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African American Women, Intimate Partner Violence, and Church Staff Support

Claudette Lynette Fields
Walden University

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Walden University

College of Social and Behavioral Sciences

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Claudette Fields

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Walden University
2021

Abstract

African American Women, Intimate Partner Violence, and Church Staff Support

by

Claudette L. Fields

MA, Springfield College, 2006

BA, Benedict College, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Service Administration

Walden University

November 2021

Abstract

More than seven million women in America experience intimate partner violence (IPV), and this number increases daily within African American communities. While the secular community has strategically implemented policies to combat abuse, the Pentecostal church continues to experience challenges, not just in terms of awareness but also in developing programs to address the problem. Approximately 29.1% of African American women live in IPV relationships. The purpose of this phenomenological study was to examine the lived experiences of (a) African American women in IPV relationships, and (b) engaging in initial support with Pentecostal church staff. These two criteria within criterion sampling resulted in six research participants taking part in semistructured interviews. A modified van Kaam phenomenological data analysis process led to the development of themes about lived experiences of African American women living in IPV relationships and obtaining initial support from Pentecostal church staff and leaders. The findings included four core themes: (a) church empathy for seeking support, (b) feelings of not being judged while seeking help, (c) positive experience with support staff, and (d) feelings of emotional encouragement during the meeting. The results of this study may inform church staff and service providers about the lived experiences of African American women and their initial contact regarding support for IPV relations and enable Pentecostal church staff and human service providers to reflect on present and improve future services for this population.

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Dedication

This dissertation is dedicated to Ms. Laura Kinsman, who experienced the death of a daughter due to intimate partner violence. I dedicate this to those suffering from intimate partner violence and to the churches, communities, and resource organizations that support them.

Acknowledgments

Above all, I give praise to my Lord and Savior Jesus Christ, who is the ultimate source of my strength, fortitude, and power. Because of Him, I live and have my being! I would like to express my sincere thanks to my husband, Ivan, for his ongoing support and encouragement. To my sons, Davon and Ivan Jr., thank you for your prayers and encouragement through this dissertation journey. Davon, you always remind me that there is a light at the end of the tunnel, and now I have seen the light. Thank you to my friends and family for encouraging me to keep the faith and never give up. Words cannot express my gratitude. I would also like to thank the individuals whose experiences made this study possible. I hope that their stories will touch the lives of many individuals.

Special thanks to Dr. Heinrich for keeping me on the straight and narrow road of research. Words cannot describe how grateful I am for your guidance. Even when I was totally lost, you brought me back to point with a helpful reminder: “Not too much information, Claudette.” You have opened my understanding to the complexity of research. Thank you!

To Dr. Farris, thank you for your willingness to be part of the dissertation committee. Your input has enhanced the quality of this research study. May the readers of this study find healing, peace, and wholeness.

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Chapter 1: Introduction to the Study

Introduction

Intimate partner violence (IPV) has become a significant public health concern, and African American women constitute a particularly vulnerable population (Bureau of Justice Programs, 2015). The rate of IPV among African American heterosexual couples is greater than that of their White heterosexual counterparts (Peled & Krigel, 2016). In the United States, the estimated lifetime prevalence of IPV among Black women is 35% compared to an estimate of 30.1% for White women (Caetano et al., 2005). Even as African American women experience IPV at exceedingly high rates, they also are disproportionately more likely to be marginalized by the system when seeking help (Peled & Krigel 2016).

Many theories have been put forward to explain the prevalence of IPV among African American women (Caetano et al., 2005). Racism, poverty, social discrimination, and disorganization are assumed to be some of the significant reasons for IPV within the African American community (Wei et al., 2017). Regardless of the cause, IPV contributes to a variety of negative outcomes—including posttraumatic stress disorder (PTSD), substance abuse, depression, physical trauma, suicide attempts, and even deaths among African American women (Wei et al., 2017).

Given the physical and emotional costs of IPV among African American women, there is a clear need for more qualitative research on this topic using both context- and evidence-based research. As it currently stands, only several substantial quantitative investigations have been conducted (Bonomi et al., 2007). While these studies have

enriched people's understanding of IPV among African Americans, their results have not been analyzed and interpreted in a systematic way (Bonomi et al., 2007). How African American women living in relationships marked by IPV make initial contact with church staff remains poorly understood. In this study, I sought to provide insight into this phenomenon by examining the lived experiences of African American women in IPV relationships who engage in initial Christian Pentecostal church support. The information I uncovered may help African American women living in IPV relationships who turn to church leaders and staff for initial support, which may result in positive social change (Anderson et al., 2018).

Background

One woman is abused every 9 seconds (Wei et al., 2017). More than seven million women in America are in IPV relationships, and this number increases daily within African American communities (Wei et al., 2017). In the United States, the health-related cost for women in IPV relationships is \$935 billion annually (Dunn, Galton, Morgan, Evans, Oliver, Meyer, Cusack, 2010). The outcomes of IPV include PTSD, depression, substance abuse, and suicide or suicidal ideation (Peled & Krigel, 2016). About 29.1% of African American women live in IPV relationships (Grossman & Lundy, 2007). As reported by the Religion and Violence E-learning Project, 78.5% of women seek help in some form of church leadership regarding IPV experiences (Grossman & Lundy, 2007).

Although IPV is a widespread problem, 30% of church leaders and staff stated that IPV was not an issue within their churches and recorded that there was no need for

training on how to help congregants who experience it (Peled & Krigel, 2016). Given the positive and trustful relationships they often build with parishioners, church leaders play a critical role in preventing and responding to IPV toward African American women (Watlington & Murphy, 2006). The Pentecostal church plays an important role in the lives of African American women who seek help to resolve family issues (Watlington & Murphy, 2006). The purpose of this qualitative empirical phenomenological research study was to examine the lived experiences of African American women engaging in initial Pentecostal church support for IPV. The knowledge they provide could help church leadership and staff who support this population with understanding how African American women with IPV relationships at home make sense of initial supports.

Problem Statement

One out of four women experience IPV during their lifetimes (Wharton et al., 2016). Three women are abused every 9 seconds (Bowland, 2015). More than seven million women in America are in IPV relationships, and this number increases daily within African American communities (Grossman & Lundy, 2007). In the United States, the health-related costs for women in IPV relationships is \$935 billion annually (Dunn et al., 2010). Outcomes of IPV include PTSD, depression, substance abuse, and suicide or suicidal ideation (Spates, 2019). Approximately 29.1% of African American women live in IPV relationships (Grossman & Lundy, 2007). African American women in the southern region of the United States rely on religious resources, including church services and pastoral leadership, to cope with IPV (Charara et al., 2016).

In 2015, 75% of African American women in the southern United States declined professional counseling (Dempsey et al., 2016). Prayer and religion are principal coping skills used by African American women for relational problems (Dempsey et al., (2016). African American women generally have a strong connection to religious values (Blakey, 2016). Nearly 70% of African American women turn to the church as a resource, with the expectations that it can help save their husbands (Cafferky et al., 2018). Although IPV is clearly a problem that many women face, 30% of church leaders and staff claimed that IPV was not an issue within their churches, noting there was no need for IPV-related training (Adewale et al., 2016). Church leaders hold a critical role in preventing and responding to IPV toward African American women (Watlington & Murphy, 2006). Upward of 75% of church members of the Pentecostal church experience IPV (Johnson et al., 2016). As reported in the Religion and Violence E-learning Project, 69.8% of women seek help from some form of church leadership regarding IPV experiences (Johnson et al., 2016).

Faith and religious beliefs in God are supports for coping with IPV relationships through the support of church leaders (Mollica et al., 2016). Women who are religious may seek spiritual guidance in understanding and resolving problems of IPV through church leaders (Mollica et al., 2016). Faith and a religious belief in God are used for coping with IPV relationships through the initial support of church leaders (Mollica et al., 2016). Women who seek support from behavioral health experts and churches to cope with IPV often make decisions about seeking continuing support based on their initial impressions of the first support (Boss, Bryant & Mancini, 2017).

Along with Fortune (2018), my extensive review of the literature indicated that there is a gap in the collective understanding about how African American women who are living in IPV relationships at home experience initial supports from ministerial staff members at Pentecostal churches. In particular, church leaders and staff are largely unaware of how African American women who are living in IPV relationships at home experience initial supports with church staff in seeking help (Hankerson et al., 2018)); thus, church leaders and staff are largely unaware of how to develop and improve their outreach processes. For this empirical phenomenological study, I sought to help fill this gap in the literature, potentially raising awareness among church leaders and staff about African American female congregants seeking help for IPV relationships.

Purpose of the Study

The purpose of this empirical phenomenological study was to examine the lived experiences of African American women engaging in initial support for IPV from Pentecostal church leaders. The information may help church leaders and staff who support African American women living in IPV relationships improve their initial support of these women, which may result in positive social change (Bonomi et al., 2007).

Research Question

The following question guided this study:

RQ: What are the lived experiences of African American women living in IPV relationships at home when obtaining initial supports for assistance from Pentecostal church staff and leaders?

Theoretical Framework

I used the interpretive framework of cognitive dissonance theory as my ontology to explore the lived experiences of African American women living in IPV relationships at home who reach out to church staff for initial support and the experiences of church staff who meet initially with African American women seeking help with IPV relationships. When examining individual lives, theorists of cognitive dissonance focus on challenges and situations in which individuals' behavior conflicts with their beliefs (Bonomi et al., 2007).

Festinger published *Cognitive Dissonance Theory* nearly 63 years ago (DeAngelis, 1990). Festinger's theory of cognitive dissonance has been influential in social psychology (Festinger, 1962). Many studies have referenced this theory (DeAngelis, 1990); scholars have examined determinants of attitudes and beliefs, decision making and its consequences, disagreement among persons, and other important psychological processes (Festinger, 1962). The theory of cognitive dissonance is a psychological principle that refers to the discomfort felt whenever actions contradict beliefs, when confronted with intelligence that opposes beliefs, or when maintaining competing beliefs separately (DeAngelis, 1990). I used this theory as the sole researcher-as-analyst for this research study.

Empirical phenomenological research is the study of phenomena through the lived experiences of individuals rather than through logic (Peled & Krigel, 2016; Moustakas, 1994). Using an empirical phenomenological approach, I provided scientific explanations as a central role for the study of experiencing initial support for IPV relationships with

church staff (Bonomi et al., 2007; Moustakas, 1994). In undertaking a phenomenological empirical approach, I used an interpretive lens while examining patterns throughout the study (Brown et al., 2016; Moustakas, 1994). The following section contains the nature of study.

Nature of the Study

For this empirical phenomenological research study, I examined the realities and insights of African American women living in IPV relationships at home and who reach out to church staff for initial support for IPV. Empirical phenomenological research includes communications between participants in fields of study and participants with scientific knowledge of the research approach (Aspers, 2005; Faber, 1943; Moustakas, 1994). Researchers conducting empirical phenomenological research gain views of research problems through verbal interaction such as interviews (Husserl, 1970; Moustakas, 1994; Wertz, 1983). I conducted semi-structured interviews to understand the lived experiences of six African American women in obtaining initial supports with church staff regarding their IPV relationships. Then, I formed themes from the interview data regarding these six African American women's lived experiences.

Definition of Terms

The following key terms and definitions provide overall clarity throughout the empirical phenomenological research study.

Church leaders: Licensed/ordained clergy, such as a pastor or overseer (male or female) with a God-given ability to lead a congregation of God's people toward His purpose for their lives. They are also identified as apostles, bishops, and/or elders.

Church staff: Pentecostal Christian staff, including leaders or those aspiring to become church leaders. They are ministerial staff and others occupying a position within a church (Flynn & Graham, 2016).

Faith-based programs: Organizations whose values are based on faith and beliefs and whose mission is based on social values of the particular faith. Leaders, activists, and volunteers are drawn from this particular faith group (Bielefeld & Cleveland, 2019).

Intimate partner violence (IPV): Violent behaviors that occur within a relationship that cause emotional, sexual, psychological, and/or physical harm to a person (Camacho, Renz & Riger, 2017).

Intimate relationship: A covenant between current or former spouses or between a boyfriend and girlfriend (Camacho, Renz & Riger, 2017).

Pentecostal church: A form of Christianity that focuses on the work of the Holy Spirit and the direct experience of the presence of God by the believer. Pentecostal saints believe their faith must be powerfully experiential, but not through rituals. The Pentecostal church is energetic and dynamic (Gadzekpo, 1997).

Religion: A personal set of organized beliefs, practices, and worship of God typically shared by a group or community (Hodge, 2017).

Spirituality: An individual practice or belief that has a sense of peace and purpose. Living everyday life in a reverent and sacred manner is the way individuals seek and express meaning and purpose (Hodge, 2017).

Assumptions

I assumed that participants affected by IPV seeking assistance from church staff would be willing to participate in this qualitative empirical phenomenological study interview. Furthermore, I assumed the participants would give honest answers to each question based on their personal experiences of IPV and that the questions would be understandable for participants.

Scope and Delimitations

This study took place in a U.S. Atlantic coastal urban region. Participants were African American women obtaining initial supports from church staff regarding their IPV relationships. The scope of the study included female victims who are African American living in IPV relationships and who sought initial help from church staff (ministerial staff, deacons, pastors, and church employees). The interviewees consisted of six African American women obtaining initial supports from church staff regarding their IPV relationships.

Limitations

Empirical phenomenological research is used to examine lived experiences to understand a phenomenon (Moustakas, 1994; Yusof & Carpenter, 2017). The possible issues with this study include the potential misunderstanding of questions during the interview process and unknown biases during the research process, primarily because society has trained individuals to refrain from speaking openly on such a sensitive subject (Friend, 2017; Moustakas, 1994).

Additional limitations may have included recruiting and retaining participants willing to look at the reality of IPV, given that the meeting had the potential to trigger suppressed emotions for some individuals, as well as a certain level of fear and uncertainty in answering questions regarding IPV. Another limitation of the research study may be that church staff were so far removed from IPV that they were unable to comprehend how such a sin could occur (Moustakas, 1994; Yusof & Carpenter, 2017). Therefore, my findings, while significant, are not necessarily replicable in or transferable to other contexts (Cacioppo & Petty, 1982; Haj-Yahia & Cohen, 2018; Moustakas, 1994; Yusof & Carpenter, 2017).

Significance

The results of this empirical phenomenological research study can help fill the gap in literature regarding African American women living in IPV relationships seeking initial support with church leaders and staff. IPV has physical, psychological, and spiritual consequences in peoples' lives (Brown, 2016). The results of this study can assist society in understanding the phenomenon of African American women living in IPV relationships who make contact with church staff (Bonomi et al., 2007). Victims of IPV must have resources they can rely on; however, for religious women, it is even more important to depend on their faith to support them through the abuse (Bowland et al., 2015). My findings may contribute to social change by improving laws that already exist; increasing and improving victims' resources, such as shelters, safe havens, and family members; and improving women's relationships with trusted professional pastors, directors, liaisons, and local law enforcement (Bowland et al., 2015). In addition, the

results from this study may improve people's collective understanding of the lived experiences of African American women in IPV relationships who make initial contact with church staff (Bonomi et al., 2007). Moreover, the results of this study may yield information about support activities that will help church leaders and staff better serve this population.

Summary

Chapter 1 contained an overview of this empirical phenomenological qualitative study in which I examined the lived experiences of African American women living in IPV relationships. Included in Chapter 1 were the background, problem statement, purpose, significance, research question, and conceptual framework grounding the topic of study. Chapter 2 includes a review of literature about the lived experiences of African American women living in IPV relationships seeking help from church leaders.

Chapter 2: Literature Review

Introduction

One aim of this chapter of my empirical phenomenological qualitative study is to review literature related to African American women in the southern United States living in IPV relationships seeking help from church leaders. African American women experiencing IPV relational problems are embedded in cultural systems that harbor beliefs, opinions, and attitudes about IPV relationships as well as the utility of different support options (AlUqdah, Maxwell & Hill, 2016). Culture is comprised of the guidelines that individuals inherit as members of a particular society (Al'Uqdah & Hill, 2016). Brown (2016) asserted that religious affiliation and spiritual beliefs may be more potent than one's skin color, cultural heritage, or gender (Smith & Tedder, 2018).

Religious identification is potentially the tool that connects many African American women into a social unit (Mollica et al., 2016). As such, different values are held among individuals regarding IPV relational problems (Blakey, 2016). This has been found to be true for Christians in general (Smith & Tedder, 2018), mainly those of the Pentecostal faith (Black, 2016). The Pentecostal church lends itself to a unique cultural lens of understanding IPV based on Biblical teaching (Mollica et al., 2016). Most Pentecostals place their transforming experience of the Holy Spirit central in their lives (Smith & Tedder, 2018). In this chapter, I describe my search strategy, discuss the theoretical framework, and provide a review of the literature.

Literature Search Strategy

To develop the literature review for this study, I accessed the following databases: SAGE Journal, Google Scholar, Soc INDEX, Psyc ARTICLES, Psyc Info, and Thoreau. I used the terms *intimate partner violence*, *faith-based programs*, *clergy and intimate partner violence*, and *African American women in the South living in IPV relations* in my search. This chapter represents an exhaustive review with selected citations so that the number of articles reviewed was manageable and offered a reasonable representation of the topic. I conducted a comprehensive literature review focusing on African American women and IPV using several sources. My search results yielded 75 articles, and I read approximately 65 of them.

Theoretical Framework

I used the interpretive framework of cognitive dissonance theory (CDT) to explore the lived experiences of African American women living in IPV relationships who reach out to church staff for initial support and the experiences of church staff who meet initially with African American women seeking help with IPV relationships. Theorists of cognitive dissonance examine instances in which people's behavior conflicts with their beliefs (Anderson et al., 2018). I used this theory in the role of researcher-as-analyst.

Empirical phenomenological research is the study of phenomena through the lived experiences of individuals rather than through logic (Cafferky, 2018; Moustakas, 1994). Using an empirical phenomenological approach, I drew on participants' conceptions of their experiences seeking initial support with church staff for IPV to provide scientific

explanations of the phenomenon to church staff (Bonomi et al., 2007; Moustakas, 1994). In so doing, I used an interpretive lens while examining patterns throughout the study (Brown et al., 2016; Moustakas, 1994).

African American women living in IPV relationships comprise a complex situation linked with external mechanisms and battered behavior factors that cause women to remain in IPV relationships (Cafferky et al., 2018; Brown et al., 2016). Individual psychological elements of victims often perpetuate their commitments to abusers (Brown et al., 2016). CDT is a psychological principle that refers to the discomfort people may feel whenever their actions contradict their beliefs, when confronted with intelligence that opposes their beliefs, or when maintaining competing beliefs separately (DeAngelis, 1990).

Black (2017) acknowledged several factors of commitment including (a) justification of effort, (b) the foot-in-the door principle, and (c) the investment model contributing to the arousal of cognitive dissonance in African American IPV victims. The importance of the mechanism of dissonance and subsequent reduction techniques are projected for treating the African American IPV population and preventing comparable relationships in the future (Bonomi et al., 2007). The use of CDT may also complement the empirical phenomenological method employed in this study by providing a lens for understanding people's lives through focus on challenges in which their behavior conflicts with their beliefs (Bonomi et al., 2007).

The use of CDT may shed light on current roles, including the immediate environment, social system, and social and cultural values, and changes in the new

normal in the deliverance experiences of victims affected by IPV and support from church staff (Bonomi et al., 2007). The current study proposes the potential for CDT resolution as a mechanism to affect African American women's stay/leave decisions while in IPV relationships (Black, 2017). CDT is helpful in bolstering conceptual understanding of abusive relational power (Brown et al., 2016). The theory is also helpful in bridging the gap between IPV and relational research (Bonomi et al., 2007; Beauchamp & Bowie, 1979). An empirical phenomenological methodology in qualitative research design may be used to identify elements of participating African American women's lived experiences of IPV (Brown et al., 2016; Moustakas, 1994).

IPV among African American women is a multifaceted societal problem (Bergin, 2016). Interpersonal physical relationships are almost always pinned by psychological control. The examination of the lived experiences of African American women engaging in initial support for IPV from Pentecostal church leaders includes a spiritual construct; an empirical viewpoint may provide insights into the lived experiences of how those seeking help for IPV make initial contact with church staff (Yusof & Carpenter, 2017). Controlling behaviors are acts designed to make a person subordinate by isolating them from support, mainly church leaders and staff (Walker, 1979).

In adopting the deductive societal view as a human service professional and collecting and analyzing data for this empirical study, I drew connections to how CDT both impacts environmental factors—including interpersonal relationships, families, church staff and leaders—and influences behaviors (Jones, 1985). Given the interrelationship between individual and society behaviors, CDT appears appropriate for

this empirical phenomenological study (Brown et al., 2016; Moustakas, 1994).

Additionally, an empirical phenomenological research design concludes with scientific explanations through the exploration of lived experiences (Black, 2017; Moustakas, 1994).

IPV is driven by jealous rivalry or feelings of powerlessness (Beauchamp & Norman, 1979). The fight against violence toward women may develop when individuals' knowledge and conscience of the phenomenon increase (Adewale et al., 2016; Christensen, 2016). Societal members may ignore the seriousness of IPV (Loseke & Kurz, 2015). Some individuals believe IPV victims are responsible for their abuse, whereas others disagree (Frost & Edgell, 2017). CDT ontology may allow me to experience the authenticity, realities, and insight of African American women with lived experiences of IPV relationships (Moustakas, 1994; Walker, 1979). In addition to my ontological viewpoint, the lens of CDT may provide a clearer understanding of how African American women make initial contact with church support staff.

Literature Review

General Problem of IPV

IPV is a multifaceted construct that affects the lives of many people (Zeidner et al., 2016). According to the American Psychological Association (as cited in Pandya, 2017), nearly half of all women age 18 or older in the United States have likely suffered some form of aggression from an intimate partner. Flynn and Graham (2016) defined IPV as “the use or threat of physical, sexual, and or psychological violence against current or former intimate partners” (pg. 248). As such, IPV can take place in married and

unmarried heterosexual, gay, and lesbian couples (Arroyo et al., 2017). IPV is the use of controlling or coercive behaviors that aim to systematically dominate the survivor (Zeidner et al., 2016). Conversely, IPV is often sporadic, and is related to external stressors or family conflict (Arroyo et al., 2017). IPV is committed by male and female perpetrators (Pandya, 2017). However, instances of abuse by women are less often brought to the awareness of the community at large and may be less severe than that of male perpetrators (Gillum, 2019). IPV can have detrimental emotional and physical effects on the relationship in the context of married and dating couples (Pandya, 2017).

Historical Overview

In the following sections, I provide a historical overview of IPV, beginning with its earliest documentation in Rome. Then, I focus on IPV in ancient and biblical times. Finally, I examine Negro and African American women's experiences of IPV in the United States.

IPV in 753 BC. The first documentation of wife beating is from the reign of Romulus, King of Rome, in 753 BC (Beven, 2002; Walker, 1979). In 753 BC, the Law of Chastisement condoned wife beating (Beven, 2002; Walker, 1979). Under this law, husbands could physically beat their wives without being prosecuted (Berry, 1995; Tjaden & Thoennes, 2000; Walker, 1979). Further to the Law of Chastisement, the Rule of Thumb (Bent-Goodley & Fowler, 2006; Gary, Campbell & Serlin, 1996) was a law in Europe that allowed a husband to beat his wife with a rod or a switch no greater than the thumb of the husband's right hand (Douglas, 1849). Under the Rule of Thumb, women were passive victims of a system of degradation and violence (Beven, 2002; Walker

1979). For centuries, enforcement of the Law of Chastisement was inconsistent; wife beating continued (Walker, 1979).

IPV in Ancient and Biblical Times. The Rule of Thumb and Law of Chastisement are examples of the treatment of female spouses until the late 18th century. The Christian church reestablished the husband's patriarchal authority in AD 300 (Beven, 2002; Walker, 1979). The Old and New Testaments of the Christian Bible contain many patriarchal passages that promote men's dominance over women (King James Version Bible). Battered Christian women often interpreted abuse as divinely ordained (Bielefeld & Cleveland, 2019).

Battered women who were strongly religious tended to attribute their experiences of IPV to the Genesis stories and the events of the fall (King James Version Bible). Rash treatment of women was acceptable in colonial America. The act of a husband beating his wife was considered both acceptable and legal (Beven, 2002; Walker, 1979). The first law in the American colonies prohibiting the beating of women was enacted in 1692 by the Massachusetts Bay Colony (Sorenson & Thomas, 2009). During the years 1770–1845, issues related to race, class, partner, abuse, slavery, Native Americans, working poor people, and immigrants took precedence over violence toward women (Smith & Tetter, 2018). In 1725, African American women experienced death as a result of IPV three times more than women in other ethnic groups (Johnson, 2016).

IPV in the 19th Century. During the 1800s, African American women made up only 8 percent of the U.S. population (Sakai, 1999). However, in 1850, homicides of African American women as a result of IPV made up 22% of all cases,

whereas White women accounted for only 11% (Straus & Gelles, 1990; Smith, 1998). In 1848, Elizabeth Cady Stanton was the first woman to speak publicly against inequalities in marital relationships (Brown et al., 2016). In 1868, a man could beat his wife; however, it was inappropriate to beat a stranger, according to *State v. Rhodes* (1868) (as cited in Hankerson et al., 2018). In the late 19th century, most American states outlawed wife beatings, and other states had severe penalties for offenders (Yousof & Carpenter, 2017). The family structure allowed women more freedom to sue their husband for unjustified beating (Walker, 1979). However, women were given less freedom to sue their husbands for unjustified beatings in the Christian Church. In 1920, women received the right to vote. However, the phenomenon of IPV was still largely ignored (Hankerson et al., 2018).

IPV in the 20th Century. In 1965, more than 7,400 American women filed IPV complaints against their husbands; however, only 200 men received a warrant for their arrest (Lotto, 2016). In 1972, the first battered women and safe house shelters were opened to protect women from domestic abuse (Hankerson et al., 2018). In 1975, The National Organization for Women implemented a task force to examine and put a stop to violence against women (Hays, 2015). In 1994, the U.S. Congress passed the Violence Against Women Act, providing protection for female victims as a federally protected civil rights (Lotto, 2016).

Negro Women and IPV. Physical violence against Negro women has been documented since the beginning of slavery in 1619 (Husserl, 1970; Straus & Gelles, 1990). In 1625, the Negro woman was identified as an inhuman creature deserving

abusive treatment (Smith et al., 1998). During slavery in America, Negro women were deprived of physical, psychological, social, and economic protection from abuse, according to the General Assembly of Virginia (Wyatt, 1994). The legal system in 1645 was abusive, controlling, and racist towards groups of ethnic women, often Negro women (Bent-Goodley, 2006; Jasinski, 2001). In 1652, during the Servant for Life Period, Negro women's experiences with IPV were abusive (Wyatt, 1994; Smith et al., 1998). In 1670, physical, verbal, sexual, and psychological violence towards Negro women was prevalent, and they were without legal or social protection against abuse (Kantor et al., 2017). In 1725, the lack of social or legal ramifications for violence against Negro women led this vulnerable population to experience death from IPV three times more often than women in other ethnic groups (Christiano, 2000).

African American Women and IPV

In 1850, African American Women IPV homicides constituted 22% of all cases (along with 29% of victimization cases), while White women constituted only 11% of all homicide cases (Wyatt, 1994). In 1855, African American women experienced IPV 35% more than White women (Jasinski, 2001). In the 1900s, IPV remained a problem that transcended status, ethnicity, and culture (Smith et al., 1998; Wyatt, 1994). After many years of societal attempts to eradicate the phenomenon of IPV, the problem still remained (Bell & Mattis, 2000). In 1945, factors such as historical and contemporary racial discrimination and distrust of formal systems prevented African American women from reporting the violence they experienced (Miles, 2000; Tjaden & Thoennes, 2000).

In 1965, African American women ages 15 to 34 experienced IPV 25% more than White women and 22% more than other women of color (Bureau of Health Statistics, 1994). In 1969, 70% of African American women turned to the Church as a resource for IPV (Websdale, 1998). The perpetuation of IPV in the African American church is deeply embedded in cultural and historical traditions of marriage (Kantor et al., 2017). Strict Bible teaching discouraging divorce and separation has forced some African American women IPV victims to leave the Church (Websdale, 1998).

Prayer and religion are principal coping skills used by African American women for relational problems (Livingston et al., 2017). African American women have a strong connection to church, religion, and social networks as compared to White women (Livingston et al., 2017; Kantor, et al.,; Johnson, 2016). In 1970, for every African American woman reporting abuse, 15 other African American women failed to report (Miles, 2000; Tjaden & Thoennes, 2000). As reported in the U.S., in 1976, 60% of African American women experienced IPV at a 45% higher rate than other ethnic groups (Johnson, 2016).

IPV, African American Women, and the Church

IPV has an effect on African American women's health and wellbeing (Dempsey et al., 2016). One in every three African American women is beaten by a male partner during her adult life (Patterson & Swan, 2016). African American women IPV victims often experience depression, anxiety, stress, and other psychological symptoms (Spates, 2019). Furthermore, African American women report more severe abuse and victimization than White women (Spates, 2019). The leading cause of death for African

American women between ages 15 and 44 is femicide (Smith & Patton, 2016). However, researchers have found that African American women IPV survivors are more resilient than White women, despite facing greater victimization (Bailey et al., 2017).

While African American and White women seek help in dealing with IPV, the source of help varies between the two groups (Bonomi, et al.). 48% of White IPV survivors were counseled by a mental health professional, whereas only 26.1% African American women received the same services (Bailey et al., 2017). Conversely, 90% of African American women rely on prayer to help deal with IPV, compared to 76.5% of White women (Christensen, 2016).

African American women have a strong connection with the Church through prayer and religious values for coping with IPV (Smith & Patton, 2016). The use of activism, spirituality, music, and literature promote their healing (Pittenger et al., 2016). 70% of women congregants attend African American church services weekly, and 35% are victims of IPV (Alexander et al., 2016). The church has a responsibility to support women who face IPV (Alexander et al., 2016). In 2012-2017, while 4.5 million IPV victims in the U.S. contacted shelters, hospitals, and law enforcement agencies, less than half of these victims sought help from church staff (Smith & Patton, 2016).

The views of IPV may influence how Pentecostal Church staff serves their community, especially given that many church staff have limited education or training in this area (Torres, 2019; Bentz, 1970). 65% of pastors spoke once on IPV during services (Smith & Patton, 2016). 22% admitted to addressing the topic annually, and 33% rarely mentioned the subject (Smith & Patton, 2016); 13% of pastors avoided the topic (Torres,

2019; Hays, 2015). Pastors have not been on the frontline of issues related to of IPV, and they continue to struggle to address the problem in the 21st century (Hankerson et al., 2018). The prophetic voice in the Evangelical Pentecostal church should rise to address the oppression of African American women and their abuse (Smith & Patton, 2016). This voice could reduce incidents of IPV towards African American women (Hampton, et al., 2015).

Pentecostal Church

Pentecostal churches are the second largest branch of Christianity outside the Roman Catholic Church (Cafferky et al., 2018). In 2015, 37% of Christians were part of the Pentecostal movement, numbering 73 million, with Charismatic numbering one 176 million and Neo-charismatic numbering 30 million (Watlington & Murphy, 2016). The Pentecostal movement continues to grow, raising its membership by approximately nine million per year (Harris & Ulmer, 2017). Researchers have predicted that by 2025, the total of Pentecostal Christians will be over 800 million worldwide (Cafferky et. al., 2018).

Pentecostals are made up of heterogeneous groups of Christians with various backgrounds, races, ethnicities, socioeconomic status, and educational levels (Pittenger et al., 2016). As the Pentecostal number increases, heterogeneity will increase (Perlmutter et al., 2015). There are three distinct groups of Pentecostals: Classical , Charismatics, and Independent Charismatics (Pittenger et al., 2016). Classical Pentecostals formed in the 20th century, with origin in spiritual events from the 18th to the 20th centuries (Watlington & Murphy, 2016). Charismatics are Protestants and Catholics who embrace

the Pentecostal experience but choose to remain in traditional churches (Watlington & Murphy, 2016). Independent Charismatics are those who come from the first two groups and are affiliated with various churches not connected to the parent organizations (Perlmutter et al., 2015).

While victims of IPV need a safe place of worship that provides emotional, spiritual and physical support (Pittenger et al., 2016), Pentecostals facing IPV currently do not seek help from the Church (Fowler et al., 2011). Victims of IPV struggle with loneliness generated within their relationships and helping system; a safer place must be created in order for survivors to see help (Watlington & Murphy, 2016). Clergy and church staff could provide a refuge for women affected by IPV (Watlington & Murphy, 2016).

The Church is called to serve and equip ministries and members to take care of families (Orrock & Clark, 2018). The instruction from the Lord “to go and make disciples” mandates the ministry to help and support those who are victims of a reckless society (Martinez, 2015). In Genesis, the Holy Scriptures calls for a healthy construct of the family (Bailey et al., 2017). Restoring families and seeking safety for victims in distress and those dealing with IPV are essential aspects of the Church’s call (Lotto, 2016). The Church cannot remain passive and detached from the cry of those suffering in IPV relationships (Lotto, 2016). The Bible speaks clearly concerning the call of husbands to love their wives, yet most of the disclosure is seldom taken to the clergy (Johnson & Lecci, 2019). Currently, most IPV cases are not taken to the church because the church is not perceived by victims of IPV as a place to go for support (Johnson & Lecci, 2019).

A Societal View of IPV

IPV is coupled with many factors (Bailey et al., 2017). One set of factors linked to IPV is the disparity across the level of social ecology regarding fairness and justice in the distribution of resources and opportunity (Dixon, 2017). A variety of sectors—including media, health, criminal justice, businesses, social science, and behavioral science organizations—advocate against violence (Brown, 2016). IPV towards women remains at a pandemic level (Dixon, 2017).

IPV is taken seriously within the legislator communities (Pittenger et al., 2016). Laws and policies have been implemented in support of victims affected by IPV in the United States (Lotto, 2016). The Violence Against Women Act of 1994 was designed to improve services for victims and to arrest batterers (Lotto, 2016). A national IPV hotline was created, and funding was allocated for various initiatives and programs, including shelters (Fang & Corso, 2017). The Violence Against Women Act of 1994 mandated that IPV advocates be involved in the planning and implementation of programs (Adewale et al., 2016) and reauthorized STOP grants, which support programs designed to improve law enforcement and prosecution responses to IPV (Johnson & Lecci, 2019).

Society's recognition of the seriousness of IPV is lacking (Johnson & Lecci, 2019). Outcomes of IPV include PTSD, depression, substance abuse, and suicide or suicidal ideation (Johnson & Lecci, 2019). Because of its prevalence and impact, IPV-related education and awareness should be constantly available (Bailey et al., 2017). The fight against violence towards women may develop when individuals' knowledge and awareness of the phenomenon increase (Adewale, et al., 2016). Some individuals believe

IPV victims are responsible for their abuse, whereas others disagree (Bailey et al., 2017). 40% of those aware of IPV believe IPV is a family problem, while 60% believe IPV is a societal issue (Basile et al., 2016).

IPV victims' critics often criticize women for not leaving the relationship (Johnson & Lecci, 2019). However, data from the National Crime Victimization Survey (NCVS) (Johnson & Lecci, 2019) find that 43% of women try to escape the abuse and 34% fought back in self-defense, while only 28% of victims took no steps to protect themselves. Social agencies and community officials are change agents for abuse victims (Bailey et al., 2017). IPV incidents involve police, court personnel, hospitals, and treatment facilities (Blakey, 2016). The annual health-related cost for women in IPV relationships is \$935 billion in the U.S (Bailey et al., 2017).

Individual/Family Outcomes of IPV

Women and children are the largest demographic affected by IPV (Bonomi, 2007). Individuals affected by IPV often find it difficult to function in their daily lives (Alase, 2017). Injuries that cause absences from work or visits to the doctor's office may result in victims losing their jobs (Austin et al., 2017), which in turn make it more difficult for victims to leave the abusive situations (Johnson & Lecci, 2019). Individuals with feelings of low self-worth become isolated from family and friends (Johnson & Lecci, 2019).

Impact of Intimate Partner Violence

The United States spends \$935 billion each year for costs related to IPV, which include costs for legal expenses for victims of IPV (Pandya, 2017). Taxpayers in the

United States pay an estimated \$5.8 billion annually in medical and mental health costs associated with IPV (Austin et al., 2017). Collectively, IPV survivors annually lose about 8 million days of work, which is comparable to 32,000 full-time jobs (Gillum, 2019). Over \$37 billion dollars annually are expended to cover costs for more than 2.2 million people treated for medical injuries and homicides related to IPV (Austin et al., 2017).

IPV negatively impacts the victim's financial status because of the loss of productivity, which often leads to unemployment and underemployment (Alase, 2017). Some women who experience IPV experience other financial problems and often rely on governmental services, such as general welfare and other governmental benefits (Al'Uqdah et al., 2016). Other research has shown that women who experience IPV have challenges maintaining economic stability while enduring the cycle of violence (Arroyo et al., 2017).

Cycles of IPV lead to deeper economic abuse that can lead to poverty and compromise a woman's ability to leave or remain separated from her abuser (Arroyo et al., 2017). The researchers found that many individuals who experienced IPV reported some type of psychotic distress (Austin et al., 2017). Al'Uqdah et al. (2016) conducted a study on brain network connectivity in women exposed to IPV and found evidence of a disconnect on a global and regional level. This evidence may have been the first to show physical brain injuries for victims of IPV, which may lead to mental, emotional, and cognitive trauma (Austin et al., 2017).

Drifting Back in IPV Relationships

IPV victims returning to their relationships are based on them forgiving the perpetrator (Petrosky et al., 2017). Several studies have consistently found that willingness to forgive the perpetrators plays a role in maintaining abusive relationships, mainly within religious contexts (Austin et al., 2017). The survivor may see such willingness as a characteristic of strong faith and dedication to God (Petrosky et al., 2017). A study focusing on qualitative interviews with 10 Christian female survivors of IPV, nine of the participants admitted initially believing that the proper response to their experiences of abuse was to forgive the perpetrator and continue in the relationship (Blakey, 2016). The participants explained that they truly felt that their husbands were sincerely apologetic for their abusive actions, and that their husbands were ultimately good Christian men (Hampton et al., 2015).

These factors partner the belief that God commands his followers to forgive others as He has forgiven them (NIV Bible- Gaebelein, (1976)- Ephesians 4:32,). These women saw their husbands as good men who did not intend to harm them which led them to feel hesitant, and even resistant, to labeling their husband as abusive (Blakey, 2016). This view may take the form of believing that the abuse was a single, isolated incident; that it was accidental; or that the perpetrator simply did not realize the pain he was inflicting on his partner (Roos et al., 2017). These women struggled to balance their beliefs and expectations of religious marriages with the tragic reality of their lived experiences, and some may have viewed denial of the abuse as the best way to cope with their present situation, thus, staying in the relationship (Blakey, 2016; Hodge, 2017;

Pandya, 2017). Hence, a gracious and forgiving framework can be twisted and distorted in a way that supports the continuance of violence within relationships (Austin et al., 2017).

For some women, forgiveness may contribute to the maintenance of IPV by equating the value of forgiveness with the concept of reconciliation (VanderWeele et al., 2017). While forgiveness involves letting go of resentment, guilt, and grudges related to an offense, reconciliation involves the restoration of the relationship (Petrosky, et al., 2017). These women must focus on maintaining and healing their relationship with the perpetrator to fully forgive him (Al'Uqdah et al., 2016). This focus implies that a change on the part of the perpetrator is necessary for reconciliation, which from a religious framework might be labeled as repentance (Al'Uqdah et al., 2016). However, the repentance or trustworthiness on the part of the perpetrator may be overlooked or assumed; therefore, putting pressure on the survivor to engage in reconciliation contributing to further abuse (Bushra et al., 2016).

Challenges While Seeking Help With IPV

When seeking help from church staff, religious struggles for the victims may lead them to question the values and beliefs that are part of their religious affiliation (Gillum, 2019; Hodges, 2017). Spiritual struggles often accompany religious conflicts (Zeidner et al., 2016) as seen in survivors who identify as Christians (Gillum, 2019; Bushra et al., 2016). The victim may question God's goodness and intent to protect her, leading to a struggle that is more spiritual in nature. For women whose religious values will be

negatively impacted by leaving an abusive relationship, the decision to leave, along with the healing process, will involve a level of spiritual struggle (Zeidner et al., 2016).

The spiritual and religious struggles of survivors of IPV is multi-faceted (Bushra et al., 2016). Many married, religiously committed women attempt to live out their faith by remaining committed to marriage, while simultaneously being confronted with a threat to their safety and physical integrity (Petrosky et al., 2017; Sahai & Sharma, 2016). Faith can serve as a form of coping and comfort in times of distress and during major life events (Harrell, 2017). Moreover, many married, religiously committed women receive mixed messages from clergy and other members of their religious communities about their experience of IPV (Austin et al., 2017).

Religious and spiritual coping can be categorized into positive and negative religious coping (Sahai & Sharma, 2016). Positive religious coping is based in a secure sense of relationship with God, confidence in God's plan, and a sense of meaningfulness or connection with others (Sahai & Sharma, 2016). Conversely, negative religious coping includes viewing the event as a punishment from God, feeling discontentment in one's relationship with God, and doubting God's power or sovereignty (Roos et al., 2017).

Compounding this categorization, religious women as victims of abuse may struggle with admitting their abuse to clergy or congregants who would otherwise be able to help (Rizo et al., 2017). Shared by many women in the church, religious women victims of abuse may struggle with how to end the abuse without divorcing their husbands (Rizo et al., 2017). Collaboration with clergy is needed to better help those in

abusive relationships to better understand religious options available to them for ending the abuse in a safe way that is also religiously sanctioned (Sahai & Sharma, 2016).

IPV Seeking Help

Although religious organizations and violence in American communities is pervasive, limited attention has focused on how to best enroll clergy and religiously oriented resources in the battle against IPV (Hodge, 2017; Pandya, 2017). In a recent exploratory study of the perspectives of 47 female victims, 70 male perpetrators of IPV, and 41 clergy from various denominations exposed to IPV, VanderWeele et al. (2017) found that women may frequently seek advice from clergy before accessing community-based resources. Results indicated that 43% of the victims and 20% of the perpetrators did seek help from clergy. All clergy respondents reported counseling people who had IPV during their career, and 80% had violence-related contacts in the past year (Hodge, 2017; Pandya, 2017). Most of the victims who contacted clergy reported satisfaction with the counsel they received. Upon approaching a religious leader, such as a pastor or clergy member, for assistance with IPV, many women were told that they needed to accept the abuse or work out their relationship with their partner (Ayed et al., 2019).

The belief that an abusive relationship shouldn't end until an attempt at reconciliation has occurred was common among religious leaders, a process that would ideally preserve the marriage and stop the abuse (Sahai & Sharma, 2016). Beliefs about the sanctity of marriage are often involved in clergy responses to battered women, possibly compelling clergy members to suggest accepting the abuse to save the marriage (Ayed et al., 2019). When approached by women involved in an IPV situation, many

religious leaders advocate for the adherence to patriarchal attitudes and gender roles (Blakey, 2016).

Many clergy or other religious leaders may advocate that men have a position of strong headship over the family and that it is the woman's rightful role to remain submissive and nurturing (Blakey, 2016). Clergy may experience empathy and understanding towards the perpetrator and negative reactions towards the survivor (Brown, 2016).

The Strong African American Woman

The strong African American woman concept has historically been used to describe how African American women remain resilient in the face of adversity (Ayed et al., 2019). Blakey (2016) explained that the attitudes of the strong African American woman concept derived from a belief system that women should be strong and overcome any adversity. The concept views women as resilient by taking care of family and others, overcoming adversity, remaining emotionally grounded, and maintaining a positive social status (Brown, 2016). Further, African American women are viewed as a strong Black Woman when they are able to overcome and recover from an abusive relationship, take care of the house without using formal help, find employment, and thrive in her life despite obstacles (Austin, et al., 2017). The resilient, strong African American woman can be a positive and negative attribute (Ayed, et al., 2019). Being seen as a strong African American women related to showing resilience when facing adversarial situations is often viewed in a positive light (Harrell, 2017).

Traditionally, African American women have been conditioned to believe that IPV is a private matter that should be kept secret (Austin et al., 2017). When African American women share private matters with persons outside the community, ostracism from partners, family members, and the community could arise (Boss et al., 2017). Feelings of ostracism result in less reporting of IPV incidents to law enforcement, health professionals, and social workers who are sometimes seen as “outsiders” (Yousef & Carpenter, 2017).

Strategies for Coping With IPV

Researchers have been increasingly interested in determining what strategies IPV survivors employ to cope with stress and violence (Pandya, 2017; Ayed et al., 2019). Victims of IPV use various coping strategies, such as family support, social support, prayer, or employing a professional to help their recovery process (Harrell, 2017; Austin et al., 2017). Survivors of IPV involved with Christianity used religion and spirituality to help them cope with IPV (Watson & Hunter, 2016). Watson and Hunter (2016) followed a cohort of African American women from 1995-2015 to determine whether behaviors, such as attending religious services, prayer, religious, or spiritual self-identification affected health outcomes for female survivors of IPV. Results showed that women survivors of IPV who self-identified as being a religious or spiritual person had lower mortality rates than those who did not self-identify as being spiritual or religious (Watson & Hunter, 2016). Researchers suggest that future research on resilience should focus on other coping strategies such as spirituality, to uncover how it may assist African American women’s healing and recovery (Austin et al., 2017; Watson & Hunter, 2016).

Spirituality

Spirituality is not easy to define (Rogers, 2014). Spirituality is a complex construct that comprises elements such as transcendence, soul-absolute relationship, and relational consciousness (Petrosky et al., 2017). However, spirituality is noted in some research studies as being similar to practicing traditional formal religion (Rizo et al., 2017; Petrosky et al., 2017). Spirituality has more recently been defined as one's relationship to a higher power (Roos et al., 2017).

Spiritual and religious coping mechanisms have been used interchangeably to describe how African American women deal with violence, traumatic experiences, or distress (Rizo et al., 2017). However, spirituality and religion can be regarded as different: spirituality is internal, while religion is external (Roos et al., 2017). African American women who face adversity through marginalization due to discrimination, IPV, and other socioeconomic issues have used spirituality to cope with adversity (Harrell, 2017). Spirituality plays a key role in the everyday lives of African Americans by bringing them solace and comfort and finding meaning in their lives; however, spirituality requires trusting the process and establishing an active faith rather than turning to drugs when obstacles and challenges arise (Rizo et al., 2017; Harrell, 2017).

Summary

Chapter two includes (a) a literature search strategy consisting of researching diverse educational and scholarly internet sites to gather information, and (b) the use of off-campus websites to research historical facts on IPV, African American women, and Pentecostal church support, and (c) a synopsis literature reviewed in the form of journal

articles and other materials important to this study. A review of peer-reviewed journals and other empirical literature associated with this dissertation topic has provided clarity for building and developing a strategic plan for this research study while giving a sense of direction to the empirical phenomenological research project on IPV, African American women, and church staff support. Topics covered included IPV, spirituality, strong African American women, the challenges of IPV, coping with IPV, and the impact of IPV.

In Chapter 3, I present how the use of an empirical phenomenology method assists in implementing this research plan. I outline and justify the study's methodology, purpose, research question, theoretical frameworks, data collection procedures, sampling strategy, informed consent procedures, interview processes, interview questions, and data collection and analysis procedures. Further, I provide an overview of the study's validity, reliability, limitations, and ethical issues.

Chapter 3: Research Method

Introduction

The purpose of this qualitative empirical phenomenological research study was to examine the lived experiences of African American women engaging in initial Pentecostal church support for IPV. Knowledge of their experiences gleaned from this study may include information that would help church leadership and staff who support this population understand how African American women in IPV relationships make sense of initial supports. The empirical phenomenological research method for this study allowed the use of interviews as a data collection tool for uncovering the lived experiences of individuals who provide firsthand accounts of a phenomenon (Moustakas, 1994). The results of this empirical phenomenological study may provide insights into the lived experiences of people seeking help for IPV when they make initial contact with church staff (Yusof & Carpenter, 2017). This chapter includes a description of the method; a justification of the methodology; a description of the study's purpose; a statement of the research question; an overview of the theoretical frameworks; a description of procedures for data collection, sampling, informed consent, conducting interviews, and data collection and analysis; and an overview of validity, reliability, and ethical issues.

Research Design and Rationale

The following question guided this study:

RQ: What are the lived experiences of African American women living in IPV relationships at home when obtaining initial supports for assistance from Pentecostal church staff and leaders?

For this empirical phenomenological study, I examined the lived experiences of African American women engaging in initial support for IPV within a church environment. The information may help African American women living in IPV relationships obtain better access to initial support with church leaders and staff, and this may result in positive social change (Anderson et al., 2018). Furthermore, the results of this study may include information about support activities that will be helpful for church leaders and staff to better serve African American women who experience IPV.

Empirical phenomenological research is the study of phenomena through the lived experiences of individuals rather than through logic (Peled & Krigel, 2016; Moustakas, 1994). Additionally, empirical phenomenological research design concludes with scientific explanations through the exploration of lived experiences (Black, 2017; Moustakas, 1994). Empirical phenomenological research includes communications among participants in fields of study and participants with scientific knowledge of the research approach (Black, 2017; Faber, 1943). Scholars have used empirical phenomenological research to gain views of research problems through verbal interaction and to gather information through the lived experiences of individuals rather than through logic (Husserl, 1970; Wertz, 1983). I used this research method to gain insight into the lived experiences of African American Women in IPV relationships and their experiences of initial church staff supports.

To select the most appropriate qualitative research method, I considered grounded-theory approach as secondary for this study. Grounded theory involves the collection and analysis of data driven by the research question. Even though my study was grounded in a specific culture and participants with shared experiences, grounded theory was not selected because the main emphasis of my study was based on the lived experiences of African American women seeking support from church personnel for IPV relationships. Agresti (1990) acknowledged that the phenomenological approach is designed to capture the essence of the lived experiences of individuals and is primarily used when examining a common phenomenon among several research participants. In my study, I examined a shared phenomenon among several research participants and the lived experiences of African American victims of IPV seeking support services. Therefore, the phenomenological approach appeared to be the best qualitative research method for my study.

For this research study, an empirical phenomenological method was best because it allows the researcher to use an interpretive lens while examining patterns (Black, 2017; Moustakas, 1994). By using empirical phenomenological research methods to guide this study, through interviews, I was able to uncover themes across research participants' experiences (Watlington & Murphy, 2016) and analyze how African American women victims living in IPV relationships contacted and experienced church staff (Cafferky et al., 2018). Employing an empirical phenomenological design for this study allowed me to obtain individualized accounts of the phenomenon (Moustakas, 1994). I was able to

examine participants' personal experiences, focusing on the phenomenological wholeness from their lived experiences. Meaning of their unique experiences emerged from the telling of their stories.

Role of the Researcher

As the researcher and analyst for this empirical phenomenological study, I used a cultural lens of understanding IPV and gained views of the research problem through interviews as verbal interactions with participants (Husserl, 1970; Moustakas, 1994; Wertz, 1983). My role as the researcher in this phenomenological study was to recruit research participants who met the inclusion criteria and to conduct interviews with the selected study participants. As the principal researcher, I collected and analyzed data and provided a written report of research findings that reflected the voices of the participants (Walker, 2017). I had no prior relationship with any of the participants. My focus as the researcher in this empirical phenomenological research study was to compare the realities and insights of African American women's lived experiences of IPV relationships and obtaining support from church leaders. I did so through semistructured interviews while managing my perceptions (Moustakas, 1994; Walker, 2017). I related to the lived experiences of IPV cases as I had experienced firsthand the emotional and psychological effects experienced by African American victims of IPV. I managed my research biases through awareness and by bracketing my personal experiences. I used NVivo qualitative analysis software to reduce my bias and to determine relevant data and the appropriate coding of data (Friend, 2017). Reliving traumatic experiences could trigger emotional

discomfort or anxiety, and, therefore, professional counseling services was available to any participants who needed them.

Methodology

Sampling

For this phenomenological study, I used criterion sampling. Researchers often use criterion-sampling methods when conducting phenomenological research studies (Adler et al., 1995; Moustakas, 1994). In addition, researchers use criterion sampling as an appropriate strategy for capturing an intended population (Adler et al., 1995). In this study, participant criteria were individuals who are: (a) a female victim, (b) African American, and (c) living in IPV relationships.

The participants consisted of six African American women who had obtained initial supports from church staff regarding their IPV relationships. To find a representative sample of the population, I privately reached out to the church staff (e.g., a deacon or pastor) of two Pentecostal churches in an Atlantic coastal urban region. African American women interested in the study were asked to contact me directly via telephone and/or e-mail; contact information was provided via a flyer.

The interviews were conducted via the Zoom online video conference platform. At the initial meeting, I explained the purpose of the study. If I had been unable to obtain theoretical saturation using criterion sampling, I planned to use snowball sampling (Faugier & Sargeant, 1997). Snowball sampling allows those who have already agreed to participate in a study to refer others they know who may be interested in volunteering for

the study. The snowball sampling strategy identifies volunteers in the study by using the list of references of the study participants (Faugier & Sergeant, 1977).

Informed Consent

Informed consent is an important facet of the research process. Before starting interviews, I explained the informed consent process to each participant, and then the interview began. I informed participants about potential benefits and harms and informed them of their right to opt out of the study at any point without consequences. Participants were also informed that if they experienced adverse reactions at any time while participating in the study, they would be referred to psychological services that I had identified prior to conducting the study. I obtained consent forms after each participant acknowledged their consent and prior to beginning the interviews.

Data Collection

Sound data collection practices are integral to the research process. For this phenomenological research study, I collected data using open-ended, semistructured interviews conducted in English. The participants and I agreed to conduct the interviews via Zoom. The interviews were recorded at the private location of each of the participants. Interviews for each participant took 30 to 45 minutes. The interviews were based on four semistructured questions (see Appendix A). At the conclusion of the interview, I transcribed the recorded interviews verbatim, including repetition for accuracy to improve internal validity. The use of the empirical phenomenological research method for this study allowed me to use interviews as a data collection tool for

obtaining the lived experiences of individuals with the firsthand account of a phenomenon (Moustakas, 1994).

Data Analysis Procedures

Because the purpose of this study was to understand how African American women obtain initial supports with church staff regarding their IPV relationships, the data analysis process was designed to provide insight into this phenomenon. The first approach in analyzing the data began with a structured, organized data system using a line-by-line investigation of interview data to develop categories, patterns, and themes (Bergin, 2016; Moustakas, 1994; Tessier, 2016; Yusof & Carpenter, 2017). A modified van Kaam method of analysis was used to gain an understanding of the participants' lived experiences (Moustakas 1994; Walker, 2017). For this study, Moustakas's (1994) modified version of van Kaam's method of analysis was appropriate because it can be used to explore personal experiences and perceptions using the following methods: (a) listing and preliminary grouping, (b) reduction and elimination, (c) clustering and thematizing the invariant constituents, (d) identifying the invariant constituents and themes by the application, (e) constructing an individual textural description for each participant, (f) constructing a textural description of the meaning of participant experiences, and (g) using the themes and invariant constituents to construct a textual description for each participant of the meanings and essences of the experience (Moustakas, 1994). In addition to the modified van Kamm method analysis, I used NVivo, a computerized software that allows researchers conducting qualitative to automate the coding process for analysis (Bergin, 2016; Friend, 2017; NVivo, 2014).

Issues of Trustworthiness

Validity

An empirical phenomenological approach supports the purpose of this study, which is to examine the lived experiences of African American women living in IPV relationships who seek help from church staff (Moustakas, 1994). According to Lincoln and Guba (1985), validity is the hallmark of a well-executed and well-designed qualitative research study. To promote the validity of my study, I shared van Mannen's (1990) work with each participant via the Zoom Video Conference Platform. For consistency, each participant was asked the same questions. The validity of this study was further strengthened by the interaction between the researcher and interviewees (Lincoln & Guba, 1985).

Dependability

For this empirical phenomenological study, I described African American women in IPV relationships and the lived experiences with initial church staff supports. The protocol for face-to-face interviews within an empirical phenomenological study contains replicable protocols and processes. I outlined and executed my research-based protocols and processes in detail, thereby maintaining the reliability of my study.

Ethical Procedures

To address ethical procedures in my study, I protected participants' anonymity by adhering to IRB and Walden University protocols (Moustakas, 1994; Walker, 2017). To further promote confidentiality and anonymity, I secured a master copy with reference codes of the victim's questionnaires and audio digital recordings; these are locked in a

file cabinet in my home office, to which only I have access (Moustakas, 1994; Alase, 2017). To promote anonymity, I adopted the following security provisions to initially protect the data at data collection and data transfer: (a) I processed and secured research data, storing paper and computer data in a locked box in a file cabinet in my home office; and (b) I used one privacy envelope to transport the data collected (Moustakas, 1994; Alase, 2017).

The raw data from this study were protected using several methods, including transcripts with digital codes to protect the identity of each participant. The transcripts were reviewed only between the researcher and interviewees during the interviews via the Zoom Video Conference Platform. Role names (e.g., Participant 1, church support) were used to replace real names. I reminded participants that I will destroy all original data after a period of five years, but coded data might be subject to publication through this study without intrusion on confidentiality and or anonymity (Moustakas, 1994; Walker, 2017).

Summary

In this research study, I examined the lived experiences of a sample of African American women in IPV relationships and their lived experiences of initial church staff supports. This chapter contained an overview of the method, a justification of method, and procedures related to sampling, data collection and analysis, validity and reliability, and ethical issues. Chapter 4 covers the setting, demographics, data collection, data analysis, and findings of my research study.

Chapter 4: Results

Introduction

The purpose of this empirical phenomenological study was to examine the lived experiences of African American women engaging with church staff in initial support for IPV. The central question that guided this study was: What are the lived experiences of African American women living in IPV relationships with obtaining support from Pentecostal church staff? Chapter 4 includes the findings of the complete study. The data that emerged from the research question divulged a variety of themes that informed participants' decisions to seek support from church leaders.

Moustakas (1994) asserted that empirical phenomenological research is used to examine lived experiences to understand a phenomenon. Moustakas (1994) postulates a van Kaam analysis involving listing and preliminary grouping of participants' voices relevant to experience. Through the interviews, participants' responses of their lived exposed themes aligned with the research question. The themes gathered from the six participants were reflective of their past and present feelings, emotions, and thoughts, which illuminated the challenges African American women in IPV relationships experience while obtaining support from church staff. In support of my study, the Pentecostal church offers a cultural lens of understanding IPV based on Biblical teaching (Bielefeld & Cleveland, 2019). Most Pentecostals place their transforming experience of the Holy Spirit central in their lives (Bielefeld & Cleveland, 2019).

Research Setting

Due to the COVID-19 pandemic, interviews were conducted individually online via Zoom video conferencing with six IPV participants who sought help from church staff. The interviews occurred in March and April 2021. The interviewer and participants were in separate private locations, which provided a sense of privacy, comfort, and freedom from interference for the participants' safety. Participants were from various Pentecostal church locations in an Atlantic coastal urban region of the United States.

Demographics

In this study, a total of six self-identified African American women victims of IPV relationships participated. All participants resided in the coastal region area, that they were in a relationship marked by IPV, and that they sought support from church staff. To maintain their anonymity, names were not used and were replaced by codes: P1, P2, P3, P4, P5 and P6.

Data Collection

For this empirical phenomenological study, I collected data from six participants through the use of semistructured interviews in the English language. The interviews were conducted individually via Zoom. Throughout the interview process, I followed all ethical procedures as outlined in Chapter 3. Before the interview, I read the consent form, and required each participant to give their consent by stating, "I consent," if they were comfortable participating in the research study. Each interview lasted 30–45 minutes and was audio recorded using a digital voice recorder. I asked questions based on the interview protocol and remained true to the research procedure. I transcribed each

recorded interview verbatim to maximize the level of credibility and confirmability of the data. No variations from the intended methodology or unusual circumstances arose in the interviews.

Data Analysis

I analyzed the data using Moustakas's (1994) steps in empirical phenomenology. I began with the epoche process, in which I acknowledged my biases and preconceived views about the lived experiences of African American victims of IPV seeking services by journaling all my biases before the interview and data analysis process. This process of moderating the potentially prejudicial consequences of prejudgments, which has also been called *bracketing*, helped me set aside my personal views and attitudes about participants' experiences so that I could look at the data with unbiased eyes.

Following Moustakas's (1994) steps in analysis, I used van Kaam's (1966) modified phenomenological data analysis for this empirical phenomenological study. Moustakas (1994) described the modified van Kaam's (1966) phenomenological data analysis in seven steps: (a) horizontalization, (b) reduction and elimination, (c) clustering and thematizing the invariant constituents, (d) validation, (e) development of individual textural descriptions, (f) development of structural descriptions, and (g) development of textural–structural descriptions. The seven steps guided the data analysis for this empirical study, resulting in the findings. Following Moustakas's (1994) steps in data analysis, I used a structured organized data system using a line-by-line investigation during interviews. I did not use the NVivo software.

Horizontalization

In the horizontalization step, I listened to the recording of the participants' interviews and listed all relevant expressions pertaining to African American women living in IPV relationships who sought support from church staff. I reviewed each transcribed interview for the purpose of accuracy and clarification. I started analyzing the data by transcribing each participant's interview verbatim and organizing each file. Each participant was given a code (P1, P2, P3, P4, P5, and P6) to ensure confidentiality. Throughout the interview sessions, most of the participants aligned with the research question.

Reduction and Elimination

In this step, I evaluated the statements and eliminated or revised all information that did not meet specific requirements, including any repetitive, unclear, or overlapping words. My evaluation of all statements was based on whether a statement was associated with the participants' lived experiences. Moustakas (1994) stated that the horizons that remain after continuous statements are presented in the data are called *invariant constituents* of the lived experiences of the research subjects to the phenomenon. Moreover, I reviewed the statements to be coded and labeled, which included the horizon.

Clustering and Thematizing the Invariant Constituents

In this step, I clustered related invariant constituents and then labeled these clusters as themes of the lived experiences of African American women in IPV relationships seeking help from church staff. At this stage, I assembled and clustered the invariant constituents related to how African American women living in IPV

relationships seek help from church staff. I color coded the data to identify themes, categories, and patterns. Categories, patterns, and themes were highlighted with different colors, which allowed me to sort and group the data taking into consideration the number of times a code or phrase appeared in each participant's transcripts. From the identified codes, I identified patterns. I used the identified patterns to develop meaning units. From the meaning units, I identified emerging themes from the participants' experiences. I identified four themes: (a) rationale for seeking support, (b) feelings of not being judged while seeking help, (c) positive experience with support staff, and (d) feelings of emotional encouragement during the meeting. I then looked for discrepant cases from the themes, which revealed that one participant believed her experience with the church staff was negative, and only one participant felt like her concerns were not heard at all. For this study, I used a modified van Kaam analysis.

Validation

After generating all the themes, I began to examine them against the data set to ensure that my themes were representative of the lived experiences of African American women victims of IPV seeking help from church staff. I revisited the transcripts for clear statements relating to the phenomenon and the theme, validating the accuracy of the theme.

Development of Individual Textural Descriptions

In this step, I used verbatim examples from the transcripts to present textural descriptions of the experiences. A list of the verbatim quotes from each participant is

identified in the results section. For example, P6 stated, “I felt like I just didn’t have any other choice, and I really needed help.”

Development of Structural Descriptions

In this step, I used verbatim examples from the transcripts to present the structural descriptions of the experiences. I developed the structural description that identifies the participants’ lived experiences. Moreover, the transcribed data revealed each participant’s emotional, social, and cultural connections of their lived experiences embedded in their responses. The data are interpreted according to these connections within their lived experiences.

P1: My experience was good with the church staff because I felt no judgment. He supported me and prayed for me. He stated that he understood the pain, nor did he support this type of lifestyle from anyone in the church.

P4 stated, “I felt confident with the church staff as I began to talk with her. I was very hesitant at first, but she warmed up during the meeting. My contact with her has made a lasting relationship as friends.”

P5: When I entered the meeting with deacon, he was welcoming and said he would do all he can to help with my problem, and if he can’t, he would direct me to someone that could. This was before he knew what the problem was. As I began to speak of my husband’s growing abusive tendencies, he seemed to become extremely uncomfortable, interrupting, and asked if I had spoken to his immediate family.

P6: My experience with the church staff was helpful. However, as we began the discussion, it was mentioned that my husband had shared his abuse toward me to another leader, as if he was proud about the abuse. The church leader and his wife prayed with me, and they were very clear that they are not in support of this type of behavior. They also provided me with various resources to seek out for support.

Development of Textural–Structural Descriptions

In this step, I created a textural–structural description of the experiences of African American women victims of IPV relationships seeking help from church staff. Moustakas (1994) described the van Kaam’s phenomenological data analysis process as the integration of the developed themes and invariant constituents where the meaning provided the lived experiences of the research subjects. I maintained the integrity of each participant’s voice by not realigning any of their statements. Modified van Kaam analyses are most appropriate for phenomenological research studies because this approach provides a rich understanding of participants’ lived experiences of the phenomenon without altering their narrative, experiences, and stories. I deeply examined their lived experiences to understand the essence of the phenomenon through their own voices.

Evidence of Trustworthiness

In this study, I addressed issues of trustworthiness including credibility, transferability, dependability, and confirmability (Moustakas, 1994). These four criteria

are considered counterparts of the positivist's criteria of internal validity, reliability, objectivity and external validity (Moustakas, 1994)

Credibility

Credibility entails credence in the accuracy of the data and interpreting the data (Lincoln & Guba, 1985). Qualitative researchers strive to demonstrate truth in the results of specific participants and circumstances in the study (Lincoln & Guba, 1985; Moustakas, 1994). I promoted credibility by restating participant's responses during the Zoom Conference semi-structured interviews. Saturation was reached when no new data emerged from the interviews. Member checking confirms the credibility of qualitative data (Moustakas, 1994). Participants confirmed transcripts were accurate.

Transferability

Transferability refers to the ease of results being transferred or replicated in other settings (Korstients & Moser, 2018). Because the study sample was restricted only to African American victims in the Atlantic Coastal urban region, the study's findings cannot be generalized to other regions. Further, the results of this study are relevant only to these six participants. Because the study engaged only six participants, this study cannot be generalized to a larger population.

Dependability

Dependability demonstrates the level of consistency and repeatability of the findings of the study (Moustakas, 1994). The researcher strives to be consistent between the results and the raw data (Moustakas, 1994). My study and its related protocols appear replicable.

Confirmability

Szteinberg and Weaver (2013) stated that confirmability is about objectivity, which means that the study's results are congruent with participants' narratives instead of the biases, motivations, or viewpoints of the researchers. Within this framework, I practiced reflexivity, maintaining a journal where I repeatedly reflected on the progression of the research process as it relates to my values, interests, and biases.

Ethical Procedures

I obtained approval from Walden University's IRB (03-05-2021-0293918) prior to the data collection process. I provided informed consent about the right of withdrawal without consequence. The interviews took place via Zoom Video Conference Platform. I read the informed consent to each participant and asked if they were comfortable participating in the research study, and, if so, to please indicate consent by stating, "I consent." Once I received their consent, the interview with audio recording began immediately.

With regards to maintaining the confidentiality and protecting the identity of participants, all identifiers were masked. I replaced participants' names with a code, i.e., P1, P2, P3, P4, P5, and P6. The identification of participants was not shared with anyone at any time. For security purposes, the interview transcripts, removable discs, digital recording devices, notes, data sheets, and other forms were stored in a locked and firesafe filing cabinet inside my personal and private home office. Information on my computer is password protected. I am the only one who has access to the research materials.

The data and information will be kept for 5 years after the publication of the research study. After 5 years, all materials will be destroyed through burning, shredding, or permanent deletion.

Findings

Theme 1: Church Empathy for Seeking Support

Throughout the interview session, the participants provided their rationale for seeking support.

P1: I went to the Pastor during one of the noon day services, because I knew he was a real man of God!

P1: No playing around. However, when I disclosed the information I could see that he was very hurt and he had no idea this was going on.

P2: Being that I grew up in this particular church, I knew the church was a safe place. My husband was a new member, so I felt like I had an upper hand on him because of my history with the church. I was very comfortable talking with any church leader about my situation.

P3: I came to the decision to approach the church staff because I was really tired of being abused. I had been in church for a very long time and prayed that my husband would change his life and come to the Lord. However, that never happened.”

P5: When I joined his church, all the members where so forthcoming and caring about me adjusting to the area. This congregation was mostly family or people he

grew up with, and being that we are from different cultures, I needed assistance on how to approach our situation in the faith he says guides him.”

P6: I felt like I just didn't have any other choice and I really needed help.

Theme 2: Feelings of Not Being Judged While Seeking Help

During the interview session, the participants conceded that not being judged by staff members played a fundamental role in their decision to seek support services.

P1: My experience was good with the church staff, because I felt no judgement. He supported me and prayed for me.”

P2: My experience was good. I felt welcome and open, as well as me trusting them. I knew the church staff was God fearing men, so in actuality I felt comfortable speaking to anyone of the staff. I choose one of the 2nd-generation staff. Due to his age he should have more knowledge on IPV.”

P3: My experience with the church staff was positive and it taught me how to forgive, because I couldn't control others but only myself.”

P4: I felt confident with the church staff as I began to talk with her. I was very hesitant at first, but she warmed up during the meeting. My contact with her has made a lasting relationship as friends.”

P5: When I entered the meeting with Deacon, he was welcoming and said he would do all he can to help with my problem, and if he can't, he would direct me to someone that could. This was before he knew what the problem was. As I began to speak of my husband's growing abusive tendencies, he seemed to

become extremely uncomfortable, interrupting and asked if I had spoken to his immediate family.

P6: My experience with the church staff was helpful, however as we began the discussion it was mentioned that my husband had shared his abuse towards me to another leader, as if he was proud about the abuse.

Theme 3: Positive Experience With Support Staff

During the interview process, most of the participants noted that their experience with support staff was positive.

P1: I felt my concerns were engaged. However, I still felt like the Pastor was very disappointed in his son's behavior. I left the church before the Pastor did and I believe he kept praying for the situation. However, as I said mentally I was disconnected but also determined that I would not live with a preacher that abuses his wife.

P2: I felt like my concerns were handled properly and engaged appropriately. I was given assistance, prayers and encouragement for my concerns.

P3: I felt healed, comforted and others understood. I later learned that so many in the church understood and could relate to my issue. During the meeting it was revealed that the church has an outside referral counseling company that they have connection with, because of the town being a military town many IPV relationships have occurred.”

P4: My concerns were taken into consideration. I felt like the engagement was positive.”

P6: I felt my concerns were properly discussed and I was encouraged to seek other resources provided by the church staff and his wife. Most of the church leaders in the church are men's and seems very matter of fact. However, this person seem to be very caring. He and his wife took the time to pray with me. I felt better after our discussion, for a while I no longer felt like I deserved the abuse, condemnation and shame.”

Theme 4: Feelings of Emotional Encouragement During the Meeting

During the interview process, most of the participants felt supported emotionally by church staff.

P2: The meeting went well and I feel like I made the correct decision based on trust and was able to help me.”

P3: The meeting ended very well and I was able to receive the help I needed through the staff and I was pointed in the right direction. I was also informed about signs to look out for and setting boundaries. A great wealth of education was provided.

P4: The meeting ended very well, the church staff prayed for me and gave me some resources. She also told me that if I needed additional assistance, please contact her. As stated before, me making contact with her has made a lasting relationship as friends.

P6: The meeting ended with prayer and respect for me as a woman and church member, because both he and his wife kept apologizing on behalf of my husband.

They were also remorseful, because they heard that my husband had shared his abuse towards me to another church leader.

Summary

Chapter 4 presented the results collected from the six participants using semi-structured interviews to answer the research question. Participants expressed feelings of satisfaction about their overall experience with church staff. Positive participant themes included rationale for seeking support, feelings of not being judged while seeking help, positive experiences with support staff, and feelings of emotional encouragement during the meeting; these themes supported participants' decision to approach church staff. One participant had a negative experience with church staff and one participant felt like her voice wasn't heard and did not matter to church staff. Further, participants would advise other women, particularly African American who are living in an IPV relationships, to seek help. Chapter 5 consists of the interpretation of my findings, the limitations of this study, recommendations, the implications of the study, and the conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to examine the lived experiences of African American victims of IPV seeking support services from church staff. The nature of this study was to use a phenomenological approach to illuminate the experiences of African American victims of IPV who seek support services from church staff. I collected data for the study through semistructured interviews with six participants via Zoom. I used criterion sampling as an appropriate strategy for capturing an intended population who identified themselves as African American victims living in IPV relationships.

Using Moustakes' (1994) seven-step analysis, I identified four themes: (a) rationale for seeking support, (b) feelings of not being judged while seeking help, (c) positive experiences with support staff, and (d) feelings of emotional encouragement during the meeting. Discrepant cases from the themes included one participant who believed her experience with the church staff was negative, and another participant who felt her concerns were not heard. Findings from this empirical phenomenological study delineate the perceptions of participants regarding how they viewed various factors that encouraged their decision to seek support services. This chapter contains the following sections: (a) interpretations of findings, (b) limitations of this study, (c) implications of the study, (d) recommendations, and (e) a conclusion.

Interpretation of the Findings

The findings corroborated the position of Wendt and Shafer (2016), who viewed IPV as a social problem and explained the role that the intersection of sociocultural factors play in African American victims of IPV seeking help from church staff. All six participants expressed their views regarding the role various factors played in their decision to seek support services. In analyzing the data, I observed patterns about factors that encouraged participants to seek support. In this section, I contrast my findings with previous research noted in the literature review to decide whether my findings substantiate, refute, or expand the collective understanding of how African American victims of IPV perceive factors that influence their decisions to seek support services.

Theme 1: Church Empathy for Seeking Support

The existing literature offers a variety of reasons why African American victims of IPV seek support. For study participants, empathy from church staff members providing services to those living in IPV relationships justified seeking help. Korstients and Moser (2018) acknowledged that African Americans traditionally prefer to seek help from friends, family, and clergy. There may be several reasons African American IPV victims are more comfortable seeking help from informal sources. Dempsey et al. (2016) demonstrated that IPV victims may use church resources because of their spiritual beliefs. Wendt and Shafer (2016) investigated the attitudes of African American IPV victims seeking help and have found that African American women are more likely than other women to be open to seeking religious support.

Theme 2: Feelings of Not Being Judged While Seeking Help

There was a consensus among most of the participants about not feeling or being judged while seeking support services. This theme is congruent with Dempsey (2016), who argued that African American victims of IPV tend to adhere to the wishes of their families and church staff to remain in an abusive relationship. The argument is in line with Korstients and Moser (2018), who asserted that familyism is the link that keeps African American families together. Wendt and Shafer (2016) added that African Americans have a strong sense of church and family responsibilities and the benefits of families and community; this includes relying on the church community and family for emotional support (Dempsey et al., 2016). Further, the significance of strong family obligations is fundamental in terms of influencing African American victims of IPV to seek help (Smith, 2016). The concept of family in African American culture is crucial in terms of influencing these women to seek support services.

Theme 3: Positive Experience With Support Staff

For most participants, their positive experience with church staff played a significant role in terms of seeking support services. This finding is supported in the literature. Historically, the church has been the most influential and main support system in the African American community (Hays, 2015). While the occurrence of IPV in the African American community is higher than the rate of IPV in the White community, African Americans are more likely to seek support and services from church staff (Dempsey et al., 2016). Dixon (2017) found religious coping skills to be helpful with individuals who are experiencing IPV.

Theme 4: Feelings of Emotional Encouragement During the Meeting

Most participants experienced of emotional encouragement during the meeting with church staff. Research indicates that religion and spiritual practices are healthy emotional supports for African American victims of IPV (Hays, 2015). During the past decade, researchers have been increasingly interested in social relationships that people maintain in the places where they worship (Brown, 2016). While individuals develop different kinds of emotional relationships at church, many involve social support. Hays (2015) found that social support provided by church staff helps IPV victims cope more effectively with relational problems.

Limitations of the Study

I conducted my study in the Atlantic Coastal urban region of the United States, where I interviewed six African American IPV victims seeking support from church staff. Although this study offered in-depth understanding of factors that influenced the decisions of African American victims of IPV to seek support services, there were some limitations. The first limitation was about ethnicity and locality because the study sample was restricted only to African American victims in the Atlantic Coastal urban region. The second limitation was that the results of this study are relevant only to these six participants. Because the results of qualitative research studies are specific to not only particular environments but also a small number of participants, this study was not able to show that the results and conclusions can be applicable to other circumstances and populations.

Recommendations

Various studies have been conducted on IPV relationships and seeking support (Hampton et al., 2015). Scholars advocate for investing in IPV victims among different communities and cultures to raise awareness of how specific cultures and social constructs impact the living conditions and struggles African American victims of IPV in the United States.

Hampton et al. (2015) recommended that further studies regarding factors influencing the decision of African American victims of IPV to seek support services use a larger sample so that the results can be generalized. Historically, African Americans have used their churches to meet their spiritual and personal needs (Korstients & Moser, 2018). This study explored the preferences of African American victims of IPV seeking help from Pentecostal church leaders. The results of this study indicated that individuals expressed feelings of satisfaction about their overall experience with church staff. This positive view of church staff supported participants' rationale for seeking support, their feelings of not being judged while seeking help, and their feelings of emotional encouragement during the meeting.

Additional studies are necessary to explore how to address the interconnected factors that influence African American victims of IPV in seeking support services. Such studies are needed so that churches can implement intervention strategies to encourage women to seek support services while experiencing IPV. The religious practices and beliefs of African Americans may influence their attitudes towards seeking help

(Petrosky et al., 2017). Additional research may seek to identify differences in the emotions of African American Christians and African Americans of other faiths.

Further, researchers can examine the differences between African Americans who attend a predominantly African American Protestant Christian church and those who attend a mixed race or predominantly White Protestant Christian church. The results of this study indicated those who were grounded in their religion expressed a desire to seek help; however, further research is recommended.

Implications

My study results align with current research that indicates religion remains influential in the lives of the majority of African American IPV victims. Researchers believe that most victims use religious activities as a protective factor from the violence they endure (Petrosky et al., 2017). Delay in seeking religious support has caused the death of many African American victims (Korstients & Moser, 2018). If other resource centers can work together with pastors to support the community, the rate of IPV within the African American community may decrease as more individuals may obtain needed support from church staff. This empirical phenomenological study contains knowledge for organizations seeking to develop programs to decrease IPV.

My findings may contribute to social change by improving laws that already exist and increasing victims' resources, such as shelters, safe havens, and family members (Blakey, 2016). Results of this study might contribute to positive social change by creating awareness of African American women in IPV relationships, and by focusing attention on the need for coordinated social, political, and legal action against IPV with

additional support for victims seeking treatment. This study's results might improve IPV advocates, pastors, and policymakers in-depth understanding of the perceptions of women in IPV relationships, highlighting the importance of implementing policies that encourage women victims of IPV, especially African Americans, to seek support services. The findings may be helpful for churches across various regions in expanding their outreach programs. Furthermore, research findings that illuminate the lived experiences of IPV victims may prompt policy planners, local law enforcement agencies, liaisons, and directors to incorporate a multi-faceted approach in designing and delivering services to IPV victims.

Conclusion

In this study, I used an empirical phenomenological approach to explore the lived experiences of African American women living in IPV relationships seeking help from church staff. Interconnected emotional and spiritual factors such as their rationale for seeking support, their feelings of not being judged while seeking help, their positive experiences with support staff, and their feelings of emotional encouragement during the meeting influenced the decision of African American victims to seek support services while living in an IPV relationship. Church attendance and a personal relationship with God, religion, and spirituality serve to protect women from experiencing IPV or remaining in an abusive relationship. Researchers are interested in research in spousal abuse, and the various ways in which religion and spirituality can be a source of healing and support for religiously committed women from diverse religious backgrounds who have survived IPV (Smith & Tedder, 2018). The study's results reflect the existing

anthropomorphism literature regarding the role of African American victims. These six African American victims of IPV felt that their interaction with church staff was positive. As a change agent, I believe that this study's results can be helpful for church staff initiating processes in support of victims of IPV (Bonomi et al., 2018). Further, the results from this study may improve people's collective understanding of the lived experiences of African American women in IPV relationships who make initial contact with church staff (Bonomi et al., 2018).

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Appendix A: Interview Questions

1. How did you come to the decision to approach Church staff for help? Why?
2. How was your experience with Church staff? Why?
3. How did you feel your concerns were engaged in the first meeting? Why?
4. How did the meeting end with the Church staff? Why?

Appendix B: Thank-You Cards

Dear Participant,

I would like to take this opportunity to thank you for entrusting me with your story. As the lead researcher, your confidence in trusting me with your story is of great gratitude. Your participation in this empirical phenomenological study have enlighten my knowledge of Intimate partner Violence vastly.

Intimate Partner Violence is a sensitive subject, however you trusted me with your story, even though visiting painful memories are often avoidable, but you willing trusted the process. I hope your story provide a greater positive impact on those individuals that are/were affected and living in Intimate Partner Violence relations. Hopefully, the outcome will assist church leaders and organization implement more effective policies as an intervention for IPV victims. Thank you for assisting me through this writing process.

With my greatest thanks,

Claudette Fields, PhD candidate

Appendix C: Criteria of Inclusion

1. Must be an African American female victim
2. Have/had experience as a victim living in IPV relations, seeking initial help from church staff (ministerial staff, deacons, pastors, and church employees).
3. Have good comprehension skills cognitively and of the English language
4. Not having serious mental, emotional, is not pregnant, or physical health issues
5. A list of resources if someone is under distress