing with negative messages about themselves from multiple sources that multiplies the impact on body image and self-esteem.

Self-Love. Based on several participant's responses, self-love in this context means being able to love the whole of yourself, as is. "It's important [to address] if you don't love yourself. That self-love is one of the things that I needed help with. And I'm glad to say today that I accept everything that I am" (Tasha, 45). Several participants mentioned self-love was particularly important for physical wellness after experiences of trauma. Destiny (age 27) described her experience of regaining control over her body and intentionally choosing to love herself despite her past abuse experiences.

> Especially, being in that toxic relationship and also being a victim of rape, I had to take back control of my body. And I talked about not feeling sexy. I do want to get to a point where I do feel sexy because I feel like that's important. I think I should love my body and be in tuned with my body and I think other participants should feel that way as well (Destiny, 27)

Destiny was not the only participant to mention the impact of GBV on body image. Several participants shared their experience of either struggling to love their bodies or feeling disconnected from their bodies due to GBV. According to the participants in this study, part of self-love includes acceptance of the body at every stage. A couple participants explicitly wanted to distinguish the difference between taking care of the body and obsessing. Candace's perspective highlights the perspective of the two participants who brought up this point.

> …sometimes we get obsessed with making our bodies well and so then that wellness turns into not something good at all. So, I think with our physical wholeness and our body and being comfortable in our body, it's not paying so close attention to it. Making it well, but not obsessing it. Just letting it be, just being free and just being, you know. If you need to lose a few pounds, then do what you have to do. But certainly not obsessing over it, because you essentially won't be happy (Candace, 32)

Well Spirit

All 20 participants said that spirituality was an important part of their wellness. The themes that emerged from their responses were embracing spirituality while rejecting religion, spirituality helping them through traumatic experiences, and spirituality leading them to purpose and hope. Similar to the other areas of wellness, the participants described the way that spirituality was connected with their mental and physical wellness.

Differentiating between Spirituality and Religion. Several participants were careful to distinguish between spirituality and religion. For instance, Cassandra (age 29) displayed the importance in clarifying the language "Spirituality is a good term for it. I'm not religious anymore." Several participants described religiosity as limiting and problematic for themselves and others. For example, Mercy (age 25) mentioned "…there are people who have trauma surrounding church and religion." Most of the participants said they believed it was unnecessary to attend to rigid traditional religious practices to have a spiritual life. "I do not go to church every Sunday, but I have a very strong connection to Jesus" (Kendra, 36). Some participants talked about predatory and/or

hypocritical experiences that turned them away from religion and toward a personal spiritual journey. For 25-year-old Camille, she witnessed the ways that religious institutions could ignore the context of GBV and perpetuate victim blaming.

> …being Christian raised and recognizing the toxicity of, I feel like, the religion and how it's been so traumatizing for my family; especially watching my grandmother go through so many relationships and being told like, 'You're not supposed to divorce' and, 'You're supposed to stick by a man,' and blah, blah. All of these men were 'children of God', worked in the church and were deacons and pastors and stuff like that, but they was putting they hands on her. Watching all of that, it made it so hard to engage in that religion. It was conflicting for me to engage in that religion, and then it was conflicting for me to engage with any religion. Once I was alone in my own space and I was able to research and do my own spiritual journey, then it made it easier for me to accept like, 'Okay, there is a higher being. There is something greater than myself, and that entity is heavily aware of me,' you know? (Camille, 25)

The shift that Camille described from religion to spirituality was a journey that multiple participants described, finding victim blaming, hypocrisy, and even abuse within religious settings. A few participants mentioned how "the Black church" specifically has been problematic for them, but it did not take away from the pursuit of spirituality. Cassandra (age 29) mentioned her perspective on "the Black church" and her own belief system.

> I think I have a lot of contention with the Black church… but I do believe that there is something more outside of myself. I do believe there's a universal supreme creator. And I do think that there is a spiritual guidance to be plugged into, that will and can help if you ask it (Cassandra, 29)

In contrast to religion, spirituality was described as a personal process of connecting with something beyond themselves. The participants in this study mentioned a range of ways that spiritually enhanced their overall wellness; some mentioned it helped them feel comforted and secure, while for others it provided help in times of distress and was a source of guidance. Imani (age 30) described how engaging in spirituality was helpful for her wellness "I do think that continuing to remember that there's somebody, or something, or a presence out there that has my best interest at heart so to speak. I think has been really helpful for me." Shanice (age 42) explained the development of her beliefs and how they help foster her own resilience.

> I was raised Christian, and my spirituality has evolved a bit since I was a child, but I definitely believe that there's something greater and that I am a part of it and that it is a part of me. And knowing that and also being aware that there's more to existence than life, the spirit continues to live on, in my opinion. It is my belief that the spirit lives on. And knowing that, I think about my ancestors and the stories that have been passed down about great grandmothers and great-great grandmothers and their resiliency; me feeling connected to that gives me strength because they survived some times."- Shanice, 42

Spirituality "saved me". Several participants were clear that their faith "saved" them. Most participants either mentioned being saved from imminent danger or from a problematic trajectory. They talked about getting direct instruction and guidance from God. Ebony (age 41) described how she gets help from God in times of need.

> …we know God and we know that if something is not right, if something is happening, then what you need to do is you pray about it and you let God help you fix it, and you let God help you move forward. You get yourself prayed up with some prayer warriors and release your problems and concerns in the atmosphere and you be still and you listen. So, spirituality for me is where I go to and I'm just like, 'God, I just don't know what to do. Like I don't know. Show me what it is I need to do. Tell me what it is I need to say. Tell me what it is I don't need to say.' So, that's a critical piece.

Kendra (age 36) described how she believes that God saved her by giving her instructions to escape from her abusive relationship.

> I have a very strong connection to Jesus. Because of what he did for me in my past. That has been my savior and my faith to keep going and the thing that's always brought me through. I hit my knees. Every single thing that's going on, I have had conversations and prayer. 'God, this is what I'm going through and I just need to know what the right answers is" Having that voice come through and say... and when I tell you and this is literally something that happened to me in that marriage. Being in tears and saying, 'I don't know what else to do.' I heard the voice. 'When I say run, you go, and you don't look back.' …That's when I left

was when I had that moment. Because, honestly, if I didn't leave, I think that I'd either be in a crazy house or I'd be dead. He would've killed me. (Kendra, 36)

Kendra's story is a powerful example of how spirituality literally saved her from a dangerous relationship. Other participants mentioned how their spirituality made them who they are and helped them see themselves in a different light.

> I'll tell you I am nothing without him. I swear I will fall to the ground. I believe that God will be with me and that he is in control. I believe that whole heartedly. I know that I'm not this flesh…you can get used to getting beat and doing things maybe to get beat… but when you have that unconditional love from the higher power, you'll know what that love feels like. [That abusive relationship] doesn't measure up to too much, so your [standards are] higher (Tasha, 45).

Spirituality Produces Purpose. Several women mentioned how spirituality helped with overall wellbeing by given them a sense of purpose and hope for the future that helped them overcome oppressive and/or traumatic circumstances. Latrice explained how important it was for her to find meaning though her faith.

> So, finding [spirituality] was a big deal...Thinking about like, "Well look. I made it out of this situation for a reason. I don't quite know what the reason is, but I feel that it's a reason for it. And I have to find whatever that reason is, and explore that, and that is what's going to really give my life meaning (Latrice, 40)

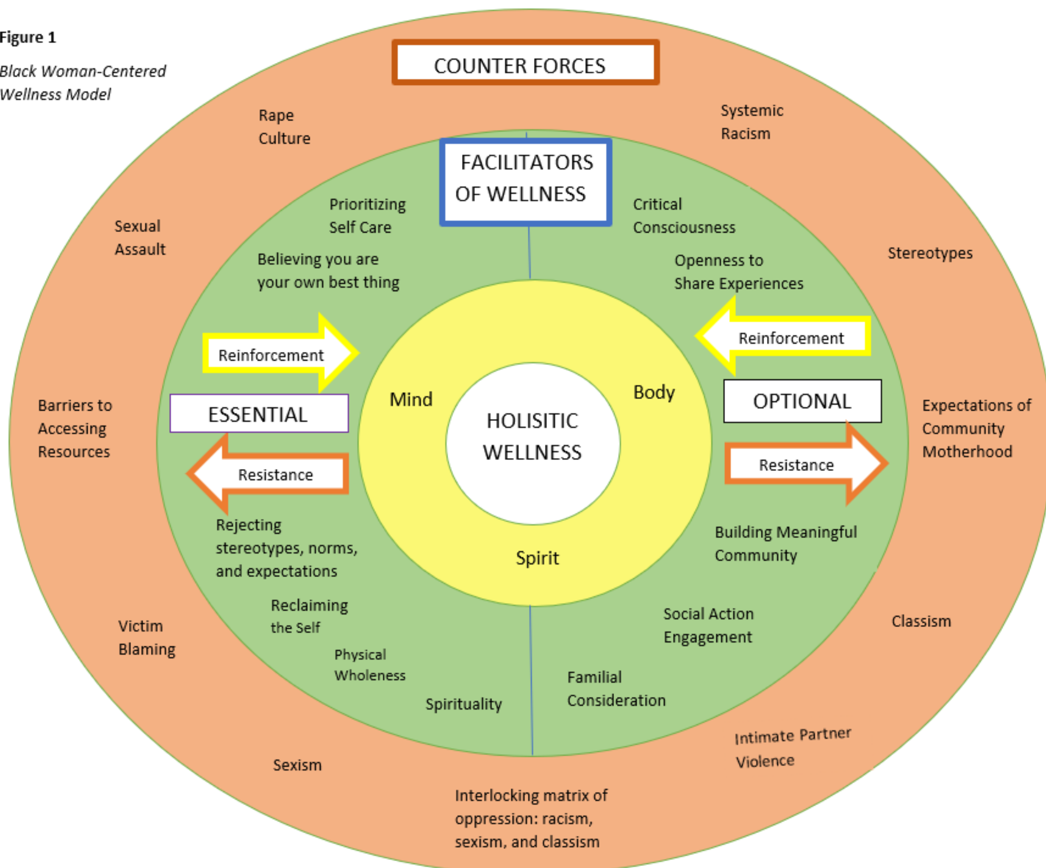
A few other participants specifically mentioned how their spirituality helped them develop deeper meaning and purpose in their life which often produced hope for the

future that they would not have had otherwise. Briana was clear about the impact of spirituality had on her overall wellness through helping her understand her purpose.

> I definitely think that spirituality helped me a lot with my journey to feeling wellness. I just think that without my relationship with God, I just don't think that I'll be where I am today. I think I had some very low points where I just want to give up along the way. I just didn't see myself being successful. I didn't see the point of applying myself to different situations. And so, I definitely think that spirituality helped bring me to the point where I am today. I think that my relationship with God gave me a greater purpose than what I want my mission to be, or my calling, or my contribution to the world (Briana, 24)

Survivors' Response to the Scholarship-Based Domains of Wellness

This section describes the results of research question two: How do Black women's understanding of wellness align with the domains of wellness synthesized from the literature? When presented with the domains, the general consensus across participants, and further confirmed by member checking groups, was that the domains were better understood as two clusters, with some being essential for wellness, and some optional. This consensus was in contrast to the initial presentation of eight equally significant components of wellness. The findings suggest stratification into two levels, foundational components of wellness and conditional facilitators of wellness (see figure 1).



Foundational Components of Wellness

Based on input across participants and from member checking groups, the foundational components of wellness are the essential pieces that comprise holistic wellness. They are the foundation on which the facilitators of wellness can be built, under the right conditions. The foundational components of wellness are Reclaiming the Self, Spirituality, and Physical Wholeness. These foundations mirror the mind, body, spirit components of wellness that participants outlined before seeing the proposed domains.

Reclaiming the self was defined as *Letting go of the negative things people might say about you or assumptions, they make about you and appreciating yourself for who*

you are and what you've overcome. All 20 of the participants found this domain to be critical to wellbeing given their experiences with GBV and the intersection of sexism, racism, and classism. The participants particularly highlighted shifting their mindsets from a place of defeat to a place of self-love and hope for the future. For example, Kendra described how she shifted her mindset from resigning to powerlessness toward the hope of the empowerment she gained from posttraumatic growth.

> [Reclaiming the self] means a lot to me, actually. I'm in this cycle of my life at this very moment. It resonates. I'm reclaiming who I am. As I said before. Just realizing that there's no reason why I should have to hide and try to make myself small. [Others] felt threatened by my power, by who I am. I'm being able to, really, step forward now and say, 'This is who I am and these are my experiences. This is what I've gone through.' They've shaped me. And I'm stronger and better because of it. And wiser. (Kendra, 36).

Other participants said that Reclaiming the Self resonated with them because it spoke to the importance of how one regards their self after trauma; it addresses the importance of rebuilding self-esteem.

Spirituality was also unanimously deemed essential. Spirituality was defined as *A relationship with something greater than the self. The feeling of being connected to a greater purpose and receiving insight from something greater than yourself*. Most participants' feedback of the relevance of this domain was similar to Asha's (age 31) perspective: "I think that domain, for me, is a big part of my wellness and identity." The participants shared several reasons for believing in the importance of spirituality, as

outlined in the previous section, and they all agreed that it is an important part of wellness for Black women who have experienced GBV.

Physical Wholeness was defined as *feeling connected and comfortable in your own body*. The participants thought that the premise of the original definition was important but needed to be expanded. They mentioned the influence of media and the impact of interpersonal violence on their perception of their body. Also, beyond feeling connected and comfortable they thought it was important to engage in self-love of their body as outlined in the previous section.

Conditional Facilitators of Wellness

The Conditional Facilitators of Wellness included Openness to Share Experiences, Developing Meaningful Community, Social Action Engagement, Critical Consciousness, and Familial Consideration. Participants generally identified these domains as valuable but not essential, with relevance, access, and significance dependent on the context. Shanice's (age 42) perspective on Social Action Engagement exemplifies how participants both recognized the value in the domain, while also naming the conditions that would make it an effective facilitator of wellness.

> I'm kind of socially active, especially with things that are really important to me, so that other people don't have to deal with the same things I've dealt with. So I think me sharing my story when I feel comfortable to do so and creating a community that is safe for people to share their experiences, that's how I'm an advocate. But even before all of that, my social action starts with me. I have to work on me in order for me to be able to go out and support other people. So self-

> care is an activity that makes a difference, because we go out into the world as ourselves every day." "There's something about trying to give directions to some place that you've never been... I'm not saying it can't be done, but I'm just saying there's an element of experience, that you learn from experience, you learn through experience what things work for you and what doesn't work for you, and you can speak to that, but you can't speak to that if you've not experienced it (Shanice, 42)

Shanice and several other participants emphasized the need to prioritize their personal wellness before engaging in activities to that involve others. This sentiment was shared across the domains of Openness to Share Experiences, Developing Meaningful Community, and Social Action Engagement. Beyond the issue of prioritizing the essential components of wellness, the other factor that participants noted was the difference that the context of the intersectional experience of racism, sexism, and classism made in their ability to benefit from the facilitators of wellness. For example, Cassandra shared how Openness to Share Experiences is complicated by systemic oppression.

> I say, yes, that's true for me, but with the caveat. I would never say this to a White person. I wouldn't say this to a White therapist. I wouldn't even tell my White friends all of this. I feel like it has something to do with how the Black body is so vulnerable to the white gaze all the time. I don't know. I feel like it's not sharing in that sense when it's within racial ... yeah, it's not sharing when it's potentially used to validate, I guess, a stereotype. Or I don't even know what it would be in that

> situation if I told a White person. I don't know what that would look like for them or why that would matter, I guess, to them. But for me, I just would not share outside of Black people I knew. Even if I trusted a White person, I wouldn't share that with them... And so the helping others, definitely. I would definitely share this with a Black woman because I know that experience that I've had isn't uncommon for us. But for the universal good of the world, no, I'm not doing that. (Cassandra, 29)

The Openness to Share Experiences domain suggests that connecting and sharing one's story is universally helpful, and Cassandra highlighted the need to consider existing narratives and stereotypes about Black women. In fact, sharing her story could prove to perpetuate stereotypes or increase risk, if not under the right conditions.

Another important factor participants named is whether survivors have access to the types of people and experiences that will foster a sense of safety. For instance, Mercy (age 25) shared her perspective on the value of developing meaningful community, only if she will have access to affirming people who have shared experiences.

> …it helps to have someone who understands what you're going through, because one, being a Black woman and then being surrounded by people who are neither Black, nor women, it can be isolating and you have that doubt creep in where you're just like, 'Am I overreacting?' Or, 'Am I being crazy right now?' Or, 'Is something wrong with me?' And it helps a lot just to have someone be like, 'The same thing is happening to me.' So it's not just me, this dramatic thing. So I think a meaningful community helps just because it's affirming.

The condition Mercy outlined was that she needed a space where she could be around people who share salient identities so that she can be better understood. For Ebony, the idea of Building Meaningful Community was dependent on her getting access to the type of space that would be most helpful for her.

> …sometimes for people like me, I am a introvert. So I'm probably not going to actively go out and make friends, and do this, and do that, and be the chatty Patty... Creating relationships and maintaining them, are important because you never know who knows who, who can help you with what-- what type of organizations are out there, what kind of resources and therapy groups and sessions and things like that (Ebony, 41).

A few other participants mentioned uncertainty about being able to either find, access, or afford the kind of space that would be most effective for their wellness.

The feedback about the conditional facilitators of wellness also included a level of risk assessment. A majority of the participants found more benefits than risks in all of the domains except for Familial Consideration. More than half of the participants shared that they either thought that considering family was not necessary for wellness or they struggled to articulate how this domain could be helpful. A few participants said that considering family could actually hinder wellness because they will be more likely to compromise or sacrifice for them. For example, Angie mentioned how family expectations could reinforce staying in an abusive relationship.

> I also feel that Black women need to learn that our lives are our own. And that we need to stop living for everybody else. I take family too much into consideration...

> Yeah. Because the honest truth is, a lot of us stay in abusive situations and things like that, because of our family expectations... So the healing aspect and the wellness aspect, I don't really feel that that should be a part of it...In your individual life, I think that, yeah at some point, you need to take responsibility for you and your life, and then sometimes your family has to get in line (Angie, 45)

Angie's sentiments were shared by a few other participants. There was a general cautiousness and hesitance from most participants in response to considering family. On the other hand, few participants supported the domain of Familial consideration to reconcile relationships, gain support following GBV, or to understand how intergenerational trauma and complex trauma experiences impact family dynamics.

> So now the role that my family plays is different, because I have a much better relationship especially with my mother, because I understand her trauma. Me and my mom's relationship growing up, it wasn't the best. Just because she had her trauma that she was dealing with. She grew up in a home where she saw domestic violence. And so, she had her own version of trauma that was not like mine...My trauma was more, I suppose like my grandmother. Who grew up in a very sheltered home and who went out and got impregnated by an abuser. So, just understanding my mom's trauma and how it's different from mine, but also how it relates to mine and how it will play out in fruition with my daughter, because that's how trauma is... And so now, my daughter is essentially who my mother was. And I have to [understand these dynamics], in order to keep from transferring my trauma... I keep a close relationship with my mom so that I can

> understand her trauma. So that I can help my daughter through hers, will be very important and that's why I've become a lot closer to my family throughout all this (Candace, 32).

Candace's story identifies the way that taking the time to consider the role family plays in her experiences helped her develop empathy that allowed her to reconnect with her mother. She also noticed the patterns in her family and utilized what she learned to break the cycle for her daughter. In sum, while over a quarter of the participants said that Familial Consideration helped facilitate their wellness, most participants noted conditions for its helpfulness.

Discussion

The purpose of this study was to apply a critical lens to the conceptualization of wellness for Black women who experienced GBV and to center their voices in defining wellness. The results indicate that there are two primary ways to conceptualize Black woman-centered wellness for survivors of GBV. The first highlights what wellness means within the context of ongoing sociopolitical oppression and the second delineates the specific intersecting components of wellness that are most important for Black women survivors of GBV. The responses from the in-depth interviews determined that, Black woman-centered wellness is steeped in resistance, and it is holistic. Wellness as resistance was comprised three main themes: prioritizing self-care despite the barriers, rejecting problematic stereotypes and problematic norms, and believing "you are your best thing." Holistic wellness was comprised of the mind, body, and spirit, where each component intersected and influenced the others. With respect to the domains derived

from scholarship, participants indicated a need to separate the domains into two categories: foundational components of wellness and conditional facilitators of wellness. The domains Reclaiming the Self, Spirituality, and Physical Wholeness were considered foundational components of wellness. Openness to Share Experiences, Social Action Engagement, Developing Meaningful Community, Critical Consciousness and Familial Consideration were considered to be facilitators of wellness but only under certain conditions.

The theme *Black women's wellness is steeped in resistance* aligns with scholarship from Black Feminist, Womanist, CRT and liberation psychology frameworks and fills the gaps in the clinical and counseling literature. The liberation psychology literature has established that marginalized groups cannot access wellness without resisting oppression (Comas-Díaz & Rivera, 2020). For example, Prilitensky posited that there is a relationship between power and wellness that points to the need for an understanding of wellness within context. He said "Power is pivotal in attaining wellness, in promoting liberation, and in resisting oppression. Contrary to fragmentary disciplinary discourses, power is never political or psychological; it is always both" (Prilleltensky, 2008 p.116). The findings of this study support the claim that wellness through power, is both psychological and political. The sociopolitical context actively hindered the wellness of the study participants, through limiting their power, undermining their worth, and relegating them to subjugated roles. The participant's responses illuminated how they had to resist expectations, norms, and policies that perpetuated oppression in order for them to truly access wellness.

Black feminist Patricia Hill Collin's framework of the matrix of domination is also a relevant framework to apply to the theme *Black women's wellness is steeped in resistance*. The matrix of domination uses intersectionality as a framework to explain the compounded experience of oppression for Black women when sexism, racism, and classism are intertwined within systems (Collins, 2002). There are formidable societal, cultural, and interpersonal barriers to the wellness of Black women GBV survivors. Wellness is not systemically promoted for Black women; it is actively discouraged through the matrix of domination (Collins, 2002). Pursuing wellness for Black women means resisting those systemic barriers. This study further highlights the need for an intersectional lens to promote wellness among Black women without ignoring or denying the context within which they are healing, surviving, and seek to thrive.

A prominent subtheme that emerged within wellness as a form of resistance was the need for Black women to be free to prioritize their needs without apology. Several women shared about moments of realization that they could prioritize themselves. It seemed to be a new revelation, borne out of tragedy. The concept of being worthy of prioritized time, care, protection is a radical notion both in the Black community and in society more broadly. Black women's lives have been historically marked for sacrifice whether it be through mothering communities (Coleman, 2014), enduring gendered racism in the workplace (Wingfield, 2007), or when it comes to the reporting GBV (Decker et al., 2019). While the Black woman makes sure that the community is educated, protected, and nurtured, it is unclear whose job it is to take care of Black women. The concept of self-sacrifice as essential to Black womanhood relates to the idea

that Black women allowed to be vulnerable but are held to a superhuman standard. Black women are often subjected to the "Strong Black Woman" (SBW) stereotype where they are held to unrealistic expectations to display strength no matter the circumstances (Romero, 2000). The danger of the SBW stereotype is that expectations of super-strength does not leave room for vulnerability. In the book, Sister Citizen, Harris-Perry warns of Black women adopting SBW saying "What begins as empowering self-definition can quickly become a prison. By adopting and reproducing the [SBW], African American women help craft an expectation that they should be autonomously responsible and self-denying caregivers in their homes and communities. This means that they are validated, admired, and praised based on how they behave, not on who they are" (Harris-Perry, 2011 p.185). The SBW may explain why the so many participants in this study found prioritizing self-care to be revolutionary. Internalizing messages about self-sacrifice, self-containment, and strength could make it so that Black women do not consider their own needs or feel shamed for doing so.

The findings of this study also shed light on the importance of ridding oneself of norms, expectations, and stereotypes, that only serve to limit Black women, to access the freedom necessary for wellness. Without freedom from the insidious messages that Black women are socialized to believe, it becomes more difficult to recognize inherent self-worth. The subtheme of *rejecting problematic norms* directly relates to the subtheme of *believing you are your own best thing*. When Black women refuse to be limited by others' expectations and understand that they are not to blame for their victimization they are free to embrace their inherent worthiness. The concept of inherent worthiness aligns

with the African-centered principle of fundamental goodness (Bent-Goodley, 2005). This study shows that Black women can only experience wellness in this context by resisting various forms of oppression in order to protect their inherent value and prioritize their mental, physical, and spiritual needs.

The second theme of *holistic wellness* is advocated in the literature as an intervention strategy for BIPOC communities as alternative to White, Western perspectives of treating illness through symptom reduction. For example, the radical healing framework proposes that it is necessary to go beyond symptom reduction for marginalized communities to heal from the traumatic impact of compounding forms of oppression and instead utilize holistic wellness frameworks to promote liberation (French et al., 2020). The fact that participants in this study overwhelmingly mentioned the interconnected nature of mind, body, and spirit suggests that the symptom reduction approach found in typical clinical psychology interventions would be neglecting significant parts of what Black women need to be well.

Finally, this study provides direction for how to understand the areas of wellness that have been explored in the literature for both Black women and GBV survivors. The participants reviewed the eight domains of wellness and ultimately differentiated between foundational areas of wellness and conditional facilitators of wellness. The feedback the participants provided aligns with the concept of including context in the understanding of wellness. Access, privilege, and stage of healing were all factors that could change the impact of the domain for the survivor. Also, the participant’s spontaneous responses about wellness aligned with how they conceptualized the foundational components of

wellness, where mind, body, and spirit mirror the domains of Reclaiming the Self, Physical Wholeness, and Spirituality, bolstering the idea that these three areas are considered essential components of wellness among this population.

Limitations

This study has limitations worth noting. This framework of wellness is developed based on 20 participants' responses, and further research will need to assess how broadly applicable the findings are. This study included participants from fairly diverse geographic regions across 13 different states and one territory in the US. It was beyond the scope of the study to intentionally recruit outside of the US, but the current sample does not allow for a full understanding of Black woman-centered wellness across the African diaspora. Future studies should explore how this framework of wellness resonates with Black women who live outside of the US. It is worth noting that most of the participants in this sample were college educated and employed full-time. Future research is needed to explore experiences of those without full-time employment or higher experiences to understand the scope of survivors' experiences across SES. This study was conducted during the height of the COVD-19 pandemic, which may have impacted responses about wellness. The lockdown and social distancing may have changed participants perspective about wellness during that period.

Implications for Research and Practice

The findings of this study have implications for future research and practice. First, the study findings display the substantial obstacles that survivors face when trying to pursue wellness. Consistent with this understanding, researchers can shift the focus from

those who are subjugated by the system to further explore the nature of the barriers. This shift in focus can help reduce the victim blaming narratives placed on survivors and can provide more information about how to change the systems that perpetuate oppression among marginalized groups. For example, one barrier was the way that Black women felt restricted by the expectation strength and the assumption of invulnerability. Research could further explore how those stereotypes and narratives translate into practices that hinder Black women's wellness in order to influence system change.

Second, based on the findings, culturally responsive interventions targeted toward Black women survivors of GBV should include a holistic wellness framework. As this study suggests, lack of depression or other symptomatology does not equate to wellness, measures of treatment success must match this understanding. Researchers can explore how outcome measures can capture components of holistic wellness that includes the mind, body, and spirit.

Third, prior scholarship that has used a critical lens to explore the wellbeing of Black women has highlighted interpersonal and societally based indicators of healthy functioning. The participants of this study raised questions about these findings, expressing that those areas are helpful only under certain conditions, and are not the first step to healing. While pprioritizing personal wellness through mental health, physical health, and spirituality might be a good thing, it is actually only helpful under conditions where women feel healed, safe, and understood. Research might explore how that these conditions might be developed in clinical and research settings to help foster Black women's wellness following GBV.

With respect to practice with this population, the vision of wellbeing participants described can be integrated into therapists' and program developers' work in several ways. First, the findings indicate that wellness has to be understood from a holistic perspective. Practitioners should consider utilizing assessment strategies that include an exploration of the client's functioning in the areas of mind, body, and spirit. It is also recommended that practitioners assess the interaction between these areas to better understand the impact at the intersection of these equally relevant parts of the client. Practitioners can use the Black woman-centered wellness model to incorporate discussions of holistic wellness where the mind, body, and spirit are each given credence and attended to throughout the therapeutic process. Assessment and treatment strategies should shift from symptom reduction to a framework that starts with holistic wellness as the goal for treatment.

Second, based on the findings that highlight the various forms of oppression that hinder wellness for Black women GBV survivors, mean that the therapeutic setting cannot neglect that aspect of the client's experience. Case conceptualizations should include the sociopolitical context along with interpersonal and personal factors when determining etiology of disorders, diagnoses, and treatment plans. Practitioners can also work with their clients to identify the barriers to wellness and the strategies that they have already engaged in to facilitate wellness to understand the survivors' full context and develop goals that resonate with Black women's experience. Formal mental health care settings can assess the ways in which they my covertly or overtly create obstacles for Black women GBV survivor's wellness and take action to eradicate those practices.

Relatedly patient’s reports of their caution around sharing their personal experiences indicates that practitioners should also consider ways they may unintentionally contribute to those barriers through reinforcing stereotypes, perpetuating victim blaming, or undermining the role of the sociopolitical context.

Finally, the fact that the participants emphasized that some of the domains of wellness would only be helpful if they felt safe and understood, it is important for administrators and practitioners to consider the factors that contribute to that sense of safety. One participant specifically said that she would not share her story with someone who is White, no matter if it was a friend or a therapist because she did not want to reinforce negative stereotypes about Black women. This response is important to understand, considering professionals in mental health settings in the US are predominantly White. Black practitioners need to be specifically recruited in all sectors of mental health care. Beyond recruitment, the voices of Black women need to be heard, and action needs to be taken to support the initiatives inspired by Black women.

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BIOGRAPHY

Stephanie H. Hargrove is a Clinical Psychology Doctoral Candidate at George Mason University. Her mission is to be a resource for communities that have been oppressed and hindered from accessing quality care. Stephanie was awarded the APA Mental Health and Substance Abuse Services (MHSAS) Predoctoral Fellowship to further her develop her skillset to serve marginalized communities. Her research interests involve utilizing community-based and participatory interventions to promote liberation, empowerment, and healing among marginalized communities. She hopes to utilize her research to inform her clinical work, develop interventions, and influence policy.