



October 2023

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Recommended Citation

Washington, Jasmin and Hoxmeier, Dr. Jill Christine (2023) "Strength Under Pressure: Superwoman Schema (SWS) and Intimate Partner Violence (IPV) among Black Women," *International Journal of Undergraduate Research and Creative Activities*: Vol. 13: Iss. 1, Article 1.

DOI: <https://doi.org/10.7710/2168-0620.0278>

Available at: <https://digitalcommons.cwu.edu/ijurca/vol13/iss1/1>

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Abstract

Intimate Partner Violence (IPV) is a prominent public health issue in the U.S., and evidence suggests that IPV disproportionately affects Black women. Additionally, Black women who are victimized may be reluctant to report and/or seek supportive services. Given these disparities, it is important to understand the context of IPV in the Black community. Although the Superwoman Schema (SWS) conceptual framework's utility for explaining other health-related outcomes, such as mental health issues, among Black women is emerging, its use to understand the experiences of Black women and IPV in the Black community is limited. In this paper, we provide an overview of the SWS and IPV to find intersectionality between the two among Black women, including risk factors for victimization, barriers to the usage of mental health services, strength used as a coping mechanism, religious and spiritual concerns and interventions needed for Black survivors. We argue that there is great need for more research using the SWS to understand IPV among Black women, how SWS must be integrated into cultural competency training for counselors, and policies that keep Black women who report IPV safe from incarceration.



APRIL 24, 2021

Strength Under Pressure: Superwoman Schema and Intimate Partner Violence among Black Women

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Abstract

Intimate Partner Violence (IPV) is a prominent public health issue in the U.S., and evidence suggests that IPV disproportionately affects Black women. Additionally, Black women who are victimized may be reluctant to report and/or seek supportive services. Given these disparities, it is important to understand the context of IPV in the Black community. Although the Superwoman Schema (SWS) conceptual framework's utility for explaining other health-related outcomes, such as mental health issues, among Black women is emerging, its use to understand the experiences of Black women and IPV in the Black community is limited. In this paper, we provide an overview of the SWS and IPV to find intersectionality between the two among Black women, including risk factors for victimization, barriers to the usage of mental health services, strength used as a coping mechanism, religious and spiritual concerns and interventions needed for Black survivors. We argue that there is great need for more research using the SWS to understand IPV among Black women, how SWS must be integrated into cultural competency training for counselors, and policies that keep Black women who report IPV safe from incarceration.

Keywords

Intimate partner violence, Black women, victimization

Peer Review

This work has undergone a double-blind review by a minimum of two faculty members from institutions of higher learning from around the world. The faculty reviewers have expertise in disciplines closely related to those represented by this work. If possible, the work was also reviewed by undergraduates in collaboration with the faculty reviewers.

Research shows that intimate partner violence (IPV) affects the Black community at disproportionate rates, compared to other racial identity groups (Young, 2018; Cho, 2011), and scholars assert that aspects of Black culture may challenge willingness or ability to report and disclose victimization (Abrams, Hill, & Maxwell, 2019; Allard, 1991). Research on the Superwoman Schema (SWS) (Woods-Giscombe, 2010) demonstrates the intersection of historical, community, and intrapersonal level influences that contribute to a prevailing paradigm among Black women who wish to distance themselves from overtly racist stereotypes. The Superwoman is a stereotype internalized and applied to Black women who exemplifies the ability to cope successfully with the simultaneous demands of a career, marriage, and motherhood despite tribulations (Woods-Giscombe, 2010). The role of the Superwoman is an obligation to (1) manifest strength, (2) suppress emotions, (3) resist help from others, (4) succeed under limited resources and adversity, and (5) prioritize the Black community and family over self. Although internalization of the SWS is associated with detrimental health outcomes (Woods-Giscombe, Lovel, Zimmer, Cene, & Corbie-Smith, 2015; Gaines, 2018), its use in research as a lens for understanding IPV among Black women is limited. The purpose of this research paper is to demonstrate the potential utility of the Superwoman Schema as a mechanism to explain health disparities, particularly with respect to formal and informal disclosure, such as reporting to the police and seeking help from friends, family, and others, among Black women who are victims of intimate partner violence.

Incidence of IPV. IPV can be any physical, sexual, or psychological harm by a current or former partner or spouse; it is a significant public health issue, affecting 1 in 3 women in the U.S. during their lifetime (CDC, 2014). Victimization is associated with a range of physical and psychological health outcomes, including physical injury, depression,

posttraumatic stress disorder, as well as increased risk of unplanned pregnancies, sexually transmitted infections, and substance abuse (CDC, 2019; West, 2005). Nearly half of female homicide victims in the U.S. are killed by a current or former intimate partner (CDC, 2019); an estimated 4,000 women die annually as a result of IPV in the U.S (Young, 2018).

IPV among Black Women: Incidence and Disparities. IPV has been shown to affect the Black community at disproportionate rates compared to other races, and, among victims, Black women may have worse health outcomes relative to White counterparts (Harvard BLSA's Social Justice Committee, 2009; Young, 2018; Cho, 2011). In 2005, Black women accounted for approximately 1/3 of intimate-partner homicides (Harvard BLSA's Social Justice Committee, 2009).

Black women are more likely to experience psychological issues related to victimization relative to non-Hispanic White women but are less likely to receive or utilize services for mental health (Abrams et al., 2019; Gaines, 2018; White & Satyen, 2015). Based on this emerging evidence of disparities, scholars urge greater research on IPV victimization among Black women (Campbell, 2016; Collins, 2002; West, 2005).

The silencing of and structural biases against Black women can have devastating consequences, such as incarceration of survivors. By 2011, 1 million women were incarcerated or under the control of the justice system, many of whom were victims of abuse, and women of color are affected disproportionately by mandatory arrest policies of IPV (Gross, 2015). Goodmark (2008) asserts that violence perpetrated against Black women is often ignored which may perpetuate victims feeling coerced into criminal activity to fight back to defend themselves, resulting in much criticism – and criminalization – of these women's survival strategies. Yet, cultural influences may contribute to the pressure to conform to potentially harmful coping strategies.

Representation of Black Women: Past & Present. In the discussion of health disparities and society's role in perpetuating ill-health among vulnerable groups, it is imperative to contextualize such within the larger historical narrative. Controlling images of Black women portrayed in the vast majority of media are designed to make oppressive stereotypes, behaviors, and perceptions seem natural, normal, or part of everyday life (Hill-Collins, 2002). These images are used to exempt Black women from the definition of “real” womanhood, which fits the virtues of piety, purity, submissiveness, and domesticity (Hill-Collins, 1991). Representations of Black women illustrate broad racist perceptions, including the Mammy, Jezebel, and Sapphire tropes, which may explain the emergence of the Superwoman Schema.

The Mammy, Jezebel, and Sapphire. The *Mammy* perpetuated the stereotype of a happy, oppressed Black woman, serving as an essential symbol to slave owners to justify mistreatment (Kowalski, 2009). This image, found in advertisements and cartoons (Wallace-Sanders, 2008), was used by White America to show that Black women were loyal servants and happy as slaves, yet also worked to make it easier for Black woman to be abused and not believed when deciding to report abuse (Allard, 1991; Young, 2018). The *Jezebel* stereotypes Black women as hypersexual people, whose alleged promiscuity justified the violence committed against them (Allard, 1991; West, 2005), as well as suggesting that Black women do not feel pain (Granowski, 2014). Finally, another common stereotype that is visible today in media is the *Sapphire* (Etzi, 2014), often portrayed as the loud, sassy wife, regularly fighting with her husband for whom the audience feels sympathy, making Sapphire seem less desirable, or empathetic, than White women (West, 2017; Bell & Mattis, 2000).

Historically, media portrayals of Black stereotypes such as the Mammy, Jezebel, and Sapphire have been generated as a mockery of

Black women, which may reinforce and perpetuate society's perception of Black women as inferior (Bell & Mattis, 2000; Gaines, 2018). These destructive images have become prominent stereotypes from which Black women still work to break away, both in terms of how others may perceive them, as well as in how they may perceive themselves (Allard, 1990; Davis et al., 2018; Bell & Mattis, 2000).

Contemporary Representation: The Superwoman Schema. In recent years, Black women have adopted a newer, more positive persona to combat the negative perceptions perpetuated through the historical stereotypes discussed above (Abrams et al., 2014; Harris-Perry, 2011; Woods-Giscombe, 2010; Bell & Mattis, 2000; Gaines, 2018). The Superwoman Schema (SWS; Woods-Giscombe, 2010) is a conceptual framework describing the characteristics, contexts, benefits, and liabilities associated with the internalization of the SWS, discussed at greater length in this paper as it relates to IPV-related disparities. SWS, and its manifestation of strength and care-taking among Black women, has been rewarded in the Black community (Watson & Hunter, 2014; Woods-Giscombe, 2010), yet research demonstrates that the core expectations of SWS have shown to negatively affect Black women's health (Watson & Hunter, 2014, 2015; Watson-Singleton, 2017), captured in the SWS conceptual model as perceived liabilities (Woods-Giscombe, 2010). Such liabilities are briefly discussed below to illustrate the relationship between SWS and poor health outcomes, as well as to highlight the gap in the current literature in its limited use of SWS as a framework for understanding IPV disparities among Black women.

Perceived Liabilities of SWS

Internalization. SWS internalization is associated with numerous detrimental physical, social, and emotional health outcomes, including the adoption of stress-related behaviors such as emotional eating,

smoking, and dysfunctional sleep patterns, which may contribute to unhealthy weight gain, migraines and panic attacks (Woods-Giscombe, 2010). Additionally, SWS internalization may challenge romantic relationships; women may aim for self-sufficiency to avoid being perceived by partners as weak (Woods-Giscombe, 2015; Abrams, Maxwell, Pope, & Belgrave, 2014, Watson & Hunter, 2014), and a lack of vulnerability may contribute to women not allowing themselves to fully feel loved (Woods-Giscombe, 2010). This research illustrates the potential harm of SWS internalization, generally; specifically, in the context of IPV disparities, including reporting and help-seeking, the SWS framework may be useful as a mechanism for explaining such.

The Current Study

The Superwoman Schema has been used as a mechanism for understanding mental health among Black women, yet there is limited exploration of its utility for understanding the experiences of Black women who are victimized by IPV. Thus, the purpose of this research is to answer the following question: how can the Superwoman Schema be used to explain disparities in formal and informal disclosure, such as reporting to the police and seeking help from friends, family, and others, among Black women who are victims of intimate partner violence?

Methods

A scoping review was deemed appropriate, as it allowed us to gain understanding of the characteristics from the Superwomen Schema framework introduced by Woods-Giscombe. The methodological scoping review framework coined by Arksey and O'Malley (2003) was used to identify gaps and trends in existing literature by 1) identifying a research question, 2) identifying relevant studies, 3) studying selection, 4) charting the data, and 5) collating, summarizing, and reporting the results.

Several search strategies and sources were used to identify relevant studies utilizing a combination of keywords (Superwoman Schema, Intimate Partner Violence, Domestic Violence, Black Stereotypes, Strong Black Women Schema, Racism, and Discrimination, and Mental Health). These keywords were searched on the following electronic databases: MEDLINE [EBSCOHOST], PsycINFO, PsycARTICLES, PubMed, iMedpub, Google Scholars, ProQuest, and Health Source. Studies were included in this scoping review if they met the following broad eligibility criteria: they were (1) published in English; (2) published in full-text format; (3) focused on characteristics of SWS, perceived benefits, liabilities, or contextual factor(s) from Woods-Giscombe's framework; and (4) published between 1990 - 2019. All articles were deemed relevant to the scoping review if they contributed to the research question and the framework for Superwoman. Using a charting method through Excel, materials were sorted according to key issues and themes presented in the literature. Literature that did not have familiar themes with evidence to back up conclusions or that were not correlated to the research question were deemed not relevant to the study. The search yielded 123 full-text articles, of which 90 were deemed relevant for this study: general discussion of SWS (25), perceived benefits (15), perceived liabilities (22), contextual factors (28), not relevant (33). Here, a truncated review of the research is presented.

Results

The following outlines (1) the intersection of the five SWS characteristics and the evidence of disparities in reporting and help-seeking, (2) the relationship between contextual factors that contribute to the SWS and IPV, and (3) how the perceived benefits of SWS internalization may be particularly harmful for Black survivors of IPV. The five SWS characteristics framework was first introduced

by Woods-Giscombe and is used to understand better the contextual factors and perceived benefits of help-seeking behaviors of Black women. The contextual factors and perceived benefits derived from the themes within this framework and the co-existing literature from charting major findings within the scoping review.

Characteristics of the Superwoman Schema

Obligation to Manifest Strength. The SWS perpetuates the idea that Black women should remain strong, suppress emotion to help others, and succeed despite limited resources (Davis et al., 2018; Watson, 2014; Woods-Giscombe, 2010; Young, 2018). Rooted in historical oppression which forced Black women to suppress anger, pain, and sadness, Black women's strength today is seen as unbending to life's circumstances, which exemplifies strength against all the odds as seen in historical representations of enslaved Black women (Collins, 2000; Young, 2018; Abrams, 2010). Such pressure to manifest strength may challenge women's ability to identify signs of depression and other detrimental mental health outcomes, in addition to forgoing services for their IPV due to the lack of normalization of help-seeking within the community (Nicolaidis et al., 2010; Young, 2018; White & Satyen, 2015). Contemporary media often show Black women as dominating figures who require control or are exceptionally strong under stress, which increases the vulnerability of Black women and makes them feel as though they cannot report abuse (Eyler, 2006).

Obligation to Suppress Emotions. Research shows that those who internalized the SWS had difficulties with regulating emotion, accepting emotional responses, and self-silencing (Harrington et al., 2010). Black women have expressed limited utilization of mental health services resulting from lack of culturally sensitive providers and may feel

more comfortable taking problems straight to God, also known as "taking it to the alter," than seeing a therapist (Woods-Giscombe, 2015; Abrams, 2010). Spirituality is essential to Black victims and is used to cope with an abusive relationship (Jordan, 2005; Young, 2018; Abrams, 2010). Historically, the Black church has been a place where important issues that affect the Black community are addressed (Jordan, 2005); however, in the Black church, there may be an active-passive denial of abuse due to the protection of Black men (Jordan, 2005).

Resistance to Vulnerability and Dependence on Others. Black women embody independence because many do not have the option to be dependent on others (Watson & Hunter, 2016; Abrams, 2010). Historically, Black women were mistreated and unfairly judged by others who were in roles to help (Arnold, 1991; Woods-Giscombe, 2015; Woods-Giscombe, 2010). Coupled with the potential stigma against help-seeking, this resistance to appearing vulnerable may be particularly harmful for women who experience IPV.

Determination to Succeed Despite Limited Resources. A Superwoman believes she must remain strong in trying situations (Woods-Giscombe, 2015). Black women may feel the need to prove themselves as equal citizens, whereby they feel pressure to choose between seeking recognition as an equal part of society and acknowledging the specific struggles Black women face. Embracing SWS characteristics to overcome barriers may provide a sense of pride and self-worth (Watson & Hunter, 2016). Women who work low wage jobs may be forced to choose between staying in an abusive relationship or being homeless with their children (Bohrman et al., 2017). More than half of women on public assistance have experience IPV; one-third of all homeless women with children have reported IPV as a root of their homelessness, and mothers are at risk of

losing their children to the system because of the lack of resources available to help them (Jordan, 2005; Bohrman et al., 2017).

Obligation to Help Others. Black women believe they must balance several roles while prioritizing caregiving over self-care (Woods-Giscombe, 2015; Jordan, 2005; Caldwell, 1996), which is often praised by others (Watson & Hunter, 2016). If Black women perceive their own victimization to be unworthy of assistance, or less severe than others' trials, they may suffer abuse alone for the convenience of others.

Contextual Factors that Contribute to the Superwoman Role

Historical legacy of race, gender, stereotyping and oppression. As previously discussed, the three common stereotypes of the Mammy, Jezebel, and Sapphire contribute to a perception of Black women as inferior, often justifying the violence committed against them. Although these may have contributed to the emergence of SWS among Black women, the persistence of the racist stereotypes have lasting impacts on how society views women, particularly for survivors of IPV. According to the 2009 U.S. census data, 50.4% of all Black children lived in a single household (U.S. Census Data, 2009). This factor may explain one reason why some Black woman have adopted the SWS; among Black women who head single-parent households, there may be a need to develop strong, independent, and self-efficacious attitudes (Davis, Levant, & Pryor, 2018). Black women must compensate for the absence of fathers, and the adoption of masculine gender roles is in direct conflict with the hegemonic feminine ideal, which is already less accessible to Black women (Davis et al., 2018; Abrams, 2010). Goodmark (2008) asserts that this characteristic may put Black women at risk for victim-blaming because they do not fit the portrait of the paradigmatic victim, who is passive and submissive; thus,

Black women do not have the privilege to claim victimization because the characteristics are shaped by white ideals contributing to Black victims being deemed criminals in the reporting process.

Black men are eight times more likely to be incarcerated than their white counterparts (Western & Wildeman, 2009). There are cultural pressures for Black women to resist reporting due to the perception that it will reinforce stereotypes of Black men as inherently violent (Alexander, 2010). According to Alexander (2010), it is legal in this generation to discriminate against criminals in nearly all the ways that it was once legal to discriminate against Black people during the Jim Crow era. Black women are taught that they must protect Black men from law enforcement because of their vulnerability to police brutality, and putting another Black man in jail is oftentimes frowned upon within the community (Eyler, 2006; Jordan, 2005). When Black women report IPV, they are often dismissed and fear that police will exercise an abuse of power, which has contributed to women's reluctance to involve law enforcement in the first place (Eyler, 2006; Jordan, 2005).

Research shows that an imbalance of traditional gender roles can contribute to IPV (Jordan, 2005; Wyatt, 2008). In 2019, the unemployment rate for Black men in the U.S. was at 6.1 %, above the national average of 3.7% (Duffin, 2020), likely resulting from high incarcerations rates (Cooke, 2004). Most men gain at least part of their sense of manhood from their participation in the workforce (Cooke, 2004), yet the higher the earning gap increases the severity of abuse (Jordan, 2005).

Lessons from foremothers. Black women have expressed that foremothers' example of strength is the root cause of undesirable health conditions (Woods-Giscombe, 2010; Gaines, 2018), and women are taught that adversity is best handled alone, quietly, and with dignity (Wyatt, 2008; Dawn, 2019). With respect to IPV, mothers who experience

victimization may not acknowledge or discuss violence once it ends, and exposure to violence can impact the mother and child creating a dysfunctional relationship. Witnessing violence as a child has been associated with trauma symptoms and, as a result of social learning, some children are linked to perpetration of violence (Anderson & Van, 2018).

History of disappointment, mistreatment or abuse. The disappointment of receiving inadequate help from others leads to Black women's reluctance to trust new people, especially health providers (Woods-Giscombe, 2010, 2015). Women may not seek services due to the lack of time practitioners spend with them and/or respectful communication, and as such, woman reported receiving health information from their elders (Nicolaidis et al., 2010). Further, Black women may also be more likely to fight back against their aggressors, and honesty in how they defended themselves may result in penalization (Goodmark, 2008).

Spiritual values. Black survivors of IPV are more likely than White survivors to report using prayer as a coping strategy (Taft et al., 2009). Traditionally, Black churches are mostly led by men who preach messages that illustrate male dominance over women (Jordan, 2005; Abrams, 2010); thus, the Black church perpetuates traditional gender roles, which has been linked to increased risk of perpetration (Young, 2018). Despite this, Black women have reported feeling more comfortable with receiving help from a pastor or minister, but acknowledge that there are limitations to what can be discussed and have expressed that, as a result, they have often tried to fix things themselves (Woods-Giscombe, 2016).

Perceived Benefits of SWS Internalization: Preservation of self / survival. Evidence suggests that Black women feel as though it is better to fight back than to report their

aggressors, which may contribute to more Black women being incarcerated from killing or seriously injuring their aggressors (Goodmark, 2008). Since Black women are at risk of criminalization for defending themselves against their aggressors, it is believed that the criminal justice system is forcing them to stay with their partners (Davies & Krane, 2006). Being a Superwoman has been a necessity for survival, yet the disenfranchised position of Black men limits women's ability to provide the financial and emotional support to their partners and families, resulting in Black women having to become breadwinners for survival (Woods-Giscombe, 2015; Abrams, 2010).

Preservation of the African American community. IPV in the Black community has been recognized as being less likely to be reported mainly because Black women do not wish to threaten the stability of their position within their community (Davies & Krane, 2006), which connects to a central tenet of SWS: the belief among Black women that they are responsible to ensure the communities' needs are met, while feeling overwhelmed by the overcommitment to their families and community and church organizations (Woods-Giscombe, 2015).

Preservation of the African American family. Many Black women report providing financially for their families, while not having enough for themselves; despite the potential struggle to do so, this provision of support may give Black women a sense of pride and satisfaction (Woods-Giscombe, 2015). As noted, however, Black women may resist reporting due to the perception that it would reinforce stereotypes of Black men as inherently violent (Alexander, 2010; Bohrman et al., 2017). The intersection of mass incarceration and low employment among Black men may increase the pressure among Black women to stay in abusive situations to preserve their family (Bohrman et al., 2017).

Conclusions

This study illustrates the utility of the Superwoman Schema to help explain disparities in informal and formal help-seeking and disclosure of IPV experiences. Although the perceived benefits of Superwoman Schema internalization may have the potential to be protective against facets of oppression, the evidence reviewed here demonstrates how this framework relates to barriers for IPV victims and can influence negative stress coping mechanisms and personal health. The SWS's emphasis on contextual factors, in particular, have hindered Black women from seeking help or disclosing violence from an intimate partner.

The disparate experiences of African American women, specifically, underscore the need for effective prevention and intervention strategies to reduce the incidence and mitigate harm associated with victimization of IPV. First, Black women expressed having to participate in social roles such as a care giver, financial provider, and community agent because of the oppressive social barriers and policies that affect the Black community (Abrams et al., 2014). There is a need to better understand how the Cultural Betrayal Trauma Theory contributes to Black women protecting their aggressors at the expense of themselves (Gomez and Gobin, 2020) and how SWS plays a vital role in the need to preserve the Black community and family (Woods-Giscombe, 2010). Cultural Betrayal Trauma Theory might better understand the lack of help seeking behaviors seen in Black women who internalize SWS.

Women have reported a mistrust in health professionals because of historical influences and their own and others' experiences, so there is a need for interventions to address the mental health effects of IPV within the cultural context of Black women and their experiences. Second, there is a need for cultural competence staff training and accessible counseling services. Healthcare professionals need to better

understand how SWS can contribute to some of the negative health outcomes that are seen among Black women and, once equipped with skills and prepared to use them, to discuss these issues. Third, the SWS has been idealized within Black culture because it is generally viewed as more positive than the negative stereotypes that are traditionally perpetuated in media (Abrams et al., 2014). It is important to center young Black women's lived experiences through critical media literacy, which can teach Black women how to negotiate visibility by countering racist, sexist, and classist media narratives with authentic stories of Black girlhood (McAuthor, 2016).

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