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Shannon M. Samuels
Smith College School for Social
Work Graduates and their
Preparedness in Working
with African-American Women
IPV Survivors

ABSTRACT

This study was developed to review the Smith College School for Social Work (SCSSW) curriculum and to gauge whether or not alumni felt prepared to work with African-American women victims of interpersonal violence (IPV) post-graduation. Secondly, how do these clinicians incorporate cultural competency and the theory of historical trauma/trauma of oppression when working with African-American victims and survivors of IPV?

An online questionnaire was sent to alumni of Smith College SSW who graduated no earlier than 2008. Seventy-one graduates were surveyed and asked to reflect on their coursework, field work and projects completed at Smith in terms of the level of preparedness for working with this population. These alumna were further questioned regarding their culturally sensitivity, implementation and knowledge of historical trauma/trauma of oppression within their work with African-American clients and other cultural populations.

The findings of the study showed respondents to be divided in feeling Smith adequately prepared them for working with African-American victims or survivors of IPV and their mindfulness of cultural competency and historical trauma/trauma of oppression.

Smith College SSW Graduates and their Preparedness in Working with African-American Women IPV Survivors

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

Introduction

Interpersonal Violence (IPV) has been a national and international problem for centuries. For example, in the 1800s women were thought to be inferior to men, and were often treated as such and all too frequently experienced mental, physical, emotional, and financial abuse. In recent decades, many organizations, agencies, and institutions have been founded to service those who are victims of IPV, but little research has been done on clinicians' preparedness in working with these survivors who experience the horror of IPV, especially those who identify as African-American.

Thus, the question for this research study is: To what extent does Smith College School of Social Work (SSW) prepare students to work with African American survivors of interpersonal violence in the context of historical trauma and trauma of oppression? There may be ineffective clinical approaches to African-American women victims due to unintentional cultural biases and incompetence on the part of White clinicians. Difficulties may also emerge when working with African-American women victims on the part of African-American clinicians due to issues that may include transference and countertransference.

Previous research has been done on the racial differences of clinicians and their treatment interventions and approaches to African-American women victims of interpersonal violence. Two studies focused on the prevalence of interpersonal violence within African-American communities and households (Marsh 1993, West 2004). Other studies investigated barriers to treatment that African-American women face (ie stigma of seeking therapy, spiritual beliefs and not fully understanding interpersonal violence as a

problem) (Akba, Bazile & Sanders-Thompson, 2004; Clark, Heidric & Ward, 2009).

Other research has been done on the therapeutic dyad between African-American clients and White clinicians and what that interracial dyad means in the therapeutic process for victims of IPV (Davidson, 1992, Ligger & Kay, 1999) and issues of countertransference (Strawderman, Rosen, Coleman, J. 1997) that may come up when working with victims of IPV and other traumas. What is currently missing from research is information about the curriculum content and field experiences that should increase SSW clinicians' preparedness in working with these victims and, if they do, how is historical trauma taken into consideration when working with this specific population.

This study was designed to review the Smith College School for Social Work (SCSSW) curriculum and to gauge whether or not alumni felt prepared to work with African-American women victims of interpersonal violence post-graduation. Smith SSW was selected for this study, as opposed to other schools of social work, due to the availability and accessibility of the alumni network, and it being institution for which this thesis is written. A second objective of this study was to explore whether the clinicians who graduated from Smith SSW considered cultural competency and their understanding of the history of oppression and how it relates to IPV and African-American women.

The findings of this study may provide clearer insight into clinicians from Smith and other schools of social work in terms of graduate level of preparedness to work with African-American victims or survivors of IPV. Social work programs can further assess their curriculum as it relates to cultural competency and trauma and how to work with various populations of color in crisis such as IPV.

CHAPTER II

Literature Review

Domestic Violence (DV) and interpersonal violence (IPV) are words that are used interchangeably to mean the same thing, but actually have different meanings. *Domestic violence* is a broader term and includes an umbrella of different relationships or interactions that could produce violence. The term domestic violence usually refers to and includes “child abuse, sibling violence, intimate partner abuse, or even elder abuse” (Hampton and Oliver, 2006, p. 2). *Intimate partner violence* is more specific in regards to the relationship that is producing violence. Intimate partner violence, “...generally used to refer to acts of violence that occur between current or former spouses, boyfriends, or girlfriends. Moreover, it tends to include violence between persons who have a current or former marital, dating, or cohabitating relationship.” (Hampton and Oliver, 2006, p. 2). For the purpose of this study, interpersonal violence and this functioning definition will be used.

In the first section, the prevalence of IPV within African-American families and couples, and how the witnessing and occurrence of IPV within these families correlates to the historical trauma and trauma of oppression within African-Americans is reviewed. The second section reviews the literature having to do with the idea of historical trauma and trauma of oppression in relation to African-Americans, and the historical trials and difficulties in living and maintaining in “white America”. The third and fourth sections discuss the importance of cultural competency among clinicians and how Smith trains its students and integrate cultural competency in their curriculum, respectfully. It is important for readers to understand the historical trauma and oppression of African-

Americans as it relates to their understanding and clinical work with this population. The chapter ends with a summary of key points and statement for the purpose of this study.

Prevalence of IPV in African-American Families

Violence, especially IPV can occur in any household at any time, regardless of race. Bent-Goodley says, “Although [interpersonal] violence cuts across race, socioeconomic status, education and income distinctions, it has been estimated that African Americans experience a disproportionate amount of domestic violence compared with white Americans” (2004, p. 308). IPV is an intersectional issue. It is no more than a ‘racial’ issue than it is a ‘woman’ issue. Women are more than likely to be victims of IPV, though men are often victims of IPV as well. Bent-Goodley reports that, “more than 1.5 million women nationwide seek medical treatment for injuries related to abuse each year” (2004, p. 307). African American women could be seen as having it ‘twice as hard’ being disproportioned not only by race, but often by gender as well. Statistics continue to show that, “African-American women in particular appear to be at disproportionate risk for experiencing intimate partner violence, especially black women, women aged 16-24, women with children under the age of 12, and women living in lower-income households. Thus, women who are more vulnerable to [interpersonal] violence tend to have less social, legal and economic power.” (Hampton & Oliver, 2006, p. 3).

Other factors such as poverty, unemployment, low or lack of educational resources, substance abuse, and lack or poor access to professional, also help contribute to high rates of African American women being subjected to IPV (Hampton and Oliver 2008, Huang et al. 2010). Most of the research often falls into the stereotypical and presumed lifestyle of African Americans and mention very few limitations or exceptions.

West (2004) concludes that, “Based on these findings, it should not be concluded that Black Americans are biologically or culturally more prone to violence than other ethnic groups. Rather these results suggest that African Americans are economically and socially disadvantaged, which places them at greater risk for IPV.” (West, 2004, p 1487, 1489) This solidifies the notion that interpersonal violence is not only contributed to African Americans particularly, but is a racial neutral issue.

Historical Trauma & Trauma of Oppression

Throughout history, people of color have been treated poorly and have been disadvantaged due to discrimination and enslavement, especially African Americans. During the early days of America, African Americans were kept and treated as slaves to work fields and take care of households. Throughout slavery times and even beyond, African Americans were beaten, hanged, and brutally murdered by white Americans. This ongoing history of traumatic events and mistreatment have manifested in the lives of African Americans today. It is often a constant reminder of how African Americans were treated back then, and how things haven't changed much, as it relates to racism and discrimination. For the purpose of this study, *racism* will be defined as,

A system of dominance, power and privilege based on racial-group designations; rooted in the historical oppression of a group defined or perceived by dominant group members as inferior, deviant, or undesirable; and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values and behavior that have the intent or effect of leaving non-dominant-group members relatively excluded from power, esteem, status, and/or equal access to societal resources (Truong & Museus, 2012, p.227).

Truong and Museus (2012) added that, “In addition a racist environment benefits racial in-groups that can maintain influence over racial out-group members' experiences and access to resources” (p. 227). Examples of events that have taken place over time

include slavery, desegregation, the Civil Rights Movement, and even now with the issues surrounding The Voting Rights act, a fight that started in the 60s and is now relevant again today. Examples of racism against other people of color include, The Trail of Tears (removal of Native Americans from their homeland), The Holocaust, and the mistreatment and discrimination against Muslim Arabs. The commonality between these and other wrongful acts is the dominant oppressive culture, and culture of people being oppressed.

Historical trauma and trauma of oppression are interchangeable words to describe the traumatic events that often get recalled or come to mind when similar oppressive situations occur throughout everyday experiences. Even though African Americans today did not grow up during the times of slavery, generational or ancestral trauma suggests that the lived experiences of an oppressed population's ancestors live on throughout many generations.

Hampton and Oliver (2006) discuss the correlation between historical trauma and IPV between African American couples. They suggest that, "African American men like some white men have been socialized to believe that to be a man is to be innately superior to women and that within the context of male-female relationships, men are supposed to dominate their wives and girlfriends; However, African American men have historically lacked the resources to institutionalize the subordination of women in the same manner as has been achieved by white men" (pg. 6). This theory of power and control over women is, according to Hampton and Oliver, an ongoing vicious cycle of men trying to regain what was once taken away from African Americans generations ago. This continuing situation only leads to 1) further institutionalization of African American

men in prisons and 2) leaves African American women without adequate mental health services and community supports. Those who are abused can experience mental health issues, such as anxiety attacks, post-traumatic stress disorder, chronic depression, acute stress disorder, and suicidal thoughts and ideation” (Bent-Goodley, 2004, p.307) Mental health issues could be contributed to racial discrimination, socioeconomic status, and historical traumatic events that get retriggered through social interactions with white Americans, and the continuous violent cycle continued on through IPV from African American male abusers.

African Americans have often been stereotyped as an overly aggressive and angry race of people due to the historical pain and hardships of slavery compounded by current mistreatment and discrimination from white Americans. Historical trauma and trauma of oppression have shaped the upbringing and lived self-experiences of African Americans, these issues cannot be an excuse for violence, nor should be the African American prototype.

Cultural Competency

When working with a client who is culturally different, it is important to be culturally sensitive to that individual’s culture and background. *Cultural competency or awareness* can be defined as, “[...] acceptance of and respect for cultural differences, analysis of one’s own cultural identity and biases, awareness of the dynamics of differences in ethnic clients, and recognition of the need for additional knowledge, research, and resources to work with clients” (Yan & Wong, 2005, p. 182). In the white clinician-black client dyad, it is important for the clinician to be aware of what he or she brings into the therapeutic room, and what feelings may emerge for the client in terms of

historical trauma and trauma of oppression. Liggen and Kay (2008) suggest, “While multiple sources of oppression and deficiency substantially affect an individual’s experience of life, it is the internal model of whites that evokes significant anxiety within the African American’s psychological capacities. This image is distorted by the power and privilege ascribed to representations of a superior class” (Liggen & Kay, 2008, p. 199). Though it is difficult to bring up racial differences within treatment, the white clinician could be unknowingly retriggering the African American client through comments or nonverbal language. White clinicians also have to be aware of their own biases and stereotypes that they may have against African Americans, and it is also recommended that white clinicians have a strong sense of their own cultural identity as well. Yang and Wong (2005) report, “In order to overcome the ingrained effect of their culture and to respect their client’s difference, culturally competent social workers should analyze and maintain a high level of self-awareness of their own cultural background” (p. 183). Even though cultural differences can play a part in the therapeutic process, race and ethnicity differences doesn’t necessarily mean that the therapeutic relationship will not work. Research contradicts the need for cultural likeness and whether it is better or not for the therapeutic relationship. In the article “Race in the Room: Issues in the Dynamic Psychotherapy of African Americans”, Liggen and Kay discuss studies done by White and African American researchers that report on both sides of the issue of cultural likeness/difference. They found that the white researchers concluded, “Neither race nor ethnicity impact treatment outcomes”, while African American researchers felt that, “the cross-race dyad poses insoluble problems and that the white therapist’s efforts will be destructive to the black patient” (p. 196). Liggen and Kay added that the

countertransference between the African American clinician and the African American client will be less negative since the triggers of historical trauma will be recognized and understood, but warned that an over-identification is detrimental to the therapeutic relationship and process.

SSSW & Cultural Competency Preparation

While at Smith College School for Social Work (SCSSW), I have been exposed to various topics and conversations both in and outside of class about race and what it means to different individuals. Smith constructs the summer so that students have the opportunity to talk about race and other social injustice issues in forums, lectures, and specific classes to talk about the marginality and how an individual's race impacts the client in the therapeutic room. The SCSSW's mission statement states, "The School joins with the profession to struggle against inequality and oppression based on such variables as: race, ethnicity, class, gender, sexual orientation, religion, age, and disability" (SCSSW Catalogue, 2013). In becoming accredited by the Council of Social Work Education (CSWE), a social work education program must be able to provide and meet certain expectations and guidelines in order to be accredited. According to the CSWE,

The program's commitment to diversity—including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation—is reflected in its learning environment (institutional setting; selection of field education settings and their clientele; composition of program advisory or field committees; educational and social resources; resource allocation; program leadership; speaker series, seminars, and special programs; support groups; research and other initiatives; and the demographic make-up of its faculty, staff, and student body) (CSWE, 2008, p.10).

The core competencies that the CSWE is speaking of do not necessarily refer solely to cultural competency, but competency as a whole as it relates to meeting the client where

they are at and the clinical skills needed to provide effective therapy to clients of any specific race or ethnic culture.

SCSSW provides classes that specifically focus on race; but these classes refer more to self-awareness and how to deal with transference or countertransference if it comes up in the therapeutic process. Other classes that are not race specific discuss how to work with clients of different cultures, but do not go in depth of regarding cultural histories and why a clinician must be culturally sensitive when working with a client of that background. There are no classes that discuss how to work with victims of IPV specifically and how cultural identity may play a part in the lived experience of IPV survivors. Though there is a lack of depth regarding cultural competency at Smith, the school has done an excellent job in creating a diverse community and discussing the diversity in various platforms throughout the school year compared to other schools of social work.

The CSWE states, “The implicit curriculum refers to the educational environment in which the explicit curriculum is presented. It is composed of the following elements: the program’s commitment to diversity; admissions policies and procedures; advisement, retention, and termination policies; student participation in governance; faculty; administrative structure; and resources. The implicit curriculum is as important as the explicit curriculum in shaping the professional character and competence of the program’s graduates. Heightened awareness of the importance of the implicit curriculum promotes an educational culture that is congruent with the values of the profession” (CSWE, 2008, p.10).

Graduates of the SSSW graduate program are trained to be competent in recognizing and working with cultural differences but, they may not know how to work with a specific culture or ethnicity of people who may be or have experienced traumatic events, such as IPV. The Code of Ethics of the National Association of Social Workers (NASW) provides social workers with a set of rules and guidelines to adhere to when working with clients. It is stated by the NASW that, "Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups" (2008, p. 7). The code adds that social workers should seek education surrounding clients and various social diversity and oppression (2008, pg. 7). The NASW further proves that cultural competency is valued and how imperative it is to be culturally competent and sensitive when working with clients who identify differently than us.

Summary

Previous research focuses on the prevalence of interpersonal violence within African-American communities and households (Marsh 1993, West 2004) and barriers to treatment that African-American women face (i.e. stigma of seeking therapy, spiritual beliefs and not fully understanding interpersonal violence as a problem) (Akbar, Bazile, & Sanders-Thompson 2004; Clark, Heidric & Ward 2009). In working with African-American women victims of IPV, it is important to know and understand the socioeconomic and cultural factors that may keep them in an abusive and unhealthy relationship, and to be self-reflective in our understanding of cultural differences and what we bring into the therapeutic relationship and room when working with this specific population. There may be ineffective clinical approaches to African-American women

victims due to unintentional cultural biases and incompetence on the part of White clinicians. Difficulties may also emerge when working with African-American women victims on the part of African-American clinicians due to issues with transference and countertransference. These thoughts and potential concerns were the catalyst for the overarching research question for this study.

CHAPTER III

Methodology

The overarching research question for this study is: Are SCSSW graduates prepared to work with AA women of IPV? I believe that there may be ineffective clinical approaches to African-American women victims due to unintentional cultural biases and incompetence on the part of White clinicians. Difficulties may also emerge when working with African-American women victims on the part of African-American clinicians due to issues with transference and countertransference. This project was designed to investigate the similarities and differences in clinical treatment approaches from White and African-American clinicians' who work with African-American women victims of interpersonal violence. I want to investigate whether the clinicians who graduated from Smith SSW that work with African-American women victims consider cultural competency and their understanding of the history of oppression and how it relates to interpersonal violence (IPV) and African-American women.

The findings of this study may be useful to SCSSW alumni, clinicians in the field, and other community resources that serve African-American victims of interpersonal violence. Hopefully, readers will gain a better cultural understanding of the psychological, life-long impact, and implications it has on these clients. The questions were closed and open ended with various options for answers and opportunity for participants to elaborate when necessary.

Research Design

Some research has been done on the racial differences of clinicians and their treatment interventions and approaches to African-American women victims of

interpersonal violence. Previous research focuses on the prevalence of interpersonal violence within African-American communities and households (Marsh 1993, West 2004) and barriers to treatment that African-American women face (i.e. stigma of seeking therapy, spiritual beliefs and not fully understanding interpersonal violence as a problem) (Akba, Bazile, & Sanders-Thompson 2004; Clark, Heidric & Ward 2009). As the topic of concern was further explored, a quantitative method of assessment appeared most relevant for the purposes of this data collection and analysis..

Sample

Participants for this study were clinicians who are alumni of Smith College SSW, and graduated no earlier than 2008. Participants practiced in the United States and worked in a variety of social settings such as inpatient, outpatient, community outreach, and private practice. Participants were asked to draw on their coursework and field work at Smith as it did or did not relate to their preparedness in working with this population. Inclusion criteria were restricted to MSW alumni of Smith College SSW. Exclusions included non-graduates and PhD graduates of SSW, and SSW alumni who graduated before 2008. The minimum number of sampling for this study was 50 participants. Smith SSW graduates were diverse in regards to gender identity, race, ethnicity, socioeconomic status and sexual orientation.

Recruitment

The recruitment process for this study was to identify graduates of the program through the email school list serve. Clinicians were identified and recruited for participation in various geographical areas. The link for the survey was emailed to alumni in the program through the list serve for interest in participating in the study. Once they

had been identified and agreed to participate, they were brought to the screening questions to further assess eligibility to participate in the study. The screening process included questions surrounding race, gender, age, geographical location, SSW curriculum, and their work experience and personal interest in working with the identified population. When interested participants passed the screening process, they were asked to electronically sign the consent form, and then brought to the study questions and asked to answer to the best of their ability. Participants had to agree and electronically sign the consent form before participating in the study.

Ethics and Safeguards

The data was collected using an on-line questionnaire posted on Survey Monkey. All responses were kept anonymous through the settings option on Survey Monkey and dropped into an Excel file on the Survey Monkey website. This Excel file was downloaded for analysis for this thesis. The Excel files are stored in a locked and secure location and will remain for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data is password protected during the storage period. All names of study participants and clients discussed are non-identifiable.

Risks and Benefits

Minimal to no risk was experienced by participants in this study. Clinicians were asked questions that could raise emotional discomfort for them. No personal identifying information privy to the primary researcher was collected. Participants stayed true to the NASW discipline code of ethics as they actively engaged in this research process. The findings of this study may be useful to both White and African-American clinicians and

other community resources that serve African-American victims of interpersonal violence. Hopefully, readers will gain a better cultural understanding of the psychological, life-long impact, and implications it has on these clients. This information could be a point of resource for clinicians and agencies within African-American communities to better service and meet the need of this marginalized population. Participants volunteered for this study and were not monetarily compensated. There was no direct interaction between the participants and the researcher.

Data Collection

The data collection was done online through Survey Monkey, making this a quantitative study. Once the participants read the welcome message and read the informed consent and clicked “agree”, they were brought to the survey instrument. Participants responded to demographic questions and close-ended questions on an electronic survey.

Instrument

The survey began with a section containing demographic questions. These demographic questions included race, gender, age, geographical location, work setting and experience in working with the identified population. The second section contained questions that asked the participants to reflect on their coursework and fieldwork at Smith and how either or both did or did not prepare them for working with AA victims or survivors of IPV. Participants were then asked to reflect on their community practice project (CPP), anti-racism project, and their thesis to see if they focused on or mentioned AA victims or survivors of IPV. These questions asked participants to rank their Smith experience in accordance to a Likert scale. Participants were asked to rank their

experiences as follows: strongly agree, agree, disagree, or strongly disagree. There were two questions that were open ended to allow participants to express additional comments. The survey should have taken participants no more than 30 minutes to complete.

Data Analysis

At the end of the data collection, information remained anonymous and was downloaded into an Excel spreadsheet for analysis. Data was not coded since questions were asking if participants strongly agreed/agreed or strongly disagreed/disagreed, and some questions that were open ended which also required a content/theme analysis. After downloading, frequencies and crosstabs were run that showed measures of central tendency, range and comparisons.

CHAPTER IV

Findings

The purpose of this study was to investigate whether the clinicians who graduated from Smith SSW felt prepared to work with African-American women victims of interpersonal violence and were trained to consider cultural competency and their understanding of the history of oppression and how it relates to interpersonal violence (IPV) and African-American women. The survey began by asking participants if they ‘Agree’ or ‘Disagree’ to the following: 1) are MSW graduates of the Smith SSW program, 2) graduated no earlier than 2008 and 3) received a PhD from Smith SSW. The second part asked participants to ‘Agree’ or ‘Disagree’ after reading the informed consent about participating in the study.

Of the 85 original participants, 79 agreed to both the screening questions and the informed consent. Due to a technical error on the survey, 8 participants skipped through the entire survey without answering any of the questions. This brought the total to (n=) 77.

Demographics of Participants

After participants agreed to the inclusion criteria and the informed consent, they were asked a series of demographic questions regarding graduation date, age group, race or ethnicity, identified gender, geographical location, and current setting of clinical practice. Participants had the opportunity to choose from the options provided or select an ‘Other’ option, for certain questions, if the provided options did not match their identity.

Of the 77 participants, 30% graduated in 2012, followed by 19% and 17% in 2009 and 2008, respectively. In 2010, 10% of participants graduated, and 23% graduated in

2011, adding to the make-up of respondents of the survey. Of the age ranges provided, presented in 10 year intervals, 81% participants fell within the ages of 21-40. The remaining participants fell in between 41-50 (14%), and 51-60 (5%). Participants involved in this study did not identify being older than the age of 61.

The identified race or ethnicity of participants was skewed, as almost 82% respondents, identified as White. The other 18% of respondents identified as Black or African-American (6%), Latino/a (4%), Asian/Pacific Islander (3%), and Other (5%). The responses for 'other' consisted of "mixed race", not specifying the multiple races. No respondent identified as being Native American/Alaskan native. One respondent replied, "Race and ethnicity are different aspects of identity".

The gender of the participants surveyed was heavily skewed as well, with 88% of participants identifying as 'Female'. The other respondents identified as 'Male' (10%) and 'Transgender' (1%). Over 50% of the participants surveyed live in the Northeastern region of the United States, with 29% living in the Western region of the United States.

The question having to do with the clinical practice setting provided the respondent with opportunity to choose from hospital (outpatient or inpatient), in-home/community, private practice, grade school or university, state agency (i.e. DSS, CPS) or the open-ended option of 'other'. About one-third, or 35% of participants worked in in-home or a community mental health setting. Twenty-seven percent of participants chose the 'other' option, with 10 respondents writing in 'community mental health'. This number was added to total of participants who answered 'in-home/community', as for the purpose of this study question, is synonymous. Other respondents worked in residential settings, such as a group home, rape crisis center, and

non-profit organizations. Seven participants worked in a private practice setting, along with a mixture of community work. Of the 77 participants, one identified as no longer practicing in the field.

Smith SSW Curriculum

Once the participants answered the demographic questions, they were then asked to reflect on the SCSSW curriculum in terms of assigned projects and how they felt each course or project prepared them for working with African-American survivors of IPV. Graduates were first asked if they had any experience working with the identified population, and if so, how many years. Respondents were then prompted to reflect on the foundation and specialization courses such as Practice 1 and 2, racism, research methods, social policy, first and second-year placements; and required projects such as the Community Practice Project (CPP), anti-racism, thesis, and case studies.

Experience working with African-American survivors of IPV

Of the participants surveyed, over half or 65%, responded that they had some experience working with African-American victims or survivors of IPV post-graduation. When asked “Do you have experience working with African-American (AA) victims or survivors of Interpersonal Violence (IPV) post-graduation”, 35% of respondents chose not to answer the question. Years of experience ranged from no experience to 1 year (15 participants), to one participant with 20 years of experience. The average length of experience in working with the identified population was 4 years.

Answer choices regarding reflection on Smith courses were categorized using a Likert scale, with options being “strongly agree”, “agree”, “disagree”, and “strongly

disagree”. For clearer understanding and manageable data coding, results were recoded to “strongly agree/agree” and “strongly disagree/disagree”.

Coursework and required projects

Through the next series of questions, 6 respondents chose not to answer when asked about their coursework and required projects. Thus, the total number of respondents for this section was reduced to n=71.

Practice courses: When participants were asked how they felt their Practice 1 and 2 classes helped prepare them for working with the identified population, about 36% agreed or strongly agreed, while half (%) of the respondents agreed or strongly agreed that Practice 2 provided adequate preparation.. A larger percent of graduates felt that practice 2 helped more than practice 1, but about half (49.3% and 63.4%) felt that neither practice 1 nor 2 prepared them for working with the identified population, respectfully.

Field placements: When questioned about first and second year placements, 38% and 46% of participants agreed or strongly agreed that first and second year field experiences prepared to work with the identified population. Once again, over half disagreed or strongly disagreed (62% and 54%) that first and second year placement prepared them for working with the identified population, respectfully.

Specific courses: More participants felt that the Racism course prepared them more than their Research Methods or Social Policy courses, with 47% of participants agreeing or strongly agreeing on Racism versus 19% for research and 37% for social policy. These percentages mirror the number of participants whose required projects throughout the program involved working with the identified population.

Required projects and overall preparedness: Out of the CPP, Anti-Racism, and thesis, about 80% of graduates responded ‘no’ to having those projects discuss or include anything about African-Americans or victims/survivors of IPV. Responses were split evenly on having their previous case studies including the identified population, with 49% acknowledging that their respective case studies included African-American victims or survivors of IPV compared to 51% responding that their case study didn’t.

Overall, graduates were almost split evenly on agreeing or disagreeing that their educational experience at Smith prepared them for working with the identified population, with 54% agreeing or strongly agreeing, and 46% disagreeing or strongly disagreeing. When asked, “Are there other SCSSW courses and/or experiences that are not mentioned above that might have contributed to your preparedness for working with AA survivors of IPV?”, participants provided a variety of answers, specifically electives and other courses taught at Smith, such as Bearing Witness: Narrative Trauma, LGBTQ Practice and Policy, Beyond Combat, Dismantling Racism, and the Monday night lectures. Of the 71 questioned, 25 participants responded ‘no’ to other experiences helping them feel prepared. Other responses included, “I don’t believe that you can be fully prepared to work in the environment after doing course work in a protected space”, and “Neither of my internships included a client population of African-Americans and none of my coursework included material that intersected both the African-American experience and Interpersonal Violence”.

Historical Trauma and Trauma of Oppression

When asked if the phenomena of historical trauma and trauma of oppression were addressed while attending Smith, 69% and 57% answered 'somewhat', respectively. 13% of those surveyed felt that neither historical trauma nor trauma of oppression was addressed by answering 'not at all'.

In the final question interviewees were asked, "If applicable, please explain how, if you do, incorporate your cultural competency and the theory of historical trauma and/or trauma of oppression when working with African-American clients?" This was an open ended question for participants to explain or not. Of the original n=71 questioned, only 39 responses were collected.

A range of answers was provided with participants having a lot to contribute in their responses. Of the 39 participants, 6 responded that they do not currently work with African-Americans, with one specifically adding, "...my geographical location is overwhelmingly white." Commonly, more than half of the participants mentioned being aware of their whiteness and being mindful of the culture of their African-American clients and other clients of color.

Some graduates described the various ways that they integrate their understanding of cultural competency and how it manifests within their work with African-American clients, even having open dialogue with African-American clients about "race in the room" One participant responded, "...I try to communicate that [the] conversation about race is welcome, and about the difference in our racial identities and experiences. I also try to make room for issues that arise regarding my whiteness, in particular in the position of the professional in the situation and acknowledge institutional racism and the history

of oppression.” A few participants shared having personal lived experiences of historical trauma and trauma of oppression, and being able to do social work from a personal aspect. Three participants in particular stated that they still have difficulty with historical trauma/trauma of oppression in terms of integrating that in their work with African-American clients. One interviewee shared, “While Smith teaches you what it is, they did not, when I was there, tell you helpful ways to approach it or integrate it into your work. I would see this as a deficit in my skill set”, while another stated, “I was certainly aware of my whiteness as being a factor in the room with African American clients but I don’t think I practiced with any competency, and did not receive training in how specifically to apply cultural competency/theory of historical trauma and/or trauma of oppression with AA clients”.

Summary:

Of the 71 participants, their general makeup comprised of women who identified as White and between the ages of 21-40. Overall, graduates were almost split evenly on agreeing or disagreeing that their educational experience at Smith prepared them for working with the identified population. Open-ended responses reflected the diversity of Smith students feeling prepared in working with African-American IPV victims and survivors, with comments representing both sides.

CHAPTER V

Discussion

Overall, the findings of this study both confirmed and disconfirmed the proposed research question and the previous research. The overarching research question was, “To what extent does Smith College SSW prepare students to work with African American survivors of interpersonal violence in the context of historical trauma and trauma of oppression?” It was assumed 1) that there may be ineffective clinical approaches when working with African-American women victims due to unintentional cultural biases and incompetence on the part of White clinicians and 2) that difficulties could emerge when working with African-American women victims on the part of African-American clinicians due to issues that may include transference and countertransference. The study’s findings showed that most White clinicians do have some difficulty in working with African-American women victims or survivors of IPV and African-American clients as a whole due to their personal biases and stereotypes they may have, and also because of their personal feelings of not being culturally competent enough. Due to low participation from graduates/clinicians of color, the findings for clinicians of color neither confirmed nor disconfirmed the research question.

The first section of this chapter compares and contrasts the findings with the previous literature. The second section reviews the implications for social work practice and implications for theory. The third section discusses the recommendations for future research, and ends with a summary of the discussion.

Compare and Contrast: Findings versus Literature Review

The literature review chapter began with attention to African-Americans and the prevalence of IPV within that community. Participants weren't asked questions specifically related to the prevalence of IPV in the African-American community or other communities of color. It was assumed that respondents knew or were familiar with IPV and how it affects both communities of color and non-color. IPV is an intersectional issue and solely one of communities of color or women.

In the previous research, the importance of cultural competency, especially among White clinicians, is necessary to properly work with and understand their African-American clients (Davidson, 1992). The majority of the clinicians surveyed identified as white and reported being aware of race in the room while also grappling with how to discuss race with African-American clients and how to incorporate their awareness of the client's culture. Other participants replied with what could be taken as cultural incompetency or leading with a stereotypical lens with answers such as, "Don't do anger management work" and only thinking about the cultural competency and historical trauma dyad solely when working with, "...families where parents are absent due to involvement with drugs, incarceration, and socioeconomic reasons...I consider cultural melancholia when thinking about AA client's mental health diagnosis and bases for behavior". These answers seemed to add to the stereotype of African-Americans being physically violent and angry beings who continue to be disadvantaged. Once again, West (2004) concluded, "Based on these findings, it should not be concluded that Black Americans are biologically or culturally more prone to violence than other ethnic groups.

Rather these results suggest that African Americans are economically and socially disadvantaged, which places them at greater risk for IPV.” (p 1487, 1489)

When asked about the existence of historical trauma and trauma of oppression and whether the graduates felt it was addressed while they were attending Smith, most of the participants felt that it was either addressed ‘somewhat’ or ‘not at all’. This could be attributed to Smith not fully integrating these cultural phenomena as a part of classroom lectures or discussions. Participants may not have fully understood the meaning and impact of historical trauma and trauma of oppression because of their racial identification - most identified as being white.

The Smith SSW mission statement states, “The School joins with the profession to struggle against inequality and oppression based on such variables as: race, ethnicity, class, gender, sexual orientation, religion, age, and disability” (SCSSW Catalogue, 2013). Graduates were able to identify those classes that discussed most of these oppressed populations, with frequent mention of race and sexual orientation. Smith has a commitment to anti-racism work through a required anti-racism project, and classes that grapple with race relations and gender studies. Specific classes noted included Collective Trauma, Gender Studies, and LGBTQ Identities. These classes, and other classes regarding specific populations, are considered elective classes and can be chosen based on year status and availability. Unfortunately, these classes are limited in that only certain students can enroll or unavailable during certain terms or summers. Even though these topics are mentioned in required courses such as social work practice and racism, there is not enough time to learn in detail about a specific population and how they are marginalized. With more classes designed to talk about distinctive communities of

people, such as African-Americans and IPV, could raise awareness, cultural competency and sensitivity when working with African-Americans and other diverse populations.

Implications for Social Work Practice and Theory

The hope and purpose of this study is that respondents and readers will gain a better cultural understanding of historical trauma and trauma of oppression and the impact these have on African American female survivors of IPV. The findings of this study could be a point of resource for clinicians and agencies within African-American communities to better service and meet the need of this marginalized population. It is anticipated that Smith SSW and other schools for social work will review their curriculum and offer classes that train students how to work with African-Americans experiencing IPV and other cultural and ethnic disparities and deficits. Classes with specific focus on various marginalized populations will help social workers become more culturally competent and aware of the experiences their clients face daily and provide clinicians of non-color confidence and cultural sensitivity to people of ethnic backgrounds.

The theory of historical trauma/trauma of oppression for the purpose of this study are interchangeable words to describe the traumatic events that often get recalled or come to mind when similar oppressive situations occur throughout everyday experiences. Even though African Americans today did not grow up during the times of slavery, generational or ancestral trauma suggests that the lived experiences of an oppressed population's ancestors live on throughout many generations. Participants showed mixed understanding and implementing the theory of historical trauma/trauma of oppression when working with African-American clients, varying from grappling with it while its

brought up in the therapeutic room or discussing race when working with clients of color, to not understanding how to bring up the discussion of race with clients of color or not considering the theory of the traumas at all. The findings of this study may help readers and clinicians reevaluate their understanding of cultural competency and historical trauma/trauma of oppression and how it relates to their clients and is cultivated in their work with African-Americans and other populations of color.

Limitations and Biases

This study had specific limitations and biases. First, the study only sought out Smith SSW graduates and not alumna from other schools for social work. This limited the study to only survey a small sample's opinion and experiences, and did not include other schools of social work, Smith SSW graduates who graduated before 2008, and Smith PhD graduates. Because of the ethnic make-up of Smith SSW, this study was limited in the representation of clinicians of color. More than half of participants identified as white, which is the majority racial representation at Smith. Other clinicians of color or historical black colleges or universities (HBCU) schools of social work were not surveyed for their opinion or experience in working with the identified study population. Surveying an ethnic population in a more diverse community may yield different study results.

Another limitation to the study could be attributed to the survey in terms of the language and definition of terms. In the informed consent, participants were provided with the definition of IPV for the purpose of the study. The connotations and concepts of historical trauma and trauma of oppression were not defined for participants, though they were asked about its phenomena. The definition of IPV was not mentioned again in the

survey nor were respondents questioned about their understanding of the prevalence of IPV within the African-American community. This could have led respondents to answer questions with misconception and limited comprehension of the survey terms and questions.

Recommendations for Future Research

Future research could be done in other schools of social work that are in various geographical locations and who may have a more diverse, ethnic make-up. Also surveying graduates who hold degrees in other disciplines such as psychology or general mental health practice may yield varying outcomes. Researching the clinical experiences of clinicians of color working with populations of color may yield interesting results as well.

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Appendix A

Approval Letter to Recruit Sample from SCSSW



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7977 F (413) 585-4456

August 1, 2013

To Whom It May Concern:

I give permission for Shannon Samuels, AS14, to access the SCSSW listserve of alumna from 2008 through 2012. Shannon's thesis topic fits the criteria for surveying members of the SCSSW community.

Sincerely,
Jean LaTerz, LICSW, Ed.D.
Thesis Coordinator: SCSSW
LillyHall: 115

Appendix B

HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

September 11, 2013

Shannon Samuels

Dear Shannon,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished).

Congratulations and our best wishes on your interesting study.

Sincerely,


Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Jean LaTerz, Research Advisor

Appendix C

Recruitment Email to SCSSW Alumni

Dear SCSSW Alumna,

My name is Shannon Samuels and I am currently a MSW candidate at Smith. I am conducting a study to investigate the Smith College SSW curriculum to gauge whether or not you felt prepared to work with African-American women victims of interpersonal violence post graduation. I want to investigate whether graduates from Smith SSW consider cultural competency and their understanding of the history of oppression and how it relates to interpersonal violence (IPV) when working with African-American women. The findings of this study may be useful to both alumni to reflect on their cultural competency of various ethnicities and receive further training where necessary, and the SSW and other social work programs can further assess their coursework as it relates to cultural competency and how to work with various populations of color in crisis (i.e., Intimate Partner Violence). Hopefully, readers will gain a better cultural understanding of historical trauma and trauma of oppression, and how the impact it has on this population. This information could be a point of resource for clinicians and agencies within African-American communities to better service and meet the need of this marginalized population. The results of this investigation will be used for the purpose of my MSW thesis.

I am looking to use the alumni list serve to access the desired participant population to partake in my study. Once you agree to participate and complete the survey, your responses will be anonymous and cannot be traced back to your email. Please click on the link below to access the survey

Link: https://www.surveymonkey.com/s/Alumni_IPV_Survey

Thank you for your help in my study!

Warm Regards,

Shannon Samuels, MSW '14

Appendix D

On-line Survey (Includes welcome message, informed consent and survey questions)

Welcome Page

Welcome and thank you for your interest in participating in my study! My name is Shannon Samuels and I am an Advance Standing student at Smith College SSW looking to finish this project to satisfy my thesis requirements in December 2013. Following this page will be the informed consent. You must agree to the consent in order to participate. If you do not agree or do not qualify for this study, you will be exited. If you have any questions or concerns, please feel free to contact me at smsamuels@smith.edu

Thank you for your time and participation!!

Shannon Samuels

Informed Consent

Dear Research Participant,

My name is Shannon Samuels and I am currently an MSW candidate at Smith College School for Social Work in Northampton, MA. I am conducting a study to investigate the Smith College SSW curriculum and to gauge whether or not alumni feel they were prepared to work with African-American women victims of interpersonal violence (IPV) post graduation. For the purpose of this study, interpersonal violence (IPV) is defined as, "acts of violence that occur between current or former spouses, boyfriends, or girlfriends." I want to investigate whether the clinicians who graduated from Smith SSW who work with AFRICAN-AMERICAN women victims consider cultural competency and their understanding of the history of oppression and how it relates to IPV and African-American women. This is a quantitative study that will gather information about course work and fieldwork taken at the Smith College SSW. Hopefully, readers will gain a better cultural understanding of the psychological, life long impact, and implications IPV, historical trauma and trauma of oppression has on these clients. This information could be a point of resource for clinicians and agencies within African-American communities to better service and meet the need of this marginalized population. The results of this investigation will be used for the purpose of my MSW thesis and will later be presented for informative and awareness purposes.

You are reading this letter of informed consent because you are a graduate of the Smith College School for Social Work MSW program, and graduated NO EARLIER than 2008, and have not have a PhD from Smith SSW Participation is voluntary and is estimated to take no more than 30 minutes of your time. The decision to participate in this study is entirely up to you. You may refuse to take part in the

study *at any time* without affecting your relationship with the researchers of this study or Smith College. You have the right not to answer any single question, as well as to withdraw completely at any point during the study by navigating away from the SurveyMonkey web page or closing your browser. If you choose to withdraw before completing the survey, none of the information will be saved. Because your information will be anonymous, it will be impossible to withdraw once you have participated. Once you click on DONE after completion, your data will become a part of this study.

Subject matter will ask you to draw on your coursework and fieldwork while at Smith College and is not traumatic or distressful in nature. The benefits of participating in this study is that it could allow you to think about the ways that Smith's program did or did not prepare you to work with African-American women victims and survivors of IPV. You will not receive any financial payment for your participation.

Because of the data collection method, no names or other identifying information will be collected and therefore cannot be connected with data. My statistical consultant, thesis advisor, and I will be the sole handlers of the data. The data will be exported to an Excel file and downloaded to a jump drive mechanism that will be stored in a safe, locked place and password protected for three (3) years as required by Federal regulations. After that time, data will be destroyed or continue to be kept and secured as long as I might need them.

This survey will close once I've received a minimum of 50 responses, when the data analysis will begin. You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Shannon Samuels, at smsamuels@smith.edu. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974. Thank you again for your willingness to participate!

Regards,

Shannon Samuels MSW '14

Please print a copy of this Consent Letter for your records.

*

1. By checking the box below that says "I agree" you are indicating that you have read the informed consent and you agree to participate in the study.

I agree

I disagree, exit survey

Survey Instrument

Screening prompt: You need to add a screening page *before* the Informed Consent in which you state the inclusion/exclusion criteria and have the potential participant affirm that they meet those criteria in order to be directed to the Consent page.

If possible, please provide a “Print” button on the Consent page so that participants can print out a copy of the Consent Letter.