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## **Cultural Competency When Providing Intimate Partner Violence Assistance**

Deanna LaShawn Stewart  
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# Walden University

College of Psychology and Community Services

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Walden University  
2025

Abstract

Cultural Competency When Providing Intimate Partner Violence Assistance

by

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MSW, Walden University, 2017

MS, Central Michigan University, 2013

BS, Central Michigan University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human & Social Services

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## Abstract

Intimate partner violence (IPV) is a significant public health crisis that disproportionately affects African American and Latina women due to systemic barriers, cultural stigmas, and inadequate culturally competent support services. This qualitative study explored the experiences of English-speaking African American and Latina women aged 23 to 60 in seeking culturally competent assistance for IPV in the United States. Using a generic qualitative research design and relational-cultural theory as a theoretical framework, this study examined how cultural beliefs and values influence help-seeking behaviors and the perceived adequacy of IPV support services. Semistructured interviews were conducted with 10 participants who had previously sought IPV assistance, and thematic analysis was used to identify patterns in their experiences. Findings indicate that cultural factors such as familial obligations, religious beliefs, and mistrust of institutions significantly impact women's decisions to seek help. Additionally, participants reported that many existing IPV services lacked cultural sensitivity, often reinforcing barriers to effective intervention and support. The study contributes to positive social change by highlighting the need for culturally tailored IPV services that acknowledge and integrate the diverse cultural backgrounds of survivors. These findings have implications for policy, service providers, and advocacy efforts, emphasizing the importance of cultural competency in human services to improve outcomes for IPV survivors. These findings also have implications for social determinants of health in relation to personal safety.

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## Chapter 1: Introduction to the Study

### **Introduction**

Intimate partner violence (IPV), also known as domestic violence, is considered a form of aggression or violent behavior normally used to assert power over someone in an effort to control, punish, or embarrass an individual within an intimate relationship (Dichter et al., 2018; Farr, 2023; Stanziani et al., 2018). IPV can take on many forms of abuse, ranging from physical and sexual to emotional and mental abuse, often causing some form of harm to an individual, up to and including death (Davis & Johnson, 2021; Gillum, 2019; Nesca et al., 2021).

IPV is a global public health problem that violates the rights of women, affecting one in three women during their lifetime (Dichter et al., 2018; Gillum, 2019; Morrison et al., 2021; Nesci et al., 2021; Rajaram et al., 2020; Sears, 2021). Over 1 million women experience some form of IPV injuries yearly, with almost 1,500 women losing their lives to IPV yearly (Ozturk et al., 2019). IPV not just negatively affect the lives of women and their families, but also has a negative influence on society as a whole, the economy, and the cost of health care, which ultimately makes IPV a social problem requiring social change (Mariscal et al., 2020; Morrison et al., 2021; Tchamo, 2021; Trabold et al., 2023).

In Chapter 1, I provide the background, problem statement, purpose and nature of the study, assumptions, scope and delimitations, limitations, and significance around how women believed their beliefs, traditions, and values were considered when seeking assistance for IPV. The research question focused on victims' perceptions of the support received.

## **Background**

Research has shown that over half a million women are seen annually by medical professionals due to IPV, with a little over \$4 billion being spent on healthcare costs each year (Donnelly et al., 2016; Fedina et al., 2022; Morrison et al., 2021; Stein, 2019). The health risks associated with IPV extend beyond the immediate physical injuries; they include more insidious issues like posttraumatic stress disorder (PTSD), substance abuse, depression, anxiety, and even homicide (Clements et al., 2019; Lacey et al., 2021; Petrosky et al., 2017). Notably, one in 10 women experience some form of IPV within a month before becoming a victim of homicide (Clements et al., 2019). Furthermore, IPV can lead to chronic health conditions such as gastrointestinal disorders, chronic pain, and cardiovascular disease due to prolonged stress and trauma (Garcia et al., 2020; World Health Organization, 2021). The economic burden of IPV is not limited to direct healthcare costs but also includes lost productivity and legal expenses, significantly impacting the overall economy (Smith et al., 2018). Interventions aimed at reducing IPV not only improve individual health outcomes, but also reduce societal costs, highlighting the importance of comprehensive strategies in addressing this pervasive issue (Peterson et al., 2018; Smith et al., 2018).

According to Lacey et al. (2021), it is imperative that people begin to understand the connection of IPV and communities with low social cohesion and poverty, as well as how underlying health inequities caused by barriers in language, geography, and cultural familiarities might be contributing factors, particularly among racial /ethnic minority women. Also, according to Burelomova et al. (2018), one reason victims of IPV struggle

with leaving an IPV relationship is due to not feeling as if they can get the support they need. How the community supports women experiencing IPV can play a crucial role when it comes to women deciding to leave an IPV relationship (Lacey et al., 2021; Metz et al., 2019).

### **Problem Statement**

Although IPV does not discriminate when it comes to age, culture, country, and social, racial, ethnic, economic, or religious background, researchers have discovered that when it comes to African American and Latina women, there is a larger representation of women affected by IPV and that this is much higher amongst women of reproductive age 15–49 years old (Gillum, 2019; Lacey et al., 2021; Ogunsiji & Clisdell, 2017). Although there is an abundance of assistance available for IPV victims, ranging from transitional housing and shelters to short- and long-term therapy, researchers have shown that there still seems to be a lack of culturally competent assistance to meet the needs of various women with different backgrounds experiencing IPV (Ogunsiji & Clisdell, 2017). Young and Guo (2020) described culture as the beliefs, traditions, values, customs, or norms of an individual or population that ultimately become the framework for how an individual behaves, including their thoughts and attitudes. According to researchers, a woman's cultural ideologies or beliefs can be a strength or weakness when it comes to seeking assistance for IPV, which makes culturally appropriate assistance essential (Klingspohn, 2018; Sears, 2021; Stein et al., 2019). Also, according to Sears (2021), when providing IPV support to women, it is imperative to understand the cultural factors that could influence IPV.

Although the aforementioned research regarding IPV assistance illuminates important findings, I have found no research that has examined how African American and Latina women experience cultural competency when seeking assistance for IPV. Given such, further research is warranted that examines the African American and Latina women's experience when seeking IPV assistance from a cultural aspect in an effort to address the documented problems of ineffective IPV assistance that is not culturally competent (Gillum, 2019; Ogunsiji & Clisdell, 2017; Petrosky et al., 2017).

### **Purpose Statement**

This qualitative study explored the experiences of English-speaking African American and Latina women aged 23 to 60 seeking culturally competent services for assistance with IPV in the United States. According to Ogunsiji and Clisdell (2017), the lack of culturally competent IPV assistance has become an obstacle for African American and Latina women. Given such, Gillum et al. (2016) suggested further qualitative studies to explore the phenomenon of IPV and how cultural competence impacts women.

### **Research Question**

RQ1: How do African American and Latina women feel their cultural beliefs were considered when seeking assistance for IPV?

### **Theoretical Framework**

Relational-cultural theory (RCT) was derived from a clinical theory study group in the 1970s that was looking to expand on women's issues through a psychological lens (Jordan, 2017). Jean Baker Miller developed the idea of RCT with the support and encouragement from her study group colleagues Irene Stiver, Jan Surrey, and Judith

Jordan (Jordan, 2017). Miller's (1976) seminal work marked a pivotal shift in psychological theory by introducing RCT. This theory challenged the dominant psychological paradigms that emphasized autonomy and independence, instead arguing that human growth is fundamentally rooted in the quality of relationships (Jordan, 1991, 2008; Sandoval-Lucero et al., 2020; Surrey, 1991). Miller posited that connection and mutual empathy are essential for psychological well-being, offering a counter-narrative to the often male-centered theories that pathologized women's relational tendencies (Jordan, 1991, 2008; Miller, 1976; Sandoval-Lucero et al., 2020; Surrey, 1991; Walker, 2004). This approach highlighted the importance of interpersonal relationships in human development and brought attention to the social and cultural contexts that shape individuals' experiences.

Miller's work laid the foundation for a more inclusive understanding of psychological health, particularly for women who often navigate a world shaped by patriarchal norms (Jordan, 1991, 2008; Miller, 1976; Sandoval-Lucero et al., 2020; Surrey, 1991). The impact of Miller's work extends beyond psychology into feminist theory and therapeutic practices. RCT has become a cornerstone in feminist therapy, providing a framework for understanding the complexities of human relationships, particularly in contexts marked by power imbalances and social injustices (Comstock et al., 2008). This theory has also been instrumental in addressing the psychological impacts of marginalization and trauma, offering a compassionate and empathetic approach to healing. Miller's contributions have been critical in advancing a more holistic and

relational understanding of human development, making her work a foundational element in psychology and gender studies (Brown & Gilligan, 1992).

Miller argued that RCT provides an understanding that highlights the significance of relationships characterized by mutual understanding and empowerment in fostering personal development (Jordan, 2008; Sandoval-Lucero et al., 2020). Within such connections, individuals are not just passive participants, but active contributors who mutually contribute to and benefit from interactions, fostering a supportive and reciprocal environment (Jordan, 2008; Sandoval-Lucero et al., 2020). This active role necessitates sincere engagement and authenticity from all involved parties (Jordan, 2008; Sandoval-Lucero et al., 2020). According to the concepts of RCT, these relationships facilitate resilience and bravery, opening new avenues beyond constricting societal norms (Jordan, 2008; Sandoval-Lucero et al., 2020). Transformation in RCT occurs through relational dynamics, especially in empathetic connections where individuals can transcend narrow perceptions of themselves and their communities (Jordan, 2008; Sandoval-Lucero et al., 2020). By cultivating these empathetic bonds, RCT promotes a shift towards more inclusive and nurturing environments that foster individual growth and collective well-being (Jordan, 2008; Sandoval-Lucero et al., 2020).

According to Haskins and Appling (2017), RCT focuses on relational characteristics and growth-fostering interaction, with emphasis on mutual empathy, mutual empowerment, authenticity, and multiculturalism. RCT fosters the concept that individuals are continuously growing through relationships with others and provides a framework for ways individuals react to relational and cultural difficulties as well as the

effect that disconnection has on individuals and their relationships (Byers et al., 2020; Chan et al., 2021; Dietz et al., 2017; Dipre & Luke, 2020; Westcott & Grimes, 2023). RCT can provide guidance for professionals when discussing multicultural and gender issues or when conceptualizing and humanizing challenging clinical cases (Byers et al., 2020; Chan et al., 2021; Dietz et al., 2017; Dipre & Luke, 2020; Westcott & Grimes, 2023). This study used RCT to guide the interview questions and the participants. This theory is used to help identify the cultural experience of women seeking IPV assistance and the negative effect of not having competent cultural programs.

According to Dietz et al. (2017), including cultural experiences in traditional counseling has been shown to increase awareness of barriers that otherwise could hinder the relationship building of the individual seeking assistance. Additionally, RCT will help to equip professionals with developing culturally competent techniques and programs for assisting individuals who are seeking IPV assistance. Finally, this theory was used to help connect the dots around women, relationships, and positive growth. According to Davidson (2018), relational-cultural theorists believe that when it comes to relationships, it is important that both parties contribute to each other's growth for a positive outcome.

### **Nature of Study**

The qualitative design for the study was a generic study with semistructured face-to-face interviews. Generic studies allow researchers to ask more exploratory questions to gain a wider range of aspects of the phenomenon, including the participant's attitudes, viewpoints, opinions, and factual details, thereby fostering a comprehensive understanding of the subject matter (Ellis & Hart, 2023). The purpose was to gain deeper



insight and understanding of African American and Latina women's experiences when seeking IPV assistance and support. The design was semistructured open-ended interviews, where the participants were asked identical questions, allowing the participants to contribute as much detailed information as they desired. This design also allows the researcher to ask probing questions as a means of follow-up and reduces researcher bias within the study, particularly when the interviewing process involves many participants (Jacob & Furgeson, 2012; Jovchelovitch & Bauer, 2000; Patton, 2015; Seidman, 2012; Turner, 2010).

Convenience sampling was used to obtain English-speaking American and Latina women who were in an abusive relationship 5–10 years ago and sought assistance. Convenience sampling offers researchers a practical and accessible way to gather data efficiently, particularly when time and resources are constrained (Andrade, 2021; Emerson, 2021; Jager et al., 2017). By selecting participants based on availability and proximity, I was able to quickly collect data without the logistical challenges often associated with other sampling methods (Andrade, 2021; Emerson, 2021; Jager et al., 2017). This approach fosters convenience for researchers and participants, making it easier to engage individuals who might otherwise be difficult to reach. Participants were English-speaking African American and Latina women ranging from 23 to 60 years old. This age range was selected because IPV is significantly more common among women of reproductive age, from 15 to 49 years (Mogos et al., 2016).

Participants were vetted through a series of questions at the start of the interview to ensure they met the specific criteria required for the study. These questions were

designed to confirm that participants possessed the necessary experience, knowledge, and capacity to contribute valuable insights. Prior to the interview, informed consent forms were sent to individuals who expressed interest in participating. These forms outlined the purpose of the study, what participation entailed, and the criteria for inclusion. By signing and returning the consent forms, participants confirmed their willingness to participate and their qualifications according to the study's criteria. This process ensured that only those adequately prepared and knowledgeable were included, enhancing the research data's quality and reliability. The sample size was a total of 10 participants for the study. According to Bartholomew et al. (2021), the traditional size of participants for a qualitative study should range anywhere from two to 25, with all participants having a similar experience in a specific phenomenon.

Braun and Clarke's (2006) approach to thematic analysis was used to analyze the data in this study. Thematic analysis was selected for this study because it is often used in qualitative research as it helps with identifying patterns and themes from data collected through interviews and focus groups (Bouchard & Wong, 2021; Braun & Clark, 2006; Lainson et al., 2019; Simmonds-Moore et al., 2019). Braun and Clarke (2006) outlined thematic analysis as a six-step process: First, researchers familiarize themselves with collected data; next, they generate initial codes; then, they identify potential themes; after that, they review and refine those themes; they then define the final themes; and finally, they complete the write-up (Braun & Clarke, 2006).

## Definitions

*Cultural competence* refers to having the capability to effectively operate within the cultural contexts of a clients, whether individuals, families, or communities (Kim et al., 2024).

*Cultural awareness* refers to identifying individuals' cultural biases, stereotypes, and misconceptions (Kim et al., 2024).

*Cultural knowledge* is a better understanding of clients' culture, but also being able to assess and provide effective services to meet clients' identified cultural needs (Kim et al., 2024).

*Cultural skills* are essential to participate in cultural activities and build partnerships with diverse cultural groups (Kim et al., 2024).

*Intimate partner violence (IPV)* is a form of aggressive or violent behavior normally used to assert power over someone in an effort to control, punish, or embarrass an individual within an intimate relationship (Farr, 2023).

## Assumptions

In this study, it was assumed that participants had a good understanding of their own experiences of IPV and how it had impacted their lives. Additionally, it was assumed that participants were willing and able to reflect on and articulate their experiences during the interview process. It was important to note that these assumptions could influence the findings of the study, as participants may have varying levels of accuracy in their recollection of events that occurred many years ago. Additionally, participants had different levels of comfort in sharing their experiences, which could also

impact the data collected. Despite these assumptions, the study aimed to provide valuable insights into the long-term impact of IPV on survivors, including their experiences with seeking assistance.

### **Scope and Delimitations**

The scope and delimitations were centered around the victims' experience with IPV and their perceptions of the support they received for IPV. The study procedure consisted of utilizing social media platforms to recruit participants for the study. Technology such as Zoom was used to conduct interviews, each lasting for 1 hour or less. The individual interviews included 10 open-ended questions focused on the assistance participants received, cultural competency, perceived effectiveness of assistance, and future needs.

Before initiating any interviews, the necessary approval was obtained from the Institutional Review Board (IRB). Throughout the research process, I utilized IRB forms and templates to adhere to the ethical guidelines set forth by the IRB. A consent form was distributed to all participants, clearly outlining the objectives of the study, the interview process both during and after the interview, and how the collected information was used. A signed consent form was maintained for each participant, affirming their understanding and willingness to participate in the study.

For the purpose of accurate data collection, interviews were recorded using an audio device, complemented by detailed notetaking to facilitate subsequent digital uploading, coding, and analysis. To ensure the authenticity and accuracy of the collected data, member checking was also utilized; this process allowed participants to review their

individual contributions immediately after the interviews. By confirming that their perspectives had been correctly understood and recorded, member checking enhanced the overall credibility and depth of the research findings (Birt et al., 2016). This approach also aligned with the best practices in qualitative research, emphasizing the importance of participant validation to improve data reliability and trustworthiness (Creswell & Poth, 2018).

Triangulation and reflexivity were used to help address the credibility, dependability, and confirmability of the research. According to Mackieson et al. (2019), reflexivity is the researcher's ongoing analysis of their beliefs, attitudes, or values and how they could influence the study when it comes to collecting and analyzing data. Triangulation is when the researcher uses two or more sources to gain broader insight into the data collected (Roland, 2019). The researcher's bias could change the research design or analysis based on the researcher's personal views about the topic, participants, or theory of change. I considered taking a relational approach to the research. According to Ravitch and Carl (2016), when a researcher takes the relational approach to research, the research is more discovery-oriented and self-reflecting, which helps with the researcher's biases.

The ethical considerations of the study were confidentiality, storage of data, and debriefing. I sought approval from the IRB before contacting participants. I also ensured that all participants had a clear understanding of the study and the intent of the data that would be collected. I used number coding (Participant 1, Participant 2, etc.) for the

participants to help protect their identity. All records, documents, and recordings will be kept on a password-protected laptop to ensure that data are stored properly.

### **Limitations**

Inherent limitations, challenges, and barriers associated with this generic qualitative study relate to biases, generalizations, and the fact that this type of study can be time-consuming. According to Mackieson et al. (2019), although qualitative research is excellent for capturing the human experience, the lack of rigor often increases the possibility of biases impacting the results of the study. Based on my personal experience of losing a sister to the violent crime of IPV, it was imperative that precautions such as journaling were set up to prevent me from reporting biases. Although the sample size for the study was sufficient for interviewing in a qualitative study, it may not have been sufficient to be generalized. With such a small sample size, the results were not sufficient to represent the entire population. The data collection process for this qualitative study was time-consuming. According to Bartholomew et al. (2021), capturing an individual's experience, coding, and analyzing these experiences can be strenuous, tedious, cumbersome, and labor-intensive.

### **Significance**

This study provided information on the experiences of participants who were victims of IPV concerning culturally competent assistance they received when receiving human services post their traumatic experiences. I explored the importance around service providers being able to understand, communicate, interact, and acknowledge a victim's culture when treating them for IPV. Researchers have recognized the importance

of cultural competencies as it relates to aiding in eliminating socioeconomic, racial, and ethnic disparities when it comes to health services (Abrishami, 2018; Dave, 2019; Stubbe, 2020). Because there is little research in this area, the amount of speculation in treatment has caused victims of IPV to suffer even more. Biases and reactions to people's cultures and backgrounds that are significantly different from their own can create barriers to human services provided. With the focus on cultural competencies, minorities who are disproportionately affected will be able to receive essential, culturally appropriate assistance (Gillum, 2019; Jenkins, 2021).

Healthcare providers, nonprofit organizations, and domestic violence agencies will have the opportunity to benefit from this research. The impact of this research will also address a human service problem that has far-reaching consequences. Individuals, families, and society at large acknowledge the social and economic implications when victims do not receive proper treatment for IPV (Gillum, 2019; Showalter, 2016). The research will allow funders to evaluate the value in providing resources for training that result in improve program effectiveness and positive, measurable outcomes. The social change implication of this study is preventing IPV revictimization and increasing awareness for healthcare providers and agencies on how IPV victims need to be helped and supported from a cultural aspect.

This study enriches the field of human services and safety by emphasizing the critical role of cultural competency in delivering effective IPV assistance. By integrating the social determinants of health into the analysis, I uncovered how cultural backgrounds, socioeconomic factors, and systemic barriers shape both the experience of IPV and the

accessibility and effectiveness of support services. This nuanced understanding underscores the necessity for services that not only reflect awareness of, but also are actively responsive to the diverse needs of survivors. Cultural competency emerged as a cornerstone in tailoring interventions that honor individual experiences, ensuring that assistance is both accessible and relevant across varied social and cultural landscapes. This insight is pivotal for practitioners and policymakers aiming to enhance the safety and well-being of IPV survivors, advocating for a more inclusive and empathetic approach to designing and implementing support systems within human services. Funders can use the findings to evaluate the impact of investing in training programs to improve the effectiveness of IPV assistance programs, thereby fostering positive and measurable outcomes. Moreover, the study's implications extend to social change, potentially mitigating IPV revictimization and enhancing awareness among healthcare providers and agencies about the nuanced support needs of IPV survivors.

### **Summary**

In Chapter 1, the study's foundation was laid out, encompassing the background, problem statement, and purpose, focusing on culturally competent assistance and support for IPV. While extensive research has been conducted on IPV from various angles, there remains a notable gap in understanding victims' lived experiences concerning the level of cultural competence in accessing support and assistance for IPV. The research questions formulated in this chapter serve as the cornerstone for delving into victims' cultural perceptions surrounding seeking help and support for IPV. The significance of this study



lies in its endeavor to gather vital data on cultural competence, essential for effectively assisting and supporting victims of IPV, thereby addressing a critical need in the field.

Moving forward to Chapter 2, the focus shifts towards a comprehensive literature review, exploring cultural competence in the context of resources and support available to IPV victims. This chapter delves into existing researchers' work and empirical studies to examine cultural competence's theoretical underpinnings and practical applications within IPV assistance and support. By synthesizing and critically analyzing the existing literature, I aim in Chapter 2 to provide a robust understanding of the current state of knowledge regarding cultural competence in addressing the needs of IPV victims. This review will lay the groundwork for contextualizing the study within the broader academic discourse while identifying gaps and areas for further exploration.

## Chapter 2: Literature Review

### Introduction

IPV, also known as domestic violence, is a form of violence that can be physical, emotional, sexual, and mental. Both men and women can experience some form of IPV during their lifetime; however, according to the Centers for Disease Control and Prevention (CDC, 2020), one out of four women and one out of 10 men experience IPV during their lifetime (Alvarez & Fedock; Hudson et al., 2020; Metz et al., 2019; Nesca et al., 2021). IPV causes severe harm to families and has a deleterious effect on society; economically, IPV costs over \$4 billion in health care annually, with over a half-million women seeking medical assistance for some form of IPV injury (McLindon et al., 2019; Stein et al., 2019).

IPV is a pervasive issue that does not discriminate based on culture, nationality, race, ethnicity, economic status, or religious background. However, researchers have found that minority women are disproportionately represented among those affected by IPV, indicating a higher prevalence within these groups (Gillum, 2019; Jenkins, 2021; Ogunsiji & Clisdell, 2017; Stein et al., 2019). Despite the availability of numerous resources for IPV victims, there remains a significant lack of culturally competent assistance tailored to the diverse needs of women from various backgrounds (Anderson et al., 2015; Klingspohn, 2018; Ogunsiji & Clisdell, 2017). This gap can result in inadequate support and barriers to accessing help for minority women, who may face unique challenges and stigmas (Gillum, 2019; Jenkins, 2021; Ogunsiji & Clisdell, 2017; Stein et al., 2019). Furthermore, studies suggest that culturally sensitive support and

services are crucial for effectively addressing the specific experiences and circumstances of these women (Gillum, 2019; Jenkins, 2021; Ogunsiyi & Clisdell, 2017; Stein et al., 2019). The development and implementation of such services are essential to ensure equitable and effective support for all IPV victims (Gillum, 2019; Jenkins, 2021; Ogunsiyi & Clisdell, 2017; Stein et al., 2019).

In Chapter 2, I provide the strategy used to conduct the literature search, the history around IPV, the difference between physical and nonphysical IPV, perceptions of the assistance received, the culture aspect of IPV, and how cultural competency is managed at multiple levels.

### **Literature Search Strategy**

A literature search was conducted using APA PsycInfo, EBSCOhost, Google Scholar, MEDLINE, ProQuest, PsycARTICLES, SocINDEX, and Wiley Online. The terms used to search for articles were *domestic violence*, *intimate partner violence*, *African American*, *Latino*, *African American and Latino and intimate partner violence*, *African American and Latino and domestic violence*, *African American and culture competency*, *Latino and culture competency*, *culture competency*, *culture perception*, *cultural aspect*, *relational-cultural theory*, *feminist theory*, *Duluth model*, *social disparities*, *physical abuse*, *spousal abuse*, *counseling*, *economic abuse*, *mental abuse*, *non-physical abuse*, *service*, *social disparities*, *support services*, *health belief model*, *knowledge*, *perceptions*, *experience*, and *shelter*. The CDC and the National Coalition Against Domestic Violence (NCADV) websites were used to obtain additional

information. All articles used for this research were peer-reviewed full text, and publication was within the last 5 years.

### **Theoretical Foundation**

The theoretical framework guiding this study was relational cultural theory (RCT), which originated from a clinical theory study group in the 1970s, with a focus on understanding women's issues through a psychological lens (Byers et al., 2020; Dipre et al., 2020; Jordan, 2017). RCT emphasizes relational characteristics and growth-fostering interactions, highlighting mutual empathy, mutual empowerment, authenticity, and multiculturalism (Byers et al., 2020; Dietz et al., 2017; Flores & Sheely, 2020; Haskins & Appling, 2017; Westcott & Grimes, 2023). At its core, RCT underscores the significance of relationships in human experience (Branco, 2022; Dipre et al., 2020; Westcott & Grimes, 2023). It posits that humans have an inherent need for connection, and the quality of these connections shapes self-esteem, identity, and overall psychological health (Branco, 2022; Dipre et al., 2020; Westcott & Grimes, 2023).

RCT offers a framework for understanding how individuals grow through relationships, respond to relational and cultural challenges, and cope with detachment and its effects on connections (Dietz et al., 2017; Joe et al., 2020). It can guide professionals in addressing multicultural and gender issues and humanizing complex clinical cases (Dietz et al., 2017; Joe et al., 2020). RCT also highlights the role of cultural context in shaping relationships, recognizing that cultural values and norms influence relationship dynamics (Branco, 2022; Dipre et al., 2020; Westcott & Grimes, 2023). Mutual empathy,

a key concept in RCT, promotes understanding, respect, and support in healthy relationships, enhancing self-worth and overall well-being (Westcott & Grimes, 2023).

Various theories have been employed to explain, assess, and address IPV. Feminist theories emphasize power imbalances, particularly in patriarchal societies, where males exert authority over females, often leading to IPV (Burelomova et al., 2018; Da Silva et al., 2021; Hurless & Cottone, 2018; Walters, 2020). According to feminist theory, IPV is deeply rooted in societal norms and beliefs that support traditional gender roles and unequal power dynamics. IPV is seen to enforce these gender-based power imbalances (Burelomova et al., 2018; Da Silva et al., 2021; Hurless & Cottone, 2018; Walters, 2020). Feminist interventions often prioritize empowering victims, challenging traditional gender roles, and advocating for policies and services that address the systemic issues contributing to IPV (Burelomova et al., 2018; Da Silva et al., 2021; Hurless & Cottone, 2018; Walters, 2020). These interventions aim to promote gender equality and disrupt the cycle of violence within relationships (Burelomova et al., 2018; Da Silva et al., 2021; Hurless & Cottone, 2018; Walters, 2020). While feminist theory broadly addresses gender-based inequalities and advocates for social change, relational-cultural theory focuses on relationships and connectedness's role in personal development and psychological well-being (Burelomova et al., 2018; Da Silva et al., 2021; Hurless & Cottone, 2018; Joe et al., 2020; Walters, 2020; Westcott & Grimes, 2023).

Power theory, while related to feminist theory, has a broader focus on power imbalances within relationships, regardless of gender. It acknowledges that both men and women can be perpetrators or victims of IPV and that power dynamics can vary in

different relationship contexts. Power theory acknowledges power imbalances but also recognizes that some females may use IPV for control, not just retaliation (Burelomova et al., 2018; Walters, 2020). Researchers have stated that power imbalances can be related to various factors, including physical strength, financial resources, or personality dynamics (Burelomova et al., 2018; Walters, 2020). Interventions based on power theory aim to address power imbalances within relationships and promote equality and mutual respect (Burelomova et al., 2018; Walters, 2020). While power theory is primarily concerned with understanding and addressing power dynamics in various contexts, relational-cultural theory focuses on the significance of relationships and connectedness in fostering personal and psychological well-being (Burelomova et al., 2018; Joe et al., 2020; Walters, 2020; Westcott & Grimes, 2023).

Social learning theory suggests that witnessing domestic violence and gaining reinforcement for power and control contribute to IPV (Burelomova et al., 2018; Walters, 2020). Research shows that IPV is a learned behavior that individuals acquire through observation and reinforcement (Burelomova et al., 2018; Walters, 2020). Social learning theory is less concerned with power dynamics and more focused on how individuals pick up violent behaviors from their environment (Burelomova et al., 2018; Walters, 2020). Social learning theory suggests that exposure to violence in one's family, community, or media can normalize aggressive behaviors and contribute to the perpetration or tolerance of IPV (Burelomova et al., 2018; Walters, 2020). Interventions informed by social learning theory aim to disrupt these learned behaviors by providing education, awareness, and support (Burelomova et al., 2018; Walters, 2020). While social learning theory

primarily concerns how behaviors are learned through social interactions and observation, relational-cultural theory focuses on the importance of relationships and connectedness in fostering personal and psychological well-being (Burelomova et al., 2018; Joe et al., 2020; Walters, 2020; Westcott & Grimes, 2023).

Building on this foundation, previous research utilizing RCT has identified eight core principles that highlight the significance of relationship in personal growth and development: (a) relationships are where people grow; (b) mature functioning is reflected in a movement toward mutuality rather than separation; (c) growth is characterized by relationship differentiation and elaboration; (d) growth-fostering relationships are based on mutual empathy and empowerment; (e) authenticity is required for real engagement in growth-fostering relationships; (f) development is a mutual exchange through which all involved contribute, grow, and benefit; (g) the goal is to develop increased relational competence over one's life span; and (h) mutual empathy and mutual empowerment are at the core of human development will help intra- and interpersonal relational awareness and help with individuals feeling that they are being supported (Dipre et al., 2020; Jordan, 2017). Supports are a key factor for women experiencing IPV and one of the deciding factors in whether or not a woman will leave an IPV relationship (Evans et al., 2022; Jenkins, 2021; Metz et al., 2019).

According to Joe et al. (2020), African American and Latina women have so many cultural factors, such as religious beliefs, gender norms, stereotypes, and mistrust of law enforcement that contribute to being vulnerable to IPV, that it is important that health care providers consider a theoretical framework that acknowledges these factors.

RCT focuses on multiculturalism and systemic barriers that often affect marginalized individuals and communities, which makes RCT appropriate for health care workers and organizations working with Black and Latina women experiencing IPV (Joe et al., 2020). RCT fosters the concept that individuals are constantly growing through relationships with others and provides a framework for ways individuals react to relational and cultural difficulties, just as the impact that detachment has on people and their connections (Dietz et al., 2017; Joe et al., 2020). RCT can provide guidance for professionals when discussing multicultural and gender issues or when conceptualizing and humanizing challenging clinical cases (Dietz et al., 2017; Joe et al., 2020).

### **Literature Key Variables and Concepts**

IPV is a complex issue with deep historical roots and widespread implications. Understanding the multifaceted nature of IPV, including its history, physical and nonphysical aspects, impact on children, and available support systems, is crucial for developing effective interventions and support mechanisms. Continued advocacy, research, and comprehensive support services are essential for addressing and aiding those affected by IPV.

### **History of Intimate Partner Violence**

The age-old concept of women being undervalued or considered second-class citizens has contributed to and encouraged the mistreatment of women around the world (Okafor, 2020). According to Zaman et al. (2021), IPV is considered one of society's oldest problems. Unfortunately, IPV is as timeless as history itself, and the movement to fight against IPV goes back over 40 years (Gillum, 2019; Lacey, 2016; Oyewuwo-



Gassikia, 2016; Yakeley, 2022). During the late 1960s and early 1970s began a significant change in the understanding around IPV, as women coming together and identifying shared experiences initiated the rise in awareness around IPV (Johnson, 2017; Oyewuwo-Gassikia, 2016).

Historically within the United States, violence has been used to maintain power and control and has been interrelated with some facets of masculinity and patriarchal dominance (Da Silva et al., 2021; Gibbs et al., 2020; Gover & Moore, 2021; Oyewuwo-Gassikia, 2016; Walters, 2020). Before acknowledgment of IPV as a social problem, IPV was thought to be a private family issue within the home, which caused victims of IPV to suffer in silence (Gover & Moore, 2021). Walters (2020) suggested that there are two historical themes around IPV, the power and control IPV affords the perpetrator and the perpetrator's lack of personal control over his or her emotions and behavior.

IPV can manifest in various ways, from physical to emotional, sexual, and psychological (Jenkins, 2021; Tani et al., 2016; Zaman et al., 2021). Although one out of four women experiences some form of IPV during their lifetime, approximately one in three women experiences multiple forms of abuse (Hudson, 2020; Nesca et al., 2021; Sears, 2021; Stein et al., 2019; Triantafyllou et al., 2019). It was not until the late 19th and early 20th centuries that the issue of domestic violence began to be addressed in a more serious way. The first domestic violence shelter for women was established in the United States in the 1970s (Fleck-Henderson, 2017; MacFarquhar, 2019). It was not until the 1990s that the United States acknowledged IPV as a public health and human rights

concern and enacted the Violence Against Women Act (VAWA; Gover & Moore, 2021; Hanson & Sacco, 2021).

The VAWA was set up to respond to and prevent violence against women, hold offenders accountable, and help keep victims safe (Gover & Moore, 2021). A couple of years after the establishment of the VAWA, the National Institute of Justice (NIJ) began to provide funding to help researchers study the nature and scope around violence against women in the hope of developing interventions and strategies for preventing IPV (Gover & Moore, 2021). According to Gover and Moore (2021), since the enactment of VAWA, there have been over 200 studies on IPV funded by VAWA. The NIJ has given more than \$130 million for researchers to study the various forms of violence against women (Gover & Moore, 2021).

### **Physical Intimate Partner Violence**

Physical violence against women takes on the form of intentional, physically deliberately harm, force, injury, and trauma (Cleak et al., 2018). This action can be acute in cases of short-term violence or chronic, which is long-lasting and sometimes fatal. Physical violence is one of the deadliest forms of IPV. According to researchers, over 60% of women who experience IPV experience it at a physical level (Ben-Porat, 2020; Joe et al., 2020; Oyewuwo-Gassikia, 2016; Stein et al., 2019). According to Petrosky (2017), homicide is considered the most severe outcome for women experiencing IPV, with over half of female homicidal victims' death being associated with IPV. On average, in the United States, there are about 20 individuals experiencing some form of physical abuse every minute (Zaman et al., 2021).

Physical abuse often can be identified with some outward physical signs or indications of abuse, such as bruises, broken bones, burns, blisters, or head injuries (Cleak et al., 2018; Hudson, 2020). Women who are abused physically often experience multiple forms of domestic violence and abuse; a startling statistic indicated that over 60% of reported physical IPV had some acts of forced sex incorporated (Cheng & Lo, 2020; Oyewuwo-Gassikia, 2016; Stein et al., 2019). Previous findings indicating IPV pervasiveness over time estimated a prevalence of physical and sexual violence over 30% (Merrill et al., 2020; Oyewuwo-Gassikia, 2016; Smith et al., 2018; Stein et al., 2019). According to the CDC, rape is the fastest growing physical abuse and is also one of the most underreported violent crimes against women in the United States; studies show that a woman is raped every 6 minutes (Smith & Stover, 2016; Tennessee, 2017; Yadav & Pasricha, 2019; Yakeley, 2022). Also, Al'Uqdah et al. (2016) reported that there are over 4 million acts of IPV rapes and physical assaults on women occurring annually in the United States.

Researchers have shown that over a half-million women are seen annually by a medical professional due to physical IPV, with a little over \$4 billion being spent on health care cost yearly (Donnelly et al., 2016; Fedina et al., 2022; Morrison et al., 2021; Stein et al., 2019). According to Clements et al. (2019), physical IPV has a much higher health risk that is not easily spotted. The psychological and psychiatric problems associated with physical and sexual violence such as anxiety, suicidal ideation, substance abuse, PTSD, and depression could have lingering effects long after the IPV relationship has ended (Cleak et al., 2018; Hudson et al., 2020; Stein et al., 2019; Tani et al., 2016).

Victims often hesitate to seek medical attention or report their injuries due to fear of retaliation, which can exacerbate their physical and mental health problems (Donnelly et al., 2016; Fedina et al., 2022; Stein et al., 2019). According to research, addressing the physical impact of domestic violence not only involves treating the immediate injuries, but also providing comprehensive support and resources to help victims heal both physically and emotionally (Cleak et al., 2018; Hudson et al., 2020; Stein et al., 2019; Tani et al., 2016).

### **Nonphysical Intimate Partner Violence**

Nonphysical IPV can take on many forms, can be harder to identify, and is often viewed as something else simply because there are no signs of physical harm. According to Stein et al. (2019), over 35% of women will experience some form of nonphysical IPV within their lifetime. Unlike physical violence, nonphysical violence is not easily recognized. According to researchers, one of the most widely applied treatment models created in 1984 called The Duluth Model was used to develop the Power Control Wheel (PCW) utilized to identify the most common patterns of abusive behavior (Eaton et al., 2021; Scott, 2018). The PCW revealed that coercion or coercive control, intimidation, emotional abuse, isolation, economic control, children, male privilege, and denial were the eight nonphysical forms of IPV experienced mainly by women (Eaton et al., 2021; Hamberger et al., 2017; Scott, 2018). Although the Duluth Model has been criticized for several reasons, including lack of scientific evidence as well as cultural consideration, this model is one of the psychoeducational community-based interventions most used for IPV (Eaton et al., 2021; Hamberger et al., 2017; Rankine et al., 2017; Scott, 2018).

*Coercion or coercive control* is considered a form of IPV that can be both physical or nonphysical and is often identified when the perpetrator uses physical and emotional violence to intimidate, humiliate, dominate, control, and coerce the victim into doing what they want (Cleak et al., 2018; Hamberger et al., 2017; Katz, 2019; Scott, 2018; Stansfield & Williams, 2021). Coercive control can have many different aspects when it comes to IPV; however, research shows three main elements that need to be considered: (1) the abuser's intention, (2) the victim's belief in controlling behavior, and (3) how credible the abuser is when it comes to threats (Cleak et al., 2018; Hamberger et al., 2017; Katz, 2019; Scott, 2018; Stansfield & Williams, 2021). Research shows cultural norms can highly influence coercive control (Cleak et al., 2018; Hamberger et al., 2017; Katz, 2019; Scott, 2018; Stansfield & Williams, 2021). Some of these cultural norms are gender roles as they relate to men being dominant over women, the sociostructural restrictions that women face as it relates to limited access to resources, and the psychopath of an individual (Cleak et al., 2018; Hamberger et al., 2017; Katz, 2019; Scott, 2018; Stansfield & Williams, 2021). According to the CDC, when it comes to intimate relationships and coercive control, men's experience (43%) is slightly higher compared to women's experience (41%) during a lifetime (Policastro & Finn, 2021). Coercive control is a form of nonphysical IPV that can persist even after the victim has left the relationship.

*Intimidation* manifests as psychological abuse and is considered a form of IPV that is nonphysical (Spearman et al., 2023; Toews & Bermea, 2017). Intimidation is often identified when the perpetrator uses verbal and nonverbal threats and movements to cause

a victim to feel as if some form of harm may come to them (Scott, 2018; Spearman et al., 2023; Toews & Bermea, 2017). Intimidation and humiliation have been linked to suicidal thoughts and a sense of helplessness that predisposes IPV victims to anxiety and depression (Mahmood et al., 2022; Scott, 2018; Spearman et al., 2023; Toews & Bermea, 2017). The goal of intimidation is often to maintain control and prevent the victim from seeking help or leaving the abusive relationship (Scott, 2018; Spearman et al., 2023; Toews & Bermea, 2017). Victims of IPV who experience intimidation often feel trapped and powerless, making it challenging to break free from the cycle of abuse (Scott, 2018; Spearman et al., 2023; Toews & Bermea, 2017). Recognizing and addressing the element of intimidation in IPV situations is essential for supporting victims and holding perpetrators accountable for their actions (Scott, 2018; Spearman et al., 2023; Toews & Bermea, 2017).

*Emotional abuse* is considered a form of IPV intentional infliction of anguish, distress, or intimidation through verbal or nonverbal acts with such behaviors as belittling or degrading, making threats, destroying property, or undermining a victim's confidence as a parent (Spearman et al., 2023; Toews & Bermea, 2017). Emotional abuse has been found to be just as harmful as, if not more so than, physical abuse (Cleak et al., 2018; Maldonado et al., 2022; Toews & Bermea, 2017). Highlighting the flaws and faults of the victim is a technique that makes victims feel childlike and impacts their self-esteem and insecurities. The damage of emotional abuse is not easy to spot, making it easier for perpetrators to conceal their actions (Cleak et al., 2018; Maldonado et al., 2022; Toews & Bermea, 2017). Victims may also be reluctant to report emotional abuse due to fear,

shame, or the belief that it is not as severe as physical violence (Cleak et al., 2018; Maldonado et al., 2022; Toews & Bermea, 2017). Recognizing emotional abuse as a critical component of IPV is essential for providing support to survivors and raising awareness about the hidden but deeply damaging aspects of these abusive relationships (Cleak et al., 2018; Maldonado et al., 2022; Toews & Bermea, 2017).

*Isolation* is a form of IPV that keeps women isolated with no social network. This nonphysical IPV is designed to increase victims' vulnerability and dependency on their perpetrators (Cleak et al., 2018; Kim, 2019). Often, victims believe that they have no one they can turn to for help or support, so feeling isolated keeps them in the IPV relationship (Katz, 2019; Kim, 2019; Triantafyllou et al., 2019). Completely separating a person from their family, friends, and coworkers removes the opportunity for support and the influence of others that could assist in recovery (Triantafyllou et al., 2019). Isolation is designed to make a victim feel disconnected from others and help the perpetrator gain total control mentally, emotionally, and financially (Katz, 2019; Kim, 2019). According to Moulding et al. (2013), isolation can be considered another form of coercive control and an extreme act of restricting women from the outside world.

*Economic control* is one of the lesser-known aspects of IPV, characterized by a male partner's control over financial resources and decision-making related to household finances (Clerk et al., 2018; Frost et al., 2023). Economic control often impacts women who are unable to financially support themselves, which causes a higher risk of being abused and makes it less likely to leave the IPV relationship (Clerk et al., 2018; Frost et al., 2023). This form of abuse can be emotionally,

psychologically, and physically traumatic because it affects many areas of the victim's life (Clerk et al., 2018; Frost et al., 2023). The repercussions of economic control are multifaceted, encompassing emotional, psychological, and physical trauma, as it significantly impacts various aspects of the victim's life (Clerk et al., 2018).

There are also physical side effects associated with the impact of nonphysical abuse, such as chronic fatigue, chronic pain, and insomnia. This type of nonphysical abuse puts the victim at a higher risk of developing mental illness issues, including eating disorders and substance abuse (Ben-Porat, 2020). In some cases, after having been a victim of nonphysical IPV abuse without intervention and support, the victim has the potential to become an abuser rather than a victim in future relationships (Gibbs et al., 2020; Stein et al., 2019). The characteristics of nonphysical domestic violence identified as emotional or psychological abuse can be even more damaging than physical abuse (Gibbs et al., 2020; Stein et al., 2019). Often, the abuse may begin as nonphysical and escalate to physical abuse that shows visible harm.

### **Children and Intimate Partner Violence**

Children exposed to IPV experience profound and often long-lasting consequences that impact their physical, emotional, and psychological well-being (Bullock et al., 2021; Kimber et al. 2018). Approximately 8–15 million children in the United States are exposed to parental IPV annually (Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). Witnessing IPV can be profoundly traumatizing for children, as it disrupts their sense of safety and security (Alvarez-Lizotte et al., 2020; Evans et al., 2022; Holmes et al., 2022; Lee et al., 2022; Lyons et al., 2023; Scrafford et al., 2022).



Children often live in a constant state of fear and anxiety, not knowing when or where the next violent incident might occur (Alvarez-Lizotte et al., 2020; Evans et al., 2022; Holmes et al., 2022; Lee et al., 2022; Lyons et al., 2023; Scrafford et al., 2022). This environment can have detrimental effects on their emotional development, leading to symptoms such as depression, anxiety, and PTSD (Alvarez-Lizotte et al., 2020; Evans et al., 2022; Holmes et al., 2022; Lee et al., 2022; Lyons et al., 2023; Scrafford et al., 2022).

Furthermore, children exposed to IPV often struggle with conflicting emotions. They may feel a deep love and loyalty toward their parent, who is the victim, while also harboring resentment or fear towards the perpetrator. These mixed emotions can create a sense of confusion and internal turmoil, which can impact their self-esteem and relationships with others (Alvarez-Lizotte et al., 2020; Evans et al., 2022; Holmes et al., 2022; Lee et al., 2022; Lyons et al., 2023; Scrafford et al., 2022). In some cases, children exposed to IPV may blame themselves for the violence, even though they bear no responsibility for the actions of the adults involved (Alvarez-Lizotte et al., 2020; Evans et al., 2022; Holmes et al., 2022; Lee et al., 2022; Lyons et al., 2023; Scrafford et al., 2022). The impact of IPV on children extends beyond the immediate trauma they experience (Evans et al., 2022; Lyons et al., 2022). Research has shown that children who witness IPV are at a higher risk of engaging in aggressive or violent behavior themselves, perpetuating a cycle of violence across generations (Evans et al., 2022; Lyons et al., 2022). Addressing the needs of these children is crucial to breaking this cycle and ensuring their future well-being (Evans et al., 2022; Lyons et al., 2022).

Effective interventions, support systems, and therapeutic resources are essential in helping children exposed to IPV heal and grow into resilient, healthy individuals who can break free from the cycle of violence and lead fulfilling lives (Evans et al., 2022; Lyons et al., 2022). Children are tragically used as pawns in IPV, becoming tools of manipulation and control by abusive partners (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). Perpetrators of IPV may use children to exert power and dominance over their partners in various ways (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). One common tactic is to threaten harm or abduction of the children, instilling intense fear in the victim and coercing compliance with the abuser's demands (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). Additionally, abusers might weaponize the legal system by seeking custody battles or making false allegations against the victim, using the children as leverage to maintain control or exact revenge (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). In these situations, children become not only witnesses to the abuse but also victims themselves, subjected to emotional and psychological trauma (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022).

Abusers may employ emotional manipulation by undermining the victim's parenting abilities, constantly criticizing or belittling them in front of the children (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). This can lead to feelings of inadequacy and guilt, trapping the victim in the abusive relationship due to concerns about the children's well-being (Clements et al., 2022; Evans et al., 2022;

Lee et al., 2022; Lyons et al., 2022). Children caught in this cycle of violence often suffer severe emotional distress, torn between loyalty to their abused parent and fear of the abusive partner (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). Witnessing violence or the aftermath of abuse can leave lasting scars on children, impairing their emotional development and affecting their ability to form healthy relationships later in life (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). Addressing this insidious tactic used against women in IPV requires comprehensive support systems that prioritize the safety and well-being of both the victim and the children, including legal protections, counseling, and resources to help families break free from the cycle of abuse (Clements et al., 2022; Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022).

Children living in homes where IPV occurs are not only witnesses but can also become direct victims themselves (Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). They are at a higher risk of experiencing physical or emotional abuse from the same perpetrator, causing negative effects on their well-being. The breakdown of trust and safety within the family unit can lead to profound feelings of betrayal and abandonment (Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022). These children often suffer in silence, afraid to disclose their experiences due to fear or shame, making it imperative for professionals to be able to identify signs of abuse and provide the necessary support (Evans et al., 2022; Lee et al., 2022; Lyons et al., 2022).

## **Intimate Partner Violence Assistance**

There has been an accelerated growth of IPV assistance over the last 30 years (Messing et al., 2017). According to Johnson (2017), the first women's shelter was founded in 1971 in Duluth, Minnesota, and kicked off the initiative of providing support for IPV survivors worldwide. Currently, there are over 1,800 IPV programs in the United States, ranging from shelters to transitional housing, advocacy, and support to legal aid to help victims dealing with IPV (Wood et al., 2020). According to Ben-Porat (2020), victims of IPV require an array of services to address their physical and emotional needs around preventing, advocating, and treating IPV. When it comes to IPV assistance, the safety for all victims is universal; however, the characteristics that shape the survivor's experiences with IPV, resources, and needs will vary (Ben-Porat, 2020; Cheng & Lo, 2020). Rather than a one-size-fits-all methodology, culturally grounded assistance includes continually asking and paying attention to the women and families regarding their needs and how they can be best served and upheld. This dynamic and versatile cycle requires consistent learning and responsive, constant help improvement that outcomes in bona fide, open, far-reaching administrations. A woman's cultural ideologies or beliefs can be a strength or weakness in IPV assistance, making it essential to understand the cultural factors that could influence IPV when providing IPV support to women (Klingspohn, 2018; Stein et al., 2019; White & Satyen, 2015). According to Klingspohn (2018), to begin to help victims of IPV, we should embrace the concept of cultural safety. This concept appeared out of New Zealand in the 1980s, and it was believed that developing an environment that is considered emotionally, socially, physically, and

spiritually safe for people would allow for an individual's cultural identity to be valued through knowledge and shared respect. According to researchers, when it comes to African American and Latina women struggle with leaving an abusive relationship, it is due to not feeling as if they can get the necessary support they need (Evans et al., 2022; Jenkins, 2021; Joe, 2020; Metz et al., 2019; Rollero, 2020). The perceived support received from family and the community plays a crucial role in a woman deciding to leave an IPV relationship (Evans et al., 2022; Jenkins, 2021; Metz et al., 2019; Rollero, 2020). According to Ben-Porat (2020), it is not until a woman is close to ending a relationship that she seeks assistance and support. Also, according to Dodson and Beck (2019), perceived assistance and social support of IPV survivors are imperative in reducing the risk of future IPV victimization.

### **Intimate Partner Violence Cultural Aspect**

Culturally competent assistance ensures that IPV survivors receive appropriate and effective support (Bent-Goodley, 2005; Betancourt et al., 2003; Hoshi et al., 2014; Lee & Hadeed, 2009; Yoshioka & Choi, 2005). Culturally competent assistance involves understanding the cultural contexts that shape survivors' experiences and responses to violence, as well as addressing barriers to accessing services (Bent-Goodley, 2005; Betancourt et al., 2003; Hoshi et al., 2014; Lee & Hadeed, 2009; Yoshioka & Choi, 2005). Culturally competent services can build trust and improve engagement with IPV survivors from diverse backgrounds (Bent-Goodley, 2005; Betancourt et al., 2003; Hoshi et al., 2014; Lee & Hadeed, 2009; Yoshioka & Choi, 2005).

Young and Guo (2020) described culture as the beliefs, traditions, values, customs, or norms of an individual or population that ultimately become the framework for how an individual behaves, including their thoughts and attitudes. Klingspohn (2018) stated that culture is more about history and society, that it is dynamic and complex rather than a set of beliefs and practices; however, according to Mallory et al. (2016), culture is described as fundamental in shaping how a person views the world, themselves, and all social phenomena. Further, Peterka-Benton & Benton (2019) equated culture to the software of the mind; it is informing, framing, mitigating, and shaping the behaviors and thoughts of individuals.

According to Ben-Porat (2020), IPV is a phenomenon that goes beyond nationality, religion, and culture. Also, it has been argued that IPV does not discriminate when it comes to age, culture, country, social, racial, ethnic, economic, or religious background; researchers have discovered that minorities are at a greater risk of becoming victims of IPV due to some customs, values and beliefs (Alvarez et al., 2021; Gillum, 2019; Klingspohn, 2018; Lameiras-FerBen-Porat, 2020; Mallory et al., 2016). Researchers have discovered that several characteristics such as culture, ethnicity, economic, and religion play a pivotal role when it comes to women seeking assistance for IPV (Ben-Porat, 2020; Klingspohn, 2018; Mallory et al., 2016; Satyen et al., 2019; Young & Guo, 2020).

According to Ben-Porat (2020), African American and Latina women may have exacerbated feelings such as distrust, stigmatization, and racial concerns associated with IPV assistance that keep them from seeking assistance. However, according to Campbell

(2016), when it comes to African American and Latina women experiencing IPV, the following unique similarities seem to exist: (a.) a strong personal identification based on familial structure, cultural identity, and patriarchy (b.) religious beliefs that can enforce victimization and legitimize abusive behavior (c.) fear of isolation (d.) loyalty to immediate and extended family as well as loyalty to racial/ethnic communities (e.) guarded trust and reluctance to discuss “private matters” (f.) distrust of law enforcement (historically perceived as racially and culturally biased) (g.) distrust in shelter and interventions resources (not culturally competent). Researchers have discovered that cultural relevance is essential when it comes to intervention and reducing domestic violence among minority women (Bagwell-GrayJoe, et al., 2021; Hoshi et al., 2014; Norman et al., 2020; Solano-Flores, 2019; Ung, 2016).

The integration of cultural sensitivity within IPV support services not only acknowledges the diverse backgrounds of survivors but also enhances the effectiveness of the assistance provided (Ben-Porat, 2020; Klingspohn, 2018; Mallory et al., 2016; Satyen et al., 2019; Young & Guo, 2020). The literature suggests that when services are adapted to meet the cultural needs and expectations of women, they are more likely to engage with and benefit from these services (Ben-Porat, 2020; Hoshi et al., 2014; Klingspohn, 2018; Mallory et al., 2016; Satyen et al., 2019; Young & Guo, 2020). This adaptation involves understanding and actively incorporating cultural norms, languages, and practices into service delivery social problems (Ben-Porat, 2020; Klingspohn, 2018; Mallory et al., 2016; Satyen et al., 2019; Young & Guo, 2020).

## Summary and Conclusions

In summary, the review of literature highlights the profound impact of culture on our perceptions and experiences, shaping our views on people, places, and things (Klingspohn, 2018; Peterka-Benton & Benton, 2019; Satyen et al., 2019; Young & Guo, 2020). Culture is the foundation that we use to shape how we feel, think, justify, and solidify our behaviors and decisions, which makes it imperative that women seeking assistance for IPV believe that their beliefs, traditions, and values are being considered (Ben-Porat, 2020; Metz et al., 2019; Satyen et al., 2019). Furthermore, understanding the critical role a woman's cultural background plays can be a determining factor in her decision to leave an abusive relationship or, in dire circumstances, her survival, culturally appropriate assistance becomes not just important but vital in these situations (Gillum, 2019; Klingspohn, 2018; Petrosky, 2017; Stein et al., 2019). The significance of incorporating cultural considerations into support services for IPV survivors cannot be overstated, emphasizing the need for a culturally sensitive approach that recognizes and values the unique experiences and challenges faced by these women. In Chapter 3, I will detail the research method, encompassing the chosen research design, the researcher's role, the criteria for participant selection, and the methodologies for data collection.



## Chapter 3: Research Methods

### **Introduction**

In this study, I aimed to delve into women's experiences in seeking assistance for IPV from a cultural perspective, with the overarching goal of addressing culturally competent IPV assistance. Previous research highlighted the significance of cultural ideologies and beliefs in shaping women's help-seeking behaviors in IPV situations, underscoring the critical need for culturally appropriate assistance (Klingspohn, 2018; Stein et al., 2019). By addressing the human service issues, I sought to provide insights that could inform the development of more effective services, interventions, and resources.

In Chapter 3, I delve into the essential components of the research design and rationale, explaining the role of the researcher, the chosen methodology, instrumentation, recruitment strategies, data collection methods, and data analysis techniques. With this comprehensive research plan, I aimed to understand how the theoretical foundation grounded the study. Additionally, the chapter will address issues pertaining to the trustworthiness of the research findings, including credibility, transferability, dependability, and confirmability. By employing rigorous methods and adhering to the highest ethical standards, I aimed to enhance the reliability and validity of its findings, instilling confidence in the audience about the robustness of the research.

The chapter will conclude with a brief summary of the key ethical considerations identified throughout the research process. By systematically addressing these ethical concerns, I aimed to uphold the highest standards of ethical conduct and ensure the well-

being and rights of the participants. Through this thorough exploration of the research design and ethical procedures, I aim in Chapter 3 to lay a solid foundation for the subsequent phases of the study, contributing to the generation of valuable insights into the cultural dimensions of IPV assistance-seeking behaviors.

### **Research Design and Rationale**

The following research question was answered in this study: How do African American and Latina women feel their cultural beliefs were considered when seeking assistance for IPV?

In considering various qualitative research designs for this study, including ethnographic, grounded theory, phenomenological, and case studies, the chosen approach was a generic qualitative design using semistructured interviews. Generic qualitative design research offers a versatile and pragmatic approach that is often more suitable for studies conducted to explore broad issues or phenomena without the need for deep theoretical engagement or specific cultural immersion. Unlike ethnographic research, which requires extensive fieldwork and immersion in a particular cultural context, generic qualitative research allows for the exploration of a wide range of experiences and perceptions without the necessity of such deep engagement (Caelli et al., 2003; Hammersley & Atkinson, 2007; Merriam, 2002). This flexibility makes it easier to accommodate diverse participant perspectives and simplifies the research process, making it more accessible and less time-consuming for researchers (Caelli et al., 2003).

Grounded theory focuses on generating new theories from data; generic qualitative research is more concerned with describing and understanding phenomena as

they are experienced by participants, making it a more straightforward and practical choice for studies that do not aim to develop a new theoretical framework (Caelli et al., 2003). Generic qualitative design is advantageous over phenomenological and case study approaches because it offers broader applicability and fewer methodological constraints. Unlike phenomenological research, which often requires specialized methods, or case studies that demand in-depth analysis of specific cases, generic qualitative research provides a flexible and adaptable framework for exploring a wide range of topics without the need for detailed theoretical or methodological rigor (Caelli et al., 2003; Merriam, 2009; Yin, 2014).

The concept of generic qualitative design was notably advanced by Caelli et al. (2003) in their seminal paper. The work of these researchers critically examined the need for a distinct approach within qualitative research that is not confined by the traditional boundaries of established methodologies like phenomenology, ethnography, or grounded theory (Caelli et al., 2003). The authors argued for recognizing a "generic" category of qualitative research, emphasizing that this approach allows for a more flexible and pragmatic exploration of complex phenomena (Caelli et al., 2003). By not being tied to a specific theoretical or methodological framework, generic qualitative research offers a way to investigate issues in a more open-ended manner, which can be particularly useful in fields where the research questions do not neatly align with existing qualitative traditions (Caelli et al., 2003; Merriam, 2002).

Caelli et al.'s (2003) work has been widely cited and discussed in the literature, serving as a key reference for researchers seeking to employ a generic qualitative

approach. As advocated by Ellis and Hart (2023), the generic qualitative design offers a flexible framework for exploring phenomena through exploratory questions, facilitating the gathering of insights into individuals' experiences and perspectives. Caelli et al. not only provided clear guidelines for implementing this approach, including the importance of transparency in the research process, but also argued for the need for a well-articulated rationale for methodological choices (Caelli et al., 2003; Sandelowski, 2000). The researchers also highlighted the challenges and opportunities of using a generic qualitative design, such as the potential for increased flexibility and the risk of ambiguity (Caelli et al., 2003; Patton, 2002). The work of Caelli et al. has become a cornerstone in qualitative research, influencing subsequent studies that require a less rigid, more adaptable framework for understanding human experiences and social phenomena (Caelli et al., 2003; Denzin & Lincoln, 2005). This foundational work continues to be relevant, guiding researchers in fields as diverse as health sciences, education, and social sciences, where exploring complex, context-specific issues often demands a flexible methodological approach.

Using a generic qualitative methodology and design enables researchers to delve into various aspects of a phenomenon while encompassing attitudes, viewpoints, opinions, and factual details, thus promoting a comprehensive understanding of the subject matter (Ellis & Hart, 2023). Within the generic qualitative design, standardized semistructured interviews will be conducted, ensuring consistency in the data collection process. Participants were presented with identical questions, allowing them to provide detailed information according to their perspectives. This approach fosters participant

engagement by enabling researchers to ask probing questions as needed, thereby facilitating a deeper exploration of relevant themes and reducing potential biases (Ellis & Hart, 2023). Compared to structured interviews, which may limit the depth of responses due to their rigid format, semistructured interviews offer greater flexibility and adaptability, enabling researchers to explore unexpected topics that arise during the conversation (Patton, 2015).

By maintaining consistency in the interview process, researchers aim to enhance the reliability and validity of the data collected, particularly when multiple participants are involved. Overall, the chosen qualitative design and methodology aligned with the research objectives and provided a robust framework for exploring women's experiences in seeking assistance for IPV. By adopting a generic qualitative approach and employing semistructured interviews, I aimed to uncover rich insights into participants' perspectives while minimizing researcher biases, ultimately contributing to a nuanced understanding of the phenomenon under investigation.

### **Role of the Researcher**

For a researcher, it is crucial to acknowledge that personal perspectives, beliefs, and assumptions are not just incidental, but play a pivotal role in shaping the research process and its outcomes (Berger, 2015; Dodgson, 2019; Hayashi et al., 2019). The researcher's worldview, which is significantly influenced by their personal experiences, has a profound impact on how studies are conceptualized, executed, and interpreted (Berger, 2015; Dodgson, 2019; Hayashi et al., 2019). Researchers bring a multitude of factors to the research process, including their experiences, beliefs, prior knowledge,

assumptions, biases, and overall worldview. The absence of rigor in addressing these influences increases the likelihood of biases impacting the study's results (Berger, 2015; Dodgson, 2019; Hayashi et al., 2019; Mackieson et al., 2019).

In light of my personal experience of losing a sister to IPV, it was essential to establish safeguards against reporting biases. Reflective journaling is a valuable tool to enhance self-awareness and critical thinking (Oliver et al., 2020). By maintaining reflective journals, researchers can actively manage their judgments, preconceptions, and beliefs regarding IPV, mitigating the potential for biased reporting (Oliver et al., 2020). My role in this study encompassed participant recruitment, data collection through interviews, data analysis, and translating participants' lived experiences. Leveraging my background as a social worker and over 30 years of leadership experience aided in upholding ethical research standards throughout the study.

### **Methodology**

The recruitment approach for this study utilized convenience sampling to target English-speaking African American and Latina women who had previously been in abusive relationships 5–10 years ago and sought assistance. Social media platforms like Facebook, X, and Instagram were used to reach out to potential participants. Convenience sampling was chosen because it offers a practical means to gather data from a specific population subset swiftly (Andrade, 2021; Emerson, 2021; Jager et al., 2017). Researchers suggest that this method can expedite the research process, allowing for the timely completion of projects while providing valuable insights to advance knowledge in various fields (Andrade, 2021; Emerson, 2021; Jager et al., 2017). Additionally, the

straightforward nature of convenience sampling is believed to encourage high participation rates among potential respondents, thereby fostering a more inclusive and diverse sample population (Andrade, 2021; Emerson, 2021; Jager et al., 2017).

The recruitment process for this study began by utilizing social media platforms to reach out to potential participants. This approach allowed for a broad reach and helped in targeting individuals who might fit the study's criteria. Once individuals expressed interest in participating, they were asked to contact me directly. Upon receiving their inquiry, I sent them an informed consent form via email. This form outlined the purpose of the study, what participation entailed, and the inclusion criteria that needed to be met.

Participants were asked to review the consent form and verify that they met the inclusion criteria. They confirmed their consent to participate by replying to the email with the statement "I consent." This electronic consent process streamlined the recruitment phase, ensuring that only those who were fully informed and met the necessary qualifications proceeded to the next steps. After receiving consent, I reached out to participants to schedule the interview. The scheduling was flexible and based on the participant's availability. I also accommodated their preferred method of communication, offering options such as Facetime audio, Teams audio, Zoom, or phone-only conversations. This flexibility was intended to make the process as convenient as possible for participants, thereby enhancing their engagement and the quality of the data collected.

The chosen data collection method through interviews enabled me to delve deeply into participants' experiences and perceptions. By engaging in dialogue with participants,

I explored nuanced aspects of their experiences, gaining a holistic understanding of their journey seeking assistance for abusive relationships (Creswell & Poth, 2018). Through this approach, I aimed to uncover valuable insights that contribute to a comprehensive understanding of the phenomenon being researched, ultimately informing the development of effective interventions and support services for survivors of IPV.

### **Participant Selection**

Participants for this study were recruited electronically through invitations posted on social media platforms such as Facebook, X, and Instagram, which are relevant to providing support for survivors of IPV. Electronic recruitment through social media platforms offered a convenient and accessible means of reaching potential participants with a direct interest or connection to IPV support networks. The specific demographic focus informed the recruitment strategy for participants in this study and was aimed to ensure a diverse and representative sample. By specifically targeting English-speaking African American and Latina women aged between 23 and 60, I sought to capture perspectives from populations disproportionately affected by IPV. This demographic was selected due to the notably higher prevalence of IPV among women of reproductive age, as highlighted by Mogos et al. (2016).

The sample size was 10–20 participants. In qualitative research, the number of participants is a critical consideration for ensuring the depth and richness of the data collected (Creswell & Poth, 2018; Guest et al., 2006; Mason, 2010; Patton, 2015). Ten to 20 participants is often considered adequate for many qualitative research studies because it allows researchers to gather detailed and in-depth data from each participant (Creswell



& Poth, 2018; Guest et al., 2006; Mason, 2010; Patton, 2015). The participant number balances depth, manageability, and diversity, ensuring that the data collected are rich and comprehensive without being overwhelming (Creswell & Poth, 2018; Guest et al., 2006; Mason, 2010; Patton, 2015). According to Guest et al. (2006), saturation often occurs within the first 12 interviews, suggesting that a range of 10 to 20 participants is typically sufficient.

Before initiating any contact with potential participants, the necessary approval was obtained from the Walden IRB. Throughout the research process, I utilized the Walden IRB forms and templates to ensure compliance with all ethical guidelines. A detailed informed consent document, following the IRB template, was distributed to all participants, clearly outlining the objectives of the study, the interview process both during and after the interview, and how the collected information would be used.

Ethical considerations were paramount throughout the recruitment and selection process. Obtaining IRB approval before conducting interviews underscored the commitment to upholding ethical standards and safeguarding participants' rights and welfare. By adhering to established ethical protocols and ensuring informed consent, I sought to uphold the principles of autonomy, beneficence, and justice. This rigorous approach to recruitment and ethical oversight laid a foundation for conducting methodologically sound and ethically responsible research.

### **Instrumentation**

I developed an interview guide as the primary data collection instrument for this study. Using a semistructured guide ensured consistency across interviews and allowed

for targeted exploration of key research areas. To capture participants' perspectives accurately and minimize researcher bias, interviews were recorded using a digital audio recorder. This approach facilitated a comprehensive understanding of participants' narratives while mitigating the influence of assumptions or interpretations by me. The audio recordings served multiple purposes, including data accuracy, clarification, transcription, and subsequent analysis (Bailey, 2018; Halcomb & Davidson, 2006; Poland, 1995; Vaivio, 2012). Additionally, the audio recordings were referenced during the coding process to validate interpretations and ensure fidelity to participants' responses.

In conjunction with audio recording, notetaking was employed to supplement the data collection process. These notes facilitated the organization and future uploading of data for analysis. Moreover, they served as a reference point during coding and analysis, aiding in identifying key themes and patterns within the data. Following each interview, I implemented a member-checking process to ensure the authenticity and accuracy of the collected data. This approach involved sharing my interpretations and summaries of the participants' contributions with them, allowing them to review and confirm that their perspectives had been accurately understood and recorded. By involving participants in this way, the credibility and depth of the research findings were enhanced, as it provided an opportunity to address any misunderstandings or misinterpretations (Birt et al., 2016; Creswell & Poth, 2018).

As data collection progressed, I closely monitored for data saturation, which occurs when no new information or themes emerge and participants start to echo insights

shared by previous interviewees (Fusch & Ness, 2015). Reaching this point signals that a comprehensive understanding of the research topic has been achieved (Fusch & Ness, 2015). By actively pursuing data saturation, I ensured the thoroughness and completeness of the data collection process, thereby enhancing the richness, validity, and depth of the study's findings (Saunders et al., 2018). This approach not only strengthens the overall credibility of the research, but also ensures that all relevant perspectives have been explored.

### **Data Analysis**

A reflexive thematic analysis (RTA) was used to analyze the data in this study. RTA was selected for this study because it is often used in qualitative research to help identify patterns and themes from data collected through interviews (Bouchard & Wong, 2021; Lainson et al., 2019; Simmonds-Moore et al., 2019). Braun and Clarke's (2006) six phases of RTA, which include researchers familiarizing themselves with collected data, generating initial codes, identifying potential themes, reviewing and refining those themes, defining the final themes, and completing the write-up stands as a methodological approach deeply rooted in the concept of intersectionality, urging researchers to delve beyond the superficial layers of data to extract deeper insights (Braun & Clarke, 2006). RTA prompts researchers to discern connections between the data and existing research, theoretical frameworks, and the broader contextual landscape (Braun & Clarke, 2006). This emphasis on interconnectedness promotes a deeper understanding of the phenomena being researched, enabling researchers to reveal

subtleties and complexities that may have otherwise gone unnoticed (Braun & Clarke, 2006).

Braun and Clarke's RTA has increasingly been utilized to explore complex qualitative data across various fields, highlighting its versatility and depth. Aloairdhi and Alhojailan (2024) applied RTA in a study on cultural identity, demonstrating how the method allows researchers to move beyond surface-level themes to uncover deeper, more nuanced understandings of participant experiences. Similarly, Byrne (2022) employed RTA in mental health research, emphasizing the approach's capacity to accommodate the fluid and often contradictory nature of human experiences, which other more rigid methodologies might overlook. The researchers found that RTA enabled them to capture the complex interplay between personal and professional identities in a high-stress environment. These examples underscore how Braun and Clarke's RTA has been adopted by researchers to address intricate and multifaceted research questions, offering a methodological tool that supports a reflexive and contextually grounded analysis.

Central to RTA is the practice of critical reflection, which encourages researchers to continuously evaluate their roles, methodologies, and procedural steps throughout the research process. Within the structured framework of RTA, consisting of six distinct phases, researchers are guided through a systematic data analysis journey (Braun & Clarke, 2006). This journey begins with immersion in the dataset, generating initial codes, identifying themes, and subsequent review, labeling, and reporting (Braun & Clarke, 2006). RTA serves as a comprehensive roadmap for researchers, enabling them to navigate the complexities of qualitative analysis. This framework also emphasizes

reflexivity, prompting researchers to constantly interrogate their perspectives and biases in shaping the analytical process (Braun & Clarke, 2006).

Data familiarization is the first phase of RTA. It involves immersing oneself in the dataset by thoroughly reading and re-reading the data to gain a deep understanding of its content (Braun & Clarke, 2006). This process helps researchers to become intimately familiar with the data, allowing them to identify initial patterns and nuances. According to Nowell et al. (2017), this immersion is crucial for building a strong foundation for subsequent analysis, as it sets the stage for a comprehensive data exploration.

Generating initial codes is the second phase, where researchers systematically identify and code significant features across the dataset (Braun & Clarke, 2006). The process involves breaking down the data into manageable segments and assigning concise labels or codes that capture the essence of these segments. King and Brooks (2017) emphasized that this coding process is essential for organizing the data, as it allows researchers to categorize information meaningfully, facilitating the identification of patterns and themes.

Searching for themes is the third phase, which focuses on examining the codes to identify potential themes (Braun & Clarke, 2006). Researchers sort the various codes into broader themes, looking for patterns and relationships among them. Vaismoradi et al. (2013) highlighted that this step is critical for synthesizing the data, as it involves grouping similar codes and refining the emerging themes. This thematic organization helps researchers to develop a clearer understanding of the data's overall structure and meaning.

Reviewing themes is the fourth phase; this involves a detailed review and refinement of the identified themes to ensure they accurately represent the data (Braun & Clarke, 2006). Researchers critically evaluate the coherence and consistency of the themes in relation to the coded data extracts and the entire dataset. Nowell et al. (2017) note that this phase may involve modifying, merging, or discarding themes, ensuring that the final thematic structure is robust and comprehensive.

Defining and naming themes is the fifth phase; researchers define and name each theme, articulating its essence and narrative (Braun & Clarke, 2006). This involves refining the specifics of each theme and providing detailed descriptions that accurately convey their meaning. According to King and Brooks (2017), clear and precise theme definitions are crucial for ensuring that the analysis is coherent and that the themes are distinct and well-structured.

Producing the report is the final phase; this involves making a detailed report that presents the research findings and analysis (Braun & Clarke, 2006). Researchers weave together the themes to construct a compelling narrative supported by vivid examples from the data. Vaismoradi et al. (2013) emphasized the importance of this phase in communicating the study's results effectively, ensuring that the report not only conveys the key themes and patterns but also reflects the researchers' critical reflections and reflexive engagement with the data.

Reflexive thematic analysis insists on integrating subjectivity into the research journey and moves from a more traditional, seemingly objective approaches to data analysis. Instead, it encourages researchers to embrace their own subjective viewpoints

and experiences as valuable assets in the analytical process (Braun & Clarke, 2006). From team discussions to coding, analysis, and theme development, RTA underscores the importance of acknowledging and incorporating the diverse perspectives that researchers bring to the table (Braun & Clarke, 2006). By recognizing the inherent subjectivity in research, RTA empowers researchers to engage with data more holistically and authentically, ultimately enriching the depth and breadth of research findings (Braun & Clarke, 2006).

In essence, Braun and Clarke's RTA facilitates rigorous data analysis and fosters a deeper level of engagement and reflexivity among researchers. By encouraging researchers to reflect critically on their roles, practices, and processes, RTA phases promote a more nuanced understanding of complex phenomena. Through its systematic approach and emphasis on subjectivity, RTA is a valuable tool for researchers seeking to uncover meaningful insights and contribute to advancing knowledge in their respective fields.

### **Issue of Trustworthiness**

To enhance the credibility, transferability, dependability, and confirmability of the research—elements that collectively contribute to its overall trustworthiness—both triangulation and reflexivity was employed. Reflexivity is essential as it involves continuously self-examining of the researcher's beliefs, attitudes, and values, assessing how these factors might influence data collection and analysis (Dodgson, 2019). This ongoing reflective practice allowed researchers to critically evaluate their own biases and assumptions, thereby enhancing the integrity and reliability of the study (Hayashi et al.,

2019). Triangulation, as described by Noble and Heale (2019), involves using multiple data sources to develop a more comprehensive understanding of the phenomena under investigation. By cross-referencing these diverse sources, researchers can mitigate the risk of bias and gain deeper insights into the research subject (Flick, 2022). Integrating these methodologies ensures a more rigorous and trustworthy research process, leading to robust and well-grounded findings.

Researchers acknowledged the potential impact of their biases on the research design and analysis process. Personal views about the topic, participants, or theories of change can subtly shape the trajectory of the study. Therefore, adopting a relational research approach, as Ravitch and Carl (2016) advocate is crucial. This approach emphasizes discovery and self-reflection, allowing researchers to navigate their biases more effectively. By fostering a dynamic relationship between the researcher and the research context, the relational approach encourages reflexivity and enables researchers to engage with their biases constructively.

In summary, integrating triangulation and reflexivity into the research methodology enhances the rigor and trustworthiness of the study. Reflexivity facilitates critical self-analysis, allowing researchers to identify and address their biases, while triangulation ensures a multifaceted examination of the research subject. Embracing a relational approach further enriches the research process by promoting discovery and self-reflection. By actively engaging, research findings that are credible, transferable, dependable, and confirmable are being studied, allowing researchers to unveil nuances and intricacies that might otherwise remain overlooked.



## **Credibility**

Credibility is a fundamental aspect of research, playing a vital role in ensuring the reliability and trustworthiness of study findings. Achieving credibility involves several essential practices. First, researchers must reach data saturation, a point at which additional data collection no longer provides new insights, indicating that the research question has been thoroughly explored (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018). Second, fostering honesty among participants is crucial throughout the research process. This requires creating an environment characterized by openness and trust, which encourages participants to provide genuine and candid responses, thereby enhancing the authenticity of the data (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018). Additionally, meticulous record-keeping is critical for maintaining the integrity of the research process. Detailed documentation supports transparency and allows for the reproducibility of the study, which are key components of credible research (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018). Finally, grounding research findings in participants' lived experiences and perspectives ensures that the results accurately reflect their viewpoints, which is essential for maintaining the internal validity of the research (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018). By adhering to these principles, researchers can significantly bolster the credibility of their studies, thereby reinforcing the internal validity and reliability of their findings (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018).

## **Transferability**

The transferability of research findings relies heavily on the thorough documentation of the research process, encompassing participants' lived experiences and forging connections with existing literature (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). This documentation guides for others aiming to comprehend and implement the research findings within their own contexts. By transparently detailing participants' shared experiences and demonstrating their alignment with the reviewed literature, researchers enrich the transferability of their findings (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). This comprehensive documentation equips others with the tools to evaluate the relevance and suitability of the research findings to their particular settings, thereby fostering the dissemination of knowledge and insights across diverse contexts (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017).

The essence of transferability lies in the accessibility and clarity of the documented research process (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). By meticulously recording participants' lived experiences and elucidating their correlation with established literature, researchers enhance the usability of their findings beyond the immediate study context (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). This transparent documentation enabled others to navigate the complexities of the research and adapt its insights to suit their unique circumstances. Moreover, by

emphasizing the connections between participants' experiences and existing knowledge, researchers facilitate the integration of their findings into broader scholarly discourse, thus promoting cross-disciplinary exchange and collaboration (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017).

In essence, transferability depends on how researchers articulate and contextualize their findings within a broader framework. Through detailed documentation that captures participants' lived experiences and their alignment with existing literature, researchers facilitate the dissemination and application of their findings across diverse contexts (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). By providing a roadmap for others to navigate and adapt the research to their specific settings, researchers contribute to the broader exchange of knowledge and the advancement of scholarly inquiry (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017).

### **Dependability**

Dependability in research is established through meticulous documentation of the research process. This involved the researcher engaging in reflexivity and maintaining detailed journals to track the evolution of the study. By continuously reflecting on their assumptions, biases, and decisions, researchers enhance the dependability of their findings (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). Additionally, creating an audit trail further assures the research's dependability. An audit trail provides a transparent record of the steps taken throughout the research journey, allowing for scrutiny and verification by others

(Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). This ensures that the research process is traceable and reproducible, bolstering confidence in the reliability of the study outcomes (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017).

To achieve dependability, researchers must thoroughly document every aspect of the research process (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). Reflexivity, or the ongoing critical examination of the researcher's role and influence on the study, is integral to this process. By maintaining reflexive journals, researchers can track their thoughts, reflections, and decision-making processes, offering insight into the evolution of the study (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). Furthermore, establishing an audit trail, which encompasses detailed data collection, analysis, and interpretation records, provides transparency and accountability (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). This enables others to scrutinize the research process and verify the dependability of the findings. Ultimately, the ability to examine and trace the research process fosters confidence in the reliability and validity of the study outcomes (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017).

In summary, ensuring the dependability of research findings requires rigorous documentation and transparency throughout the research process (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). By

engaging in reflexivity, maintaining detailed journals, and establishing an audit trail, researchers can enhance the trustworthiness and credibility of their study outcomes (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 2018; Moon et al., 2019; Nowell et al., 2017). This comprehensive documentation enables others to assess the reliability of the research and verify its findings, ultimately contributing to the advancement of knowledge within the field.

### **Confirmability**

Confirmability of research findings is attained when the data and study results can be independently verified and are not solely reliant on the researcher's interpretation. To ensure confirmability, meticulous attention was paid to various aspects of the research process. This includes thorough note-taking during data collection, systematic coding of data, utilizing audio recordings where applicable, and conducting rigorous data analysis techniques (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017). These practices minimize the influence of the researcher's biases and subjectivity on the interpretation of results, thus bolstering the confirmability of the study (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017).

Central to achieving confirmability is documenting every step of the research journey (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017). Detailed records of data collection, coding processes, and analytical decisions provide transparency and accountability (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017). By maintaining comprehensive documentation, researchers create a clear trail that enables others to verify the accuracy and integrity of the study findings (Forero et al., 2018;

Moon et al., 2019; Nowell et al., 2017). Additionally, utilizing multiple data collection and analysis methods, such as audio recordings alongside note-taking, further enhances confirmability by offering diverse perspectives and sources of evidence (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017). Ultimately, robust documentation practices play a crucial role in establishing the confirmability of research findings, ensuring that they are grounded in the data rather than the researcher's subjective interpretation.

In summary, confirmability in research is contingent upon the ability to verify the data and study results independently (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017). This is facilitated through meticulous documentation of the research process and the utilization of multiple methods for data collection and analysis. By adhering to transparent and systematic documentation practices, researchers enhance the credibility and trustworthiness of their findings, ultimately contributing to the advancement of knowledge within their respective fields (Forero et al., 2018; Moon et al., 2019; Nowell et al., 2017).

### **Ethical Procedures**

The ethical dimensions of this study encompass confidentiality, data storage, and debriefing procedures. Given the vulnerable nature of the study population, obtaining approval from the Institutional Review Board (IRB) was paramount before initiating any contact with participants. To further protect participants, measures were implemented to ensure the confidentiality of their information throughout the research process. These measures included advanced secure storage protocols to safeguard sensitive data and

prevent unauthorized access. Access to these servers will be restricted to authorized personnel only.

Additionally, the research prioritized transparency and informed consent, ensuring that all participants have a comprehensive understanding of the study and the purpose behind the data collection. Before their involvement, participants were provided clear and detailed explanations regarding the study objectives, procedures, and potential risks involved. This enabled individuals to make informed decisions about their participation, empowering them to provide consent voluntarily. These ethical considerations underscore the commitment to upholding the rights and well-being of all individuals involved in the research.

### **Summary**

Chapter 3 delves into the research design and rationale underpinning this study, elucidating the role of the researcher and the methodology employed. It encompasses a detailed explanation of participant selection procedures, instrumentation, and the planned data analysis approach. Moreover, this chapter struggled with issues pertaining to trustworthiness and ethical considerations, acknowledging their significance in ensuring the integrity of the research process. Central to the chapter is recognizing that understanding participants' lived experiences is pivotal in Informing effective interventions. Thus, it emphasizes the importance of meticulous documentation and analysis to elucidate the pathways leading to such understanding.

Furthermore, in Chapter 3, I discussed the plan to deconstruct the capturing and documenting of participants' experiences, and shed light on the methodologies employed

to achieve this objective. The plan underscored the significance of transparency and rigor in research endeavors, particularly in elucidating complex human experiences. By providing a comprehensive overview of the research methodology and ethical considerations, this chapter sets the stage for the subsequent analysis and interpretation of the gathered data.

Moving forward, Chapter 4 served as a platform for unveiling the outcomes derived from participant interviews. I thoroughly explored the phenomenon and reported the results of the semistructured interviews and gathered data, which may present valuable insights into the research questions. I also delved into the nuances of participants' perspectives and experiences. In Chapter 4, I aimed to contribute to a deeper understanding of the phenomena under investigation, thus enriching the scholarly discourse and informing potential interventions or solutions.



## Chapter 4: Results

### **Introduction**

The purpose of this study was to explore the experiences of African American and Latina women who sought culturally competent assistance for IPV. The research question guiding the study was the following: How do African American and Latina women feel their cultural beliefs were considered when seeking assistance for IPV? This chapter presents findings derived from participants' responses, highlighting key themes that emerged during the data analysis process. Data were collected using a semistructured interview with 10 questions, which allowed participants to share insights on how their cultural beliefs were considered when seeking IPV assistance services.

Chapter 4 is organized into seven sections: First, I address the research setting, describing the context in which the study took place, including the specific cultural and geographical environment where participants were identified or recruited. Second is the participant demographics, which includes detailed demographic information such as ethnicity (African American or Latina) and other variables relevant to the study. Third is the data collection methods, outlining the procedures and tools used to gather information from participants. The design and rationale behind the 10-question survey are explained, with emphasis on ensuring cultural sensitivity in question development. This section also describes the recruitment strategies, consent procedures, and steps taken to maintain participants' confidentiality throughout the process. Details regarding how interviews were conducted, recorded, and stored securely are included.

The fourth section is data analysis procedures, which describe the systematic process used to analyze participant responses. It includes an explanation of the coding process, from initial code generation to the identification of themes and patterns. The fifth section is evidence of trustworthiness, which addresses strategies employed to establish trustworthiness. Credibility was achieved through prolonged engagement, member checking, and triangulation of findings. Transferability was ensured using rich, thick descriptions of participants' lived experiences. Dependability and confirmability were maintained through audit trails, reflexivity, and consistent documentation of the data analysis process.

The results with thematic insights section presents the key themes that emerged from the data, supported by participants' quotes to highlight their experiences and perspectives. Themes include the recognition of cultural insensitivity, reliance on culturally affirming support systems, the importance of language and culturally competent staff, and perceptions of bias or judgment. Each theme is connected back to the central research question, demonstrating how cultural beliefs were or were not addressed by IPV assistance services.

A summary of findings is the final section, synthesizing the key findings presented in the chapter. It provides a concise overview of the major themes and their relevance to the research question. This section also serves as a transition to the subsequent chapter, where findings are interpreted in relation to the literature, theoretical framework, and implications for culturally competent IPV services.

### **Research Setting**

The participants for this study included a specific population of English-speaking African American and Latina women aged 23 to 60 who had taken active steps to address their experiences with IPV). These participants represent a group of survivors who faced abusive relationships 5 to 10 years ago and had fully left their abusers with no ongoing contact. Their journeys of recovery have included engaging in discussions with qualified professionals, such as counselors, licensed therapists, religious leaders, and professionals associated with domestic violence shelters, survivor advocacy groups, legal aid organizations, and community-based programs. These professionals provided support in addressing the trauma associated with IPV, and the participants' diverse backgrounds offered valuable insights into the challenges and barriers they faced.

Potential participants were recruited through Facebook, utilizing purposeful and snowball sampling methodologies. Facebook served as an effective platform to reach the target population, allowing survivors from various regions to express their interest in the study. Once participants were identified, I sent them an informed consent form via email. This form outlined the purpose of the study, what participation entailed, and the inclusion criteria that needed to be met. Participants were asked to review the consent form and verify that they meet the inclusion criteria. They confirmed their consent to participate by replying to the email with the statement "I consent." The informed consent process was initiated to ensure their understanding of the study's purpose, confidentiality measures, and voluntary nature. Participants were provided a copy of the interview questions as part of the consent process to help them prepare for the interview. This transparent approach

facilitated trust and ensured that participants felt comfortable and empowered during the study.

Interviews were conducted via Zoom to accommodate participants while prioritizing confidentiality and accessibility. This virtual format allowed for greater flexibility in scheduling and ensured a secure environment for open and honest discussions. Participants were reminded to select a private location for the interview, and I conducted all interviews from my private office to ensure the same privacy standard. Before beginning the interview, participants were reminded that the discussion would be audio-recorded and that they could withdraw at any time. Recording commenced only after addressing all participant questions and obtaining explicit verbal consent. This approach ensured that participants were fully informed and in control of their engagement in the study.

As the sole data collector, I conducted all interviews, ensuring consistency and sensitivity throughout the data collection process. The interviews explored participants' IPV-related experiences, focusing on how cultural beliefs, relationships, and gender roles were (or were not) considered by service providers during their recovery journey. Participants also reflected on specific instances of cultural sensitivity or insensitivity and shared recommendations for improving IPV support services for African American and Latina women. This structured yet participant-centered interview approach allowed survivors to share their narratives authentically, providing rich data for the study.

The contextual considerations of using a participant-centered approach provided a comprehensive framework for understanding the experiences of IPV survivors,

emphasizing the importance of cultural competence and trauma-informed care in recovery services. By addressing participants' unique needs and backgrounds, the study highlights the resilience of IPV survivors and offers critical insights into how support systems can better serve this population. These methodological and contextual factors enhanced the study's validity and ensured that its findings were applicable to the broader discourse on IPV recovery and support.

### **Demographics**

The study included 10 participants, seven of whom identified as African American, two of whom identified as Latino, and one of whom identified as both Latino and African American, being raised as African American. The participant reported meeting the inclusion criteria and sought assistance from various service providers. These service providers included domestic violence shelters, counseling services, and community-based organizations, highlighting the broad range of support systems engaged in their recovery journeys. Despite these shared experiences, participants' backgrounds varied significantly, offering unique perspectives on the challenges and barriers they faced during their IPV experiences.

All of the participants self-reported that they were an African American, Latino, or biracial woman between the ages of 23 through 60; that they had taken steps toward addressing their experiences with IPV; and that they had left the abuse relationship at least 5–10 years ago. The participants had also engaged in discussions with a licensed therapist, counselor, community center, survivor advocacy group, or staff at a domestic violence shelter who provided support to IPV survivors. The group demonstrated a

diverse range of educational attainment, including college degrees, high school diplomas, GEDs, and instances of incomplete high school education. The diversity in backgrounds added depth to the study, illustrating how socioeconomic factors influenced participants' experiences with IPV and the support systems they accessed. These varied perspectives provide valuable insights into the complexities of IPV recovery and the importance of tailored support services.

Some participants engaged in discussions with licensed therapists or counselors specializing in IPV survivor support, while others had turned to staff at domestic violence shelters or community organizations. These professionals had provided them with guidance, validation, and coping strategies to navigate the aftermath of abuse. The diversity in the types of support utilized reflects the individualized paths survivors take in their healing process. Several participants also found strength through survivor advocacy groups, religious leaders, and community-based organizations. These resources offered emotional support, empowerment, and a sense of community, helping survivors rebuild their confidence and establish new, healthy relationships. The involvement in such groups suggests that healing extends beyond professional counseling and can be reinforced through peer support and faith-based guidance.

Despite their different backgrounds and the various support systems they had accessed, all participants shared a commitment to healing and personal growth. Their willingness to engage in discussions about their experiences underscored the importance of accessible, trauma-informed resources for IPV survivors. By sharing their journeys,

they contributed to a broader understanding of the long-term impact of IPV and the necessity of continued support systems for individuals seeking to rebuild their lives.

### **Data Collection**

The study included 10 participants, each contributing data through individual interviews. These participants were selected based on the inclusion criteria, which required them to be English-speaking African American or Latina women aged 23 to 60 who had fully exited abusive relationships 5 to 10 years prior and had taken active steps toward addressing their experiences with IPV by processing with a qualified professional. This includes individuals who have engaged in discussions with religious leaders, counselors, licensed therapists, or other certified professionals. All participants engaged in one-on-one semistructured interviews, which served as the sole method of data collection for this study. No additional data collection methods, such as focus groups or surveys, were utilized, ensuring a consistent and in-depth exploration of each participant's experiences.

The data collection process was conducted virtually via Zoom audio, a conferencing platform that accommodated the participants' geographical diversity. Interviews were scheduled based on participants' availability, with most lasting 30 to 60 minutes. Each session took place in the participants' private, self-chosen locations to maintain confidentiality, while I conducted interviews from a secure private office. The flexible scheduling and online platform ensured accessibility and convenience for all participants, regardless of their physical location.

All interviews were audio-recorded with the participants' prior verbal consent. Before recording commenced, participants were informed about the purpose of the recording and assured of its confidentiality. Participants were assigned a unique identifier (e.g., P1, P2, P3, etc.) to anonymize their data and maintain confidentiality. In addition to audio recordings, I took detailed field notes during each interview. These field notes supplemented the audio data, adding depth and context to the transcriptions during the analysis.

The data collection process adhered strictly to the plan outlined in Chapter 3. The study followed the original protocol, which included scheduling interviews in advance, using audio recording as the method for documenting interviews, and conducting all sessions virtually to accommodate participants' locations. I adhered strictly to the ethical guidelines that the IRB set forth, ensuring consistency and reliability in the data collection process.

Minimal technical issues arose during data collection. One occasion, an interview was briefly interrupted due to internet connectivity problems. The session resumed smoothly once the connection was restored. To maintain accuracy, I reviewed the completed portion of the interview with the participant before continuing. All participants were provided with a copy of the interview questions as part of the consent process to allow for preparation. The collected data, including audio recordings, field notes, and transcriptions, were securely stored in password-protected files. Participants' unique identifiers (P1, P2, P3, etc.) were used in all documentation to maintain their confidentiality and ensure that their identities were not disclosed at any stage of the



research. Overall, the data collection process was conducted with care and professionalism, ensuring that all participants felt supported and valued throughout their engagement. This approach not only maintained the integrity of the research, but also fostered an environment where participants could share their experiences openly and authentically.

### **Data Analysis**

The analysis of participants' responses utilized thematic analysis, following Braun and Clarke's (2006) six-step process: data familiarization, coding, theme identification, theme review, theme definition, and reporting. This systematic approach ensured a thorough and reliable examination of the data to identify key themes related to the participants' experiences. The process began with data familiarization, during which the audio recordings, field notes, and transcripts were reviewed multiple times. This step allowed me to immerse myself in the data, noting initial ideas and patterns that reflected the participants' narratives. Preliminary observations included recurring references to cultural insensitivity, personal resilience, and barriers to accessing IPV services.

The next step, coding, involved systematically generating labels for meaningful data segments. Codes were created to represent specific aspects of the participants' responses, such as "cultural insensitivity," "family pressure," "barriers to resources," "lack of provider awareness," and "communication barriers." These codes were carefully applied to the transcripts, highlighting key statements that reflected participants' experiences. For example, one participant's statement, "One time, I shared that my family would expect me to stay silent, but they didn't acknowledge it," was coded under "family

pressure” and “cultural insensitivity.” These codes were applied across all responses to ensure consistency and inclusivity in capturing the range of participant experiences.

During the theme identification phase, related codes were grouped into broader categories to reflect the underlying patterns in the data. Key categories included "cultural barriers to IPV services," "gaps in cultural awareness," and "the role of personal resilience and support systems." From these categories, four central themes emerged: (a) lack of culturally competent services, (b) barriers to accessing support, (c) resilience and recovery, and (d) pathways to improving IPV services for African American and Latina women. For example, the theme of cultural incompetence was supported by quotes such as “I didn’t get a chance to express how my culture influenced my experiences” and “The providers didn’t show much sensitivity to my background.”

In the theme review phase, themes were refined to ensure that they accurately captured the data and aligned with the research objectives. Each theme was reviewed for coherence and relevance by revisiting the raw data and ensuring that all participant experiences were represented. For instance, the theme "barriers to accessing support" was expanded to include the systemic challenges participants faced, such as geographic limitations and stigma, supported by quotes like “The biggest barrier was trying to explain my perspective without feeling judged.” One participant’s positive experience with a culturally sensitive counselor provided a contrast to the more common challenges, adding nuance to the theme of "culturally competent services."

Theme definition involved clearly articulating the essence of each theme. For example, the theme “lack of culturally competent services” was defined as how IPV

support systems failed to incorporate or address the cultural beliefs, practices, and identities of African American and Latina women. Quotations like “The services didn’t feel culturally appropriate” and “I would have liked her to address the fact that my culture affects how I respond to abuse” were used to exemplify this theme. Another significant theme, "barriers to accessing support," addressed how systemic factors such as provider biases, stigma, and cultural miscommunication hindered participants’ ability to seek help effectively. The theme “pathways to improving IPV services” emphasized participants’ recommendations, such as “understand our history and background” and “not normalize ipv within our culture,” as essential strategies for enhancing service delivery. The theme "resilience and recovery" was defined as how participants overcame challenges and rebuilt their lives after IPV. One participant’s statement, "I found strength I didn’t know I had when I left and started over," exemplified this theme. Each theme was given a concise name to ensure clarity and precision for the final report.

The final step, reporting, involved synthesizing the themes into a coherent narrative that addressed the research question. The key themes identified included "lack of culturally competent services," “barriers to accessing support,” “resilience and recovery” and “pathways to improving IPV services for African American and Latina Women." Each theme was supported with direct quotations from participants to ground the analysis in their lived experiences. For example, the theme "lack of culturally competent services" highlighted how participants’ recovery was impacted by the level of cultural awareness demonstrated by service providers, with one participant noting, "When they acknowledged my cultural background, I felt truly seen for the first time."

The report emphasized the importance of cultural competence in IPV support services, and the systemic barriers that hinder access to resources.

Conflicting cases, where participants shared experiences that deviated from the majority, were integrated into the analysis to provide a balanced perspective. For instance, while most participants reported negative experiences, one participant shared, “After a few meetings, I think the sensitivity improved.” Such cases were incorporated into the theme "Pathways to Improving IPV Services" to underscore the potential for improvement when providers are willing to adapt and learn.

Braun and Clarke’s (2006) six-step process provided a structured and rigorous framework for analyzing the data, ensuring the findings were credible and meaningful. Through careful coding, categorization, and theme development, the study illuminated the challenges and strengths experienced by African American and Latina women recovering from IPV. The themes of "Lack of Culturally Competent Services," "Barriers to Accessing Support," “Resilience and Recovery,” and "Pathways to Improving IPV Services" provide valuable insights into the lived experiences of African American and Latina women seeking IPV support. These findings emphasize the critical need for culturally sensitive approaches in IPV assistance to serve diverse communities better.

### **Evidence of Trustworthiness**

Evidence of trustworthiness in this study was established through the implementation of credibility, transferability, dependability, and confirmability strategies. Credibility was achieved by employing prolonged engagement with the data, member checking to validate participants’ contributions, and triangulation to cross-verify findings

using multiple data sources. Transferability was ensured through thick descriptions that provided rich, detailed accounts of participants' experiences and purposeful sampling to capture a diverse range of perspectives. Dependability was maintained by documenting an audit trail that recorded every step of the research process and using a consistent thematic analysis framework to ensure reliability in data analysis. Lastly, confirmability was reinforced through researcher reflexivity, which involved maintaining a journal to identify and address potential biases, triangulating data to validate findings, and grounding themes in direct participant quotes to ensure that the results reflected the participants' voices rather than researcher assumptions. Together, these strategies ensured that the study findings were rigorous, reliable, and authentically represented participants' lived experiences.

### **Credibility**

Credibility was achieved by implementing several key strategies outlined in Chapter 3, including prolonged engagement, member checking, and triangulation (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018). Prolonged engagement involved spending ample time reviewing participant responses, identifying patterns, and ensuring the depth of understanding necessary to authentically represent their experiences. This approach helped to build a rich and accurate representation of participants' narratives. Member checking was employed by sharing transcriptions and preliminary findings with participants, allowing them to validate the accuracy of their contributions. For example, participants had the opportunity to review

their transcriptions and provide clarifications or corrections if necessary, ensuring that their voices were authentically reflected.

Triangulation further enhanced credibility by incorporating multiple data sources, such as participant quotes, researcher field notes, and insights from the literature. This multifaceted approach allowed for cross-validation of findings and minimized the risk of researcher bias (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018). For instance, themes such as “culturally competent services” were supported by direct participant quotes and contextualized with existing literature on IPV and cultural barriers. Additionally, consistent re-analysis of the data ensured that themes and patterns were not based on isolated responses but were representative of the dataset as a whole (Korstjens & Moser, 2018; Morse, 2019; Nowell et al., 2017; Saunders et al., 2018).

Adjustments to credibility strategies included adapting communication methods to ensure participant understanding during the member-checking process (Birt et al., 2016; Creswell & Poth, 2018). For example, additional explanations were provided to participants unfamiliar with research terms or processes. These adjustments ensured that participants felt empowered to contribute to the validation process. Overall, the credibility strategies implemented aligned with the research design and enhanced the trustworthiness of the study findings.

### **Transferability**

Transferability was addressed through the use of thick descriptions and purposeful sampling strategies, as outlined in Chapter 3. Thick descriptions involved providing

detailed accounts of participants' experiences, including their cultural contexts, challenges, and recommendations. This rich detail allows readers to assess whether the findings could be applicable to similar populations or settings. For example, participants shared vivid accounts of how their cultural beliefs were overlooked, such as one stating, “My family expected me to stay silent, and the providers did not even acknowledge that.” These descriptions provided a clear understanding of the social and cultural contexts in which participants navigated IPV assistance.

Purposeful sampling was implemented to ensure a diverse representation of African American and Latina women aged 23 to 60 who had experienced IPV and sought assistance. The diversity of participants, in terms of cultural backgrounds and experiences, strengthened the study's applicability to a broader audience. By selecting participants who met specific inclusion criteria, the findings were grounded in the lived experiences of individuals most affected by the issues being explored. This sampling approach ensured that the data reflected a range of perspectives within the target population.

Adjustments to transferability strategies included ensuring that participants from geographically and culturally diverse locations were included to enhance the study's relevance. Additionally, care was taken to ensure that participant narratives were presented in ways that highlighted shared and unique experiences, allowing readers to assess the applicability of findings to other contexts. These strategies ensured that the study findings could inform IPV support services across various cultural and organizational settings.

## **Dependability**

Dependability was established through the use of audit trails, researcher reflexivity, and a consistent data analysis process, as described in Chapter 3. An audit trail documented every step of the research process, including decisions made during data collection, coding, and theme development. For example, the rationale for combining specific codes under broader themes, such as grouping “language barriers” and “provider insensitivity” under “barriers to accessing support,” was recorded. This transparency ensured that other researchers could replicate or review the research process.

Researcher reflexivity was practiced by maintaining a reflexive journal, where the researcher documented personal biases, decisions, and reflections throughout the study. This journal helped the researcher remain aware of potential biases and how they could influence the interpretation of data. For example, recognizing a personal connection to cultural challenges in IPV services allowed the researcher to adopt a more objective stance during analysis. Reflexivity contributed to a more thoughtful and unbiased interpretation of the data.

Following Braun and Clarke’s (2006) six-step thematic analysis framework ensured consistency in the data analysis process. Adjustments to dependability strategies included repeated data reviews to confirm that codes and themes were applied consistently across all participant responses. Emerging themes were also described to offer context based on the participant’s responses.



## **Confirmability**

Confirmability was achieved through the implementation of reflexivity, triangulation, and the use of direct participant quotes to ground the findings in the data. Reflexivity involves the researcher maintaining a journal to document thoughts, assumptions, and decisions throughout the research process. This practice ensured that personal biases were identified and mitigated, promoting objectivity. For instance, the researcher documented instances where preconceived notions about cultural insensitivity were challenged by conflicting participant responses, such as one stating, “After a few meetings, I think the sensitivity improved.”

Triangulation was employed by cross-referencing data from multiple sources, including participant narratives, field notes, and existing literature. This approach helped validate the findings and ensured they were not solely based on the researcher’s interpretations. For example, the theme “barriers to accessing support” was supported by participant quotes, researcher observations, and studies highlighting systemic issues in IPV services for minority populations. This multi-source validation strengthened the confirmability of the findings.

To further enhance confirmability, direct quotations from participants were included in the findings to illustrate themes and categories. For instance, the statement, “I did not get a chance to express how my culture influenced my experiences,” provided direct evidence for the theme of “lack of culturally competent services.” Adjustments to confirmability strategies included revisiting the raw data during the final stages of analysis to ensure that all themes were firmly rooted in the participants’ voices. These

strategies ensured that the findings were a credible and authentic representation of the data rather than reflecting researcher bias.

### **Results**

To address the research question, “How do African American and Latina women feel their cultural beliefs were considered when seeking assistance for IPV?” I engaged in a coding process of reading and re-reading interview transcripts to develop a comprehensive understanding of their narratives. The coding process played a crucial role in identifying significant patterns within participants’ responses, allowing for a detailed examination of the barriers they faced when seeking IPV assistance. By engaging deeply with the data, I was able to extract meaningful codes that highlighted systemic issues, such as cultural insensitivity, family pressure, barriers to resources, lack of provider awareness, communication barriers and alternative support systems (see Appendix C). These codes represented recurring experiences among participants, revealing how structural and social factors shaped their ability to access and utilize support services.

For example, the code “cultural insensitivity” appeared frequently in the data, demonstrating how many survivors felt that their backgrounds were dismissed or misunderstood. Participant 2 (P2) described this challenge, stating, "The assistance providers didn't show much sensitivity to my background. There was no acknowledgment of the cultural importance of keeping family issues private." Similarly, Participant 3 (P3) shared, "When I mentioned wanting my pastor involved, they acted like it was a bad idea. They didn't understand how important faith is in my life." Additionally, Participant 8 (P8) reinforced this sentiment, stating, "I felt like they judged

me for relying on cultural remedies and didn't take my beliefs seriously." These responses highlight how cultural insensitivity can act as a deterrent to seeking assistance, leading to further isolation and reluctance to engage with available resources.

The code "family pressure" emerged as a critical factor influencing survivors' decisions regarding IPV assistance. Many participants indicated that their family's expectations and cultural norms shaped their choices, often making it difficult to seek help. For instance, Participant 5 (P5) explained, "In my culture, we are expected to keep family matters private, and seeking help can feel like betrayal." Similarly, Participant 4 (P4) described the weight of familial expectations, stating, "I felt pressure to keep my family together for my kids, but they didn't fully get that." Participant 9 (P9) further elaborated on this issue, saying, "The providers didn't offer advice on how to talk to my family about my decision to leave." The presence of this code suggests that IPV assistance programs must consider the role of family influence in survivors' decision-making processes. Service providers who fail to recognize the importance of family input may unintentionally alienate survivors, making it harder for them to take necessary steps toward safety and recovery.

Another frequently coded barrier was "barriers to resources", which encompassed issues such as language accessibility, long waitlists, and logistical constraints. Participant 1 (P1) described their frustration with language barriers, stating, "I was frustrated when I couldn't find anyone who spoke Spanish. It felt like my voice didn't matter." Similarly, Participant 3 (P3) noted, "There were so many forms to fill out, and no one explained them to me. I felt completely lost." Additionally, Participant 10 (P10) highlighted the

challenge of long waitlists, saying, "They told me about resources, but the waitlists were so long that I didn't know what to do in the meantime." These responses highlight how bureaucratic obstacles and inadequate language support prevent survivors from fully utilizing available IPV services. Additionally, transportation limitations were another common issue within this code. Participant 6 (P6) expressed the difficulty of accessing shelters, stating, "The shelter was too far away, and I didn't have access to transportation." The presence of these barriers indicates a need for more accessible and navigable IPV support systems that consider survivors' logistical and linguistic challenges.

The code "lack of provider awareness" was another significant finding, as many participants felt that IPV service providers did not fully understand the cultural and social stigma surrounding help-seeking behaviors in their communities. Participant 8 (P8) stated, "The providers didn't understand the stigma around seeking help in my community." Likewise, Participant 2 (P2) explained, "They didn't seem to know how to deal with someone from my background. It felt like I had to educate them." Further emphasizing this point, Participant 7 (P7) described feeling alienated by a lack of understanding from providers, stating, "The counselor kept asking me questions that didn't make sense in my cultural context." These statements suggest that service providers often lack the training or knowledge necessary to provide culturally competent support. Furthermore, the lack of understanding of how cultural values shape survivors' perspectives may contribute to IPV interventions that feel irrelevant or unhelpful to those in need.

Another code identified was “communication barriers”, which encompassed language differences, technical jargon, and the inability of service providers to facilitate effective dialogue. Participant 4 (P4) noted, "They were not familiar with my dialect, so things got lost in translation." Similarly, Participant 9 (P9) expressed the difficulty of articulating their experiences in a way that service providers could understand, saying, "Sometimes I felt like I wasn't saying the right words to explain what was happening, and they didn't try to help me clarify." Additionally, Participant 1 (P1) shared, "They used technical terms I didn't understand, which made me feel even more isolated." The use of technical or impersonal language in IPV services can create additional barriers, making survivors feel even more isolated. Participant 10 (P10) emphasized this, stating, "The assistance felt very one-size-fits-all, without much room for me to bring in my cultural perspective." These responses highlight the need for IPV services to integrate more personalized and linguistically accessible approaches to support.

The final major code identified was, “alternative support systems” also emerged as a recurring element in participants' experiences. Many survivors reported that traditional IPV assistance programs did not fully address their needs, leading them to seek help from religious institutions, community groups, or informal networks. Participant 1 (P1) shared, "Talking to my pastor was the only time I felt truly understood." Similarly, Participant 9 (P9) expressed the value of community-based spaces, stating, "Community spaces that allow us to share our stories without judgment are so important." Further highlighting the importance of informal support, Participant 7 (P7) noted, "My best friend let me stay with her because she understood my culture and

what I was going through.” These responses underscore the importance of recognizing and incorporating alternative support networks into IPV service models, as they may provide survivors with a sense of belonging and understanding that traditional services fail to offer.

By focusing on the codes that emerged from the data, this analysis sheds light on the specific barriers that survivors face when seeking IPV assistance. The identification of cultural insensitivity, family pressure, barriers to resources, lack of provider awareness, and communication barriers provides a framework for understanding how systemic issues contribute to survivors' difficulties in accessing support. Additionally, the recognition of alternative support systems highlights the potential for integrating culturally relevant, community-based approaches into IPV intervention strategies. Future research should explore ways to bridge these gaps by developing more culturally competent, accessible, and survivor-centered IPV services.

Once the codes were established, I began grouping them to form broader, interconnected themes. This involved identifying relationships and overlaps among the codes to create cohesive narratives. For example, codes related to "language barriers" and "difficulty navigating systems" were combined under the theme "Barriers to Accessing Support." Similarly, codes like "faith-based recovery" and "community support" were unified into the theme "Resilience and Recovery." By grouping codes into these higher-order themes, the researcher was able to capture the complexities and nuances of participants' experiences while addressing the research question. This systematic approach ensured that the themes accurately represented the diversity of participants'

perspectives and provided a solid foundation for analyzing and interpreting the findings. The study identified four key themes that encapsulate participants' experiences: "Lack of Culturally Competent Services," "Barriers to Accessing Support," "Resilience and Recovery," and "Pathways to Improving IPV Services."

### **Theme 1: Lack of Culturally Competent Services**

This theme emerged as a cornerstone of the participants' experiences, highlighting the disconnect between IPV service providers and the cultural realities of African American and Latina women. Many participants described instances where their cultural beliefs were misunderstood or ignored, leaving them feeling alienated and unsupported. For example, Participant 3 (P3) noted, "When I mentioned wanting my pastor involved, they acted like it was a bad idea. They didn't understand how important faith is in my life." This lack of cultural sensitivity led participants to question whether the services were truly designed to meet their needs, as providers often failed to recognize the central role that cultural values—such as family and spirituality—played in their recovery process. This disconnect not only undermined trust but also limited the effectiveness of the support services offered.

The absence of culturally relevant practices in IPV services made it difficult for many participants to engage fully. Several survivors described feeling dismissed when they tried to explain how cultural expectations influenced their decisions. Participant 7 (P7) shared, "They seemed to think leaving was the only solution, without considering how central family is in my decisions." Likewise, Participant 2 (P2) explained, "The assistance providers didn't show much sensitivity to my background. There was no

acknowledgment of the cultural importance of keeping family issues private." By failing to acknowledge cultural identities, providers inadvertently alienated participants, reducing the likelihood of successful interventions.

The emphasis on cultural competence is critical because IPV disproportionately affects marginalized communities, where cultural norms and traditions often intersect with barriers to accessing care. Participants expressed frustration with services that took a "one-size-fits-all" approach, failing to recognize the unique challenges they faced. Participant 5 (P5) emphasized this point, stating, "They told me to just cut ties, but in my culture, family is everything. I couldn't just walk away without considering the consequences for my children and extended family." This theme underscores the importance of integrating cultural awareness into IPV service models to create more inclusive and effective support systems. Without culturally competent services, many survivors may avoid seeking help altogether, further exacerbating the risks they face. Implementing culturally responsive training for IPV providers, incorporating faith-based and community-driven interventions, and developing more personalized support plans could significantly enhance the accessibility and impact of these services.

## **Theme 2: Barriers to Accessing Support**

Participants identified systemic barriers as a significant impediment to seeking IPV support. These barriers included logistical challenges such as transportation, language access, and bureaucratic obstacles. For many survivors, these structural issues made an already difficult situation even more overwhelming. Participant 6 (P6) described one such challenge, stating, "The shelter was too far away, and I didn't have access to



transportation. It made everything more difficult." Similarly, Participant 3 (P3) recounted the frustration of navigating service requirements, saying, "There were so many forms to fill out, and no one explained them to me. I felt completely lost." These experiences highlight how systemic issues disproportionately affect survivors, particularly those from marginalized communities, making it harder for them to access the resources they need.

Language barriers also emerged as a critical issue, with participants describing how a lack of multilingual support limited their ability to seek assistance. Participant 1 (P1) shared, "I was frustrated when I couldn't find anyone who spoke Spanish. It felt like my voice didn't matter." In addition, Participant 4 (P4) explained how dialect differences contributed to feelings of isolation, saying, "They were not familiar with my dialect, so things got lost in translation." These accounts underscore the urgent need for IPV services to offer multilingual support, ensuring that survivors can communicate their needs effectively and receive the appropriate help without additional stress.

Financial constraints and long waitlists further compounded survivors' struggles in obtaining support. Participant 10 (P10) described feeling abandoned by the system, stating, "They told me about resources, but the waitlists were so long that I didn't know what to do in the meantime." Meanwhile, Participant 7 (P7) highlighted the financial burdens survivors often face, saying, "I needed help with legal fees, but every place I called said they didn't have funding left. I felt stuck with no way out." These barriers not only delay access to critical resources but also increase survivors' vulnerability, leaving them with few viable options for safety and stability.

These challenges are particularly significant because they compound the emotional and physical toll of IPV. Participants emphasized that systemic hurdles not only delayed their ability to access critical resources but also heightened feelings of frustration and helplessness. Participant 5 (P5) expressed this frustration, stating, "By the time I finally got an appointment, I had already gone back to my abuser. I needed help right away, not months later." These findings point to the need for IPV services to address these systemic barriers proactively. Strategies such as offering transportation assistance, simplifying administrative processes, and expanding funding for immediate support could make a meaningful difference in survivors' ability to access lifesaving resources. Without addressing these barriers, many survivors may find themselves trapped in dangerous situations, unable to reach the support systems designed to help them.

### **Theme 3: Resilience and Recovery**

Despite the challenges they faced, participants demonstrated remarkable resilience, often finding strength in their cultural identities and personal networks. Spirituality, in particular, emerged as a key source of empowerment. Participant 1 (P1) reflected on this, stating, "My faith kept me strong. Even when the services weren't helpful, I leaned on my spirituality to recover." Similarly, Participant 4 (P4) shared, "Talking to my pastor was the only time I felt truly understood. He gave me the strength to keep going when I felt like no one else could help." These accounts highlight how deeply embedded faith is in the recovery process for many survivors, providing emotional stability and a sense of purpose when formal services fell short.

Others found solace and strength in connecting with fellow survivors, forming informal support networks that filled the gaps left by formal services. Participant 7 (P7) described this sense of solidarity, explaining, "My best friend let me stay with her because she understood my culture and what I was going through. That kind of support meant more to me than any service provider ever could." Likewise, Participant 9 (P9) emphasized the importance of peer support, stating, "Community spaces that allow us to share our stories without judgment are so important. Being able to talk to women who understand without having to explain everything made a huge difference." These responses illustrate how survivor-led networks provide emotional and practical support that IPV services often fail to offer.

Cultural traditions also played a pivotal role in participants' healing journeys. Many survivors turned to cultural practices as a means of regaining control and rebuilding their lives. Participant 6 (P6) shared, "Cooking traditional meals with my family reminded me of who I was before the abuse. It helped me reconnect with myself and my roots." Similarly, Participant 3 (P3) found strength in cultural rituals, saying, "Lighting candles and praying with my grandmother brought me peace. It was a reminder that I wasn't alone, even when I felt like I had no one else." These testimonies underscore the importance of culturally relevant coping strategies in the healing process, reinforcing the need for IPV services to integrate survivors' cultural backgrounds into their approach.

This theme is crucial because it shifts the narrative from one of victimization to one of empowerment and agency. While systemic barriers and cultural insensitivity were prominent challenges, participants' resilience highlights the importance of leveraging

cultural strengths in IPV interventions. Participant 5 (P5) summarized this perspective, stating, "I may have felt broken at times, but my culture, my faith, and my community helped me put the pieces back together." By incorporating elements of spirituality, community building, and cultural traditions into support services, providers can enhance the effectiveness of their programs and foster a sense of empowerment among survivors. Recognizing and validating these cultural strengths can make IPV interventions more accessible, relevant, and ultimately more impactful in helping survivors reclaim their lives.

#### **Theme 4: Pathways to Improving Intimate Partner Violence Services**

The final theme centered on participants' recommendations for improving IPV support services. Many emphasized the need for culturally tailored approaches that align with their values and experiences. Participant 2 (P2) stated, "Providers need to better understand cultural values. Offering bilingual support and tailored approaches would make a big difference." Similarly, Participant 5 (P5) highlighted the lack of inclusivity in services, explaining, "The resources were there, but they weren't designed for women like me. I needed someone who understood where I was coming from, not just someone reading off a checklist." These accounts emphasize the necessity of developing IPV services that are not only accessible but also culturally relevant, ensuring survivors receive the support they need in ways that feel validating and effective.

Many participants suggested integrating more community-based programs that reflect their cultural practices and traditions. Participant 7 (P7) shared, "Services should include more community-based programs that integrate our cultural practices and

traditions. That way, survivors wouldn't feel like they have to choose between getting help and staying connected to their culture." Likewise, Participant 9 (P9) emphasized the importance of peer-led programs, stating, "Hearing from other women who have been through it would have helped me so much. We need more spaces where survivors can talk openly without fear of being judged." These recommendations suggest that IPV services should incorporate survivor-led initiatives, cultural traditions, and community engagement to foster trust and accessibility.

Participants also expressed the need for better training among service providers to enhance cultural competence and sensitivity. Participant 3 (P3) noted, "There needs to be more training for counselors and staff. They should understand that for many of us, leaving isn't just about personal safety—it's about family, reputation, and survival." Similarly, Participant 6 (P6) described how a lack of understanding among providers negatively impacted her experience, explaining, "I felt like I had to educate them on my culture while also trying to get help. That's exhausting when you're already in crisis." These insights highlight the urgent need for IPV providers to undergo training that helps them recognize and respect the complex cultural dynamics influencing survivors' decisions.

This theme is particularly important because it provides actionable insights for service providers and policymakers. Participants' suggestions highlight the need for training programs to enhance cultural competence among providers, as well as the importance of creating spaces where survivors feel respected and understood. Participant 10 (P10) summarized this sentiment, stating, "If they truly listened to us and adapted their

services, more women would feel safe enough to come forward." By addressing these recommendations, IPV services can move toward more equitable and effective models of care that prioritize the unique needs of African American and Latina women.

The themes of Lack of Culturally Competent Services, Barriers to Accessing Support, Resilience and Recovery, and Pathways to Improving IPV Services offer a comprehensive understanding of the challenges and strengths experienced by African American and Latina women in their IPV journeys. These findings emphasize the critical need for culturally responsive practices, systemic reforms, and the integration of survivors' voices into the design of IPV services. By addressing these key areas, service providers can create more inclusive and supportive environments for survivors of IPV, ensuring that they receive care that is not only accessible but also affirming and empowering.

### **Summary**

The analysis of participants' responses revealed critical insights into how African American and Latina women feel their cultural beliefs were considered when seeking assistance for IPV. A significant number of participants expressed that their cultural identities were often misunderstood or ignored by service providers. For example, many participants highlighted a lack of culturally competent services, such as dismissive attitudes toward spiritual practices or family-centered decision-making processes. This disconnect left participants feeling alienated and unsupported, underscoring the need for IPV services to better understand and integrate cultural values into their support structures.

Barriers to accessing support were another prominent theme, with participants citing logistical challenges such as transportation issues, language barriers, and bureaucratic processes as significant obstacles. These barriers often compounded the trauma of IPV and delayed participants' ability to access essential resources. Despite these challenges, many participants demonstrated remarkable resilience, relying on faith, community connections, and personal strength to navigate their recovery journeys. Their stories highlight the importance of leveraging cultural strengths as part of IPV interventions.

Participants also provided actionable recommendations for improving IPV services, emphasizing the need for culturally tailored approaches and community-based programs. Suggestions included increasing bilingual support, integrating cultural practices into service models, and providing training for service providers to enhance cultural awareness. These findings not only address the research question but also offer a roadmap for developing more inclusive and effective IPV services. Chapter 5 will build upon these findings, discussing their implications for practice and policy, and offer recommendations for future research to further address the needs of African American and Latina women experiencing IPV.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to examine how African American and Latina women felt their cultural beliefs were considered when seeking assistance for IPV. The research aimed to address a significant gap in understanding the role of cultural competency in IPV support services, particularly for minority women who face unique challenges and systemic barriers. By exploring the lived experiences of these women, I sought to highlight the importance of culturally competent assistance in fostering trust, improving engagement, and addressing the specific needs of IPV survivors.

Key findings revealed that African American and Latina women often perceive a lack of cultural sensitivity in IPV assistance services. Many participants reported that their cultural values, traditions, and beliefs were overlooked or misunderstood, leading to feelings of isolation and distrust in the support systems. Common barriers included language differences, stereotypes, and a lack of representation among service providers. However, participants also emphasized the positive impact of culturally tailored programs, such as those that acknowledge family dynamics and incorporate community-based support.

This research underscores the necessity of integrating cultural competence into IPV support services. By addressing systemic gaps and fostering mutual understanding, service providers can create more inclusive and effective interventions. The findings provide valuable insights for policymakers, healthcare providers, and IPV advocates, emphasizing the need for training and resources to better serve diverse populations.



Ultimately, the study aims to contribute to the development of more equitable support systems that empower African American and Latina women to seek help and rebuild their lives after IPV.

### **Interpretation of the Findings**

The findings of this study confirm and extend existing knowledge in the field of IPV assistance, particularly regarding the role of cultural competency. Consistent with prior research, such as Klingspohn (2018) and Gillum (2019), this study reaffirms that cultural beliefs, traditions, and values significantly influence how minority women perceive IPV and their willingness to seek help. The participants in this study frequently highlighted the disconnect between their cultural expectations and the services provided, emphasizing that the lack of cultural competence created barriers to accessing support. These findings underscore the critical role of cultural competence in fostering trust and engagement with IPV survivors, aligning closely with established literature.

Additionally, the study supports previous research on systemic barriers faced by African American and Latina women seeking IPV assistance. Studies by Ben-Porat (2020) and Metz et al. (2019) highlighted issues such as language differences, stereotypes, and distrust of institutions, all of which were echoed by participants in this study. Many described experiences of marginalization and a lack of culturally responsive resources, further validating the need for systemic change. These findings amplify the call for service providers to address structural inequities and deliver culturally sensitive care to better support diverse populations.

Beyond confirming prior knowledge, this study extends the field by providing a deeper understanding of how specific cultural dynamics influence help-seeking behaviors. For example, while previous studies, such as Young and Guo (2020), broadly explored cultural factors, this research delved into the significance of family loyalty, religious beliefs, and community support in participants' decisions to seek or avoid assistance. The participants revealed that these cultural values often conflicted with mainstream IPV service models, underscoring the necessity of integrating culturally specific approaches into IPV assistance programs. These insights emphasize the importance of moving beyond generic service models to create tailored interventions that align with diverse cultural contexts.

The study also contributes new knowledge by highlighting the positive impact of culturally tailored programs. Participants noted that community-based initiatives and programs that incorporated their cultural values were more effective in meeting their needs. This finding expands the literature by illustrating how culturally competent practices can foster empowerment and engagement among IPV survivors. It also supports recommendations from researchers like Gillum (2019) and Ogunsiyi and Clisdell (2017), who have advocated for training service providers to understand and integrate cultural nuances into their practices.

The findings further challenge the adequacy of traditional theoretical frameworks commonly applied to IPV studies, such as feminist theory and social learning theory. While these frameworks focus on power dynamics and learned behaviors, they often fail to account for the influence of cultural factors. The participants' experiences suggest that

frameworks like RCT are better suited to address the needs of minority women. RCT emphasizes relationships, mutual empathy, and multiculturalism, making it a more appropriate lens for understanding the lived experiences of African American and Latina women. This study thus extends the field by advocating for the adoption of theoretical models that prioritize relational approaches to IPV assistance.

RCT provided a valuable framework for interpreting the findings of this study. Central to RCT is the concept of mutual empathy and empowerment, which were evident in participants' positive experiences with culturally competent IPV programs. When participants felt their cultural beliefs and traditions were respected and understood, they were more likely to engage with support services. This reflects the assertions from RCT that relational connections are critical for fostering trust and growth in marginalized populations. The findings confirm the importance of empathy and cultural sensitivity in building effective IPV assistance programs.

The study also illustrated how relational disconnections, another key concept in RCT, hindered participants' ability to access and benefit from IPV services. Many women described feelings of isolation and alienation when service providers failed to account for their cultural identities or applied culturally inappropriate approaches. These experiences align with RCT's perspective that relational disconnections—whether between individuals or institutions—can have detrimental effects on psychological well-being. The findings highlight the importance of addressing these disconnections to foster relational competence and mutual empowerment in IPV support systems.

Systemic barriers, such as language differences and stereotypes, also played a significant role in shaping participants' experiences. These barriers exacerbated feelings of exclusion and reinforced power imbalances, as described by participants. RCT's emphasis on addressing systemic inequities to foster authentic and empowering relationships provides a lens for understanding these challenges. The findings underscore the need for IPV services to not only meet individual needs, but also dismantle structural barriers to create more inclusive environments.

Finally, the study highlights how cultural dynamics influence relational expectations and experiences in IPV assistance. Participants emphasized the importance of family loyalty, religious beliefs, and community support, all of which shaped their interactions with IPV services. These findings extend the application of RCT by demonstrating how cultural contexts shape relational dynamics. Service providers must understand and integrate these dynamics into their practices to create authentic, growth-fostering relationships with IPV survivors.

In conclusion, this study confirms the importance of cultural competence in IPV assistance while extending the discipline by providing deeper insights into the specific cultural dynamics influencing African American and Latina women. The findings align with RCT, emphasizing the role of mutual empathy, relational disconnections, systemic barriers, and mutual empowerment in shaping IPV support experiences. By identifying gaps in service provision and advocating for culturally tailored approaches, this study contributes to a more comprehensive understanding of how IPV assistance can be improved for diverse populations. These findings serve as a critical call to action for

policymakers, service providers, and researchers to prioritize cultural competence in their work.

### **Limitations of the Study**

Several limitations to trustworthiness arose during the execution of this study, which highlight the complexities of conducting qualitative research with marginalized populations. First, the use of convenience sampling, while practical for recruiting participants, introduced the risk of selection bias. Participants were drawn from a limited pool of English-speaking African American and Latina women who had sought IPV assistance within a specified timeframe. This approach may have excluded individuals who faced more severe barriers to accessing IPV services, such as those with language limitations or those living in highly isolated conditions. As a result, the findings may not fully represent the diverse range of experiences among all IPV survivors in these cultural groups.

Second, the reliance on self-reported data posed inherent challenges to trustworthiness. Participants were asked to recall their experiences with IPV assistance, often several years after the events occurred. This reliance on memory introduces the potential for recall bias, where participants may unintentionally omit or distort details due to the passage of time or the emotional nature of the subject matter. While the study employed member-checking to enhance credibility, the possibility of inaccuracies in self-reported data remains a limitation.

Another limitation stemmed from the potential influence of researcher bias. As noted in Chapter 1, my personal experience with IPV through the loss of a loved one

could have inadvertently shaped the framing of questions or the interpretation of findings. Although strategies such as journaling, reflexivity, and adherence to an interview protocol were employed to mitigate bias, the possibility of subtle influence cannot be entirely ruled out. This highlights the importance of continuous self-awareness and methodological rigor in qualitative research.

The study's use of semistructured interviews, while effective in capturing rich, detailed data, also presented limitations. The flexibility inherent in semistructured interviews may have led to variability in the depth and focus of responses across participants. For instance, some participants may have been more comfortable or forthcoming than others, leading to disparities in the data. Additionally, the open-ended nature of the questions may have allowed participants to steer discussions toward topics that, while relevant, were outside the original scope of the study.

Another key limitation relates to the relatively small sample size. While the sample of 10 participants was sufficient for a qualitative study, it may not have provided the breadth necessary to generalize findings to the broader populations of African American and Latina women. The study's findings are context-specific and should be interpreted as insights into the lived experiences of a particular group of participants, rather than definitive conclusions about IPV assistance in these communities. This limitation underscores the need for future research with larger and more diverse samples.

Trustworthiness was also impacted by the use of virtual platforms for data collection, such as Zoom and Microsoft Teams. While these platforms facilitated access to participants during the COVID-19 pandemic, they may have introduced technical

difficulties or privacy concerns that affected participants' comfort levels and the depth of their disclosures. For example, participants may have felt limited in expressing sensitive details if they were unable to secure a private space for the interview. These factors may have influenced the data's depth and richness.

The lack of diversity among service providers represented in the participants' narratives also emerged as a limitation. Many participants described interactions with service providers who lacked cultural awareness or sensitivity. This study did not include the perspectives of service providers, which could have provided a more comprehensive understanding of the barriers and challenges in delivering culturally competent IPV assistance. Including service providers' perspectives in future research could offer valuable insights into the systemic gaps identified by participants.

Finally, the study was limited by the broader sociopolitical context in which it was conducted. Systemic issues such as racism, sexism, and economic inequality, which were frequently cited by participants, extend beyond the scope of this study and were not directly addressed. These larger structural factors undoubtedly influence IPV experiences and access to culturally competent services, but their complexity limited the study's ability to provide comprehensive solutions.

In light of these limitations, revisions to Chapter 1 should address the risks associated with the study's design and methodology. Specifically, the discussion of limitations should emphasize the potential for selection bias, recall bias, and researcher bias. It should also highlight the constraints posed by a small sample size, the use of virtual platforms for data collection, and the absence of service provider perspectives.

Additionally, Chapter 1 should acknowledge the influence of broader systemic and structural factors on the study's findings, clarifying the scope and focus of the research.

By explicitly addressing these limitations, the revised Chapter 1 can provide a more balanced and transparent foundation for interpreting the study's findings. These revisions will also serve to strengthen the trustworthiness of the research by demonstrating a commitment to methodological rigor and reflexivity.

### **Recommendations**

Building on the strengths and limitations of this study, as well as insights from the literature reviewed in Chapter 2, several recommendations for future research have emerged. These recommendations aim to further explore the role of culturally competent IPV services and their impact on survivors. Additionally, they seek to address the limitations identified in this study, such as barriers to accessing support and the lack of culturally responsive interventions. Future studies could examine the effectiveness of community-based, survivor-led programs in improving service engagement. Research should also focus on developing strategies to enhance provider training, ensuring that IPV support services are both accessible and culturally inclusive.

#### **Expand Participant Diversity**

This study focused on English-speaking African American and Latina women who sought IPV assistance within a specific timeframe. Future research should expand to include a more diverse range of participants, particularly those who face additional barriers, such as non-English speakers, undocumented immigrants, and women in rural or highly isolated areas. Examining these populations would provide a more comprehensive



understanding of the varied challenges IPV survivors encounter when seeking support. Additionally, future studies could explore how cultural competency needs differ across subpopulations and the extent to which current services meet those needs. Understanding these variations would help improve the design of more inclusive and accessible IPV interventions. Broadening the scope of research would ultimately contribute to the development of policies and programs that better address the unique needs of all IPV survivors.

### **Investigate Experiences of Non-English Speakers**

Language barriers emerged as a significant systemic issue highlighted by participants in this study. Future research should focus on the experiences of non-English-speaking IPV survivors, particularly within African American and Latina communities. Investigating how language barriers intersect with cultural factors could provide deeper insight into the challenges survivors face when seeking and receiving support. Additionally, studies could examine the effectiveness of existing multilingual IPV services and identify areas for improvement. Understanding these barriers would help develop more culturally inclusive and linguistically accessible IPV programs. Expanding research in this area could ultimately lead to more equitable and effective support systems for all survivors.

### **Examine the Perspectives of Service Providers**

This study focused solely on the perspectives of IPV survivors, but future research should also incorporate the experiences of service providers. Examining the viewpoints of counselors, shelter staff, and law enforcement officers could provide

valuable insight into the challenges they encounter in delivering culturally competent support. Understanding their perspectives could help identify systemic barriers, such as funding shortages or gaps in cultural competency training, that limit their ability to meet survivors' needs. Additionally, researching the interactions between service providers and survivors could highlight areas where communication and trust-building need improvement. Addressing these issues could lead to more effective training programs and policy changes that enhance service accessibility. Including service providers in future studies would ultimately contribute to a more comprehensive understanding of the strengths and shortcomings of IPV assistance programs.

### **Longitudinal Studies on Cultural Competency**

Future research should consider conducting longitudinal studies to explore how survivors' perceptions of cultural competency in IPV assistance evolve over time. Tracking survivors' engagement with services over several years could provide insight into how culturally responsive support influences their recovery and long-term well-being. Such studies could also assess whether survivors continue to utilize services or disengage due to cultural or systemic barriers. Additionally, examining changes in survivors' needs and perspectives over time would help refine IPV interventions to ensure sustained effectiveness. Understanding the long-term impact of culturally competent services could inform policy changes and resource allocation for IPV support programs. Ultimately, longitudinal research could lead to more adaptive and survivor-centered approaches that enhance recovery outcomes.

**Focus on Community-Based Interventions**

Participants in this study highlighted the importance of community-based programs that reflect their cultural values. Future research could examine the design, implementation, and effectiveness of these culturally tailored interventions in greater detail. Studies could explore how integrating cultural traditions, family dynamics, and community support networks into IPV services impacts survivor engagement and outcomes. Additionally, comparative research could assess the differences between community-based programs and traditional IPV services to determine which approaches are most effective. Understanding these variations could help develop more inclusive and responsive support systems for diverse survivor populations. Ultimately, expanding research in this area could lead to more culturally relevant IPV interventions that better meet the needs of African American and Latina women.

**Explore the Role of Intersectionality**

The findings of this study underscored how race, ethnicity, gender, and socioeconomic status intersect to shape survivors' experiences with IPV assistance. Future research should explore these intersectional dynamics in greater depth to understand how multiple social identities either compound or alleviate barriers to support. Investigating these factors could provide a more nuanced perspective on the systemic challenges minority women face when seeking IPV services. Additionally, studies could examine how culturally and socioeconomically tailored interventions impact survivors with different backgrounds. Understanding these complexities would help in designing more equitable and responsive IPV programs that address the unique needs of diverse

survivor populations. Ultimately, incorporating an intersectional approach into future research could lead to more inclusive policies and interventions supporting marginalized communities.

### **Evaluate Training Programs for Cultural Competency**

Another critical area for future research is evaluating the effectiveness of cultural competency training programs for IPV service providers. Studies could examine how well-existing training initiatives enhance providers' ability to deliver culturally responsive care to diverse survivor populations. Additionally, research could identify gaps in current training programs and highlight areas where improvements are needed. Investigating best practices for designing and implementing these programs could ensure they address the unique needs of African American and Latina IPV survivors. Future studies could also explore how ongoing training and education impact service providers' long-term ability to offer culturally competent support. Ultimately, this research could lead to more effective and inclusive IPV interventions that better serve marginalized communities.

### **Investigate the Role of Relational-Cultural Theory**

This study utilized relational-cultural theory (RCT) as its theoretical framework, emphasizing its relevance in understanding the relational dynamics between survivors and service providers. Future research could further explore how RCT principles, such as mutual empathy and relational disconnections, can be effectively integrated into IPV interventions. Examining how service providers apply these concepts in practice could offer valuable insights into improving survivor-provider relationships. Additionally, comparative studies could assess how RCT aligns with or differs from other theoretical

frameworks in addressing the unique needs of minority IPV survivors. Research could also investigate whether RCT-based approaches lead to better survivor engagement and long-term recovery outcomes. Ultimately, expanding the application of RCT in IPV research could help refine support strategies and create more effective, survivor-centered interventions.

### **Examine the Role of Policy in Promoting Cultural Competency**

Systemic barriers, including institutional racism and funding limitations, emerged as recurring challenges in this study. Future research could examine how public policy influences the availability and effectiveness of culturally competent IPV services. Investigating the impact of policies at the local, state, and federal levels could provide insight into how funding, training, and access to culturally responsive resources are shaped. Additionally, studies could assess whether current policies support or hinder equitable service delivery for minority IPV survivors. Understanding these dynamics could help inform advocacy efforts aimed at dismantling systemic barriers and promoting culturally inclusive interventions. Ultimately, research in this area could contribute to policy reforms that improve access to and quality of IPV services for diverse communities.

### **Explore Intimate Partner Violence in Broader Sociopolitical Contexts**

Given the significant impact of broader sociopolitical factors on participants' experiences, future research should examine how structural inequalities—such as racism, sexism, and economic disparity—affect IPV survivors' access to and perceptions of support services. Understanding these systemic influences could provide deeper insight

into the barriers that prevent minority survivors from receiving adequate assistance. Researchers should also explore policy changes that address these disparities and promote more inclusive, culturally competent IPV interventions. Additionally, investigating these factors could help service providers develop targeted strategies to better support marginalized survivors. By framing IPV within a broader sociopolitical context, future studies can contribute to meaningful reforms that enhance service accessibility and effectiveness. Ultimately, this research could lead to systemic changes that improve outcomes for survivors from diverse cultural and socioeconomic backgrounds.

### **Implications**

The findings of this study may have significant implications for positive social change at multiple levels, including the individual, family, organizational, and societal/policy levels. By addressing the unique cultural needs of African American and Latina IPV survivors, the study highlights actionable pathways to improve services and foster more equitable and inclusive support systems. At the individual level, culturally competent IPV assistance has the potential to enhance survivors' trust and engagement with support services. When survivors feel understood and respected in their cultural identities, they are more likely to seek help and follow through with the support they need to recover. This can empower survivors to rebuild their lives and develop a stronger sense of self-worth. Improved individual outcomes not only contribute to personal healing but also help to break cycles of abuse, creating a ripple effect of positive change in survivors' immediate environments.

For families, the incorporation of cultural values in IPV services can strengthen family cohesion and dynamics. Many survivors in this study emphasized the importance of family loyalty and community support. Services that integrate these values can help survivors navigate their recovery in ways that are aligned with their cultural expectations. This could reduce the stigma associated with seeking help, fostering open conversations about IPV within families and communities. Over time, such interventions may lead to healthier family relationships and greater community awareness about IPV.

At the organizational level, the study's findings emphasize the importance of training IPV service providers to deliver culturally responsive care. By equipping organizations with the tools and knowledge to understand and respect diverse cultural experiences, service providers can better meet the needs of minority populations. This shift could improve the quality and accessibility of IPV support services, enhancing organizational effectiveness and ensuring that resources are used efficiently. Organizations that prioritize cultural competency can also serve as models for other institutions, further amplifying the impact of these practices.

Finally, at the societal and policy levels, this study underscores the need for systemic changes to promote cultural competency in IPV services. Policies that mandate or incentivize cultural competency training for service providers, allocate funding for community-based interventions, and address structural barriers such as language access could significantly improve outcomes for minority survivors. Additionally, increased advocacy for culturally competent policies could lead to greater equity in service provision, reducing disparities in IPV assistance. Over time, such systemic changes could

contribute to a society where all IPV survivors, regardless of cultural background, have access to the support they need.

In conclusion, the findings of this study offer a framework for advancing positive social change at multiple levels. By fostering cultural competency in IPV services, these changes can empower individuals, strengthen families, improve organizational practices, and inform policies that create a more inclusive and equitable society. While the implications are grounded within the scope of the study, the potential for meaningful social change is significant and aligned with the needs of underserved communities.

### **Methodological Implications**

This study highlights several methodological implications for future research on IPV assistance and cultural competency. The use of a qualitative, generic study design provided a flexible framework for exploring the lived experiences of African American and Latina IPV survivors. However, the findings suggest the need for more diverse sampling strategies that include non-English-speaking participants, women in rural or isolated areas, and those who did not engage with formal IPV services. Future researchers may also benefit from adopting mixed methods approaches to combine the depth of qualitative insights with the breadth of quantitative data, allowing for a more comprehensive understanding of cultural competency in IPV assistance.

Additionally, the study underscores the importance of reflexivity and bias mitigation in research involving marginalized populations. The researcher's personal connection to IPV through the loss of a loved one, while providing valuable context, also introduced potential bias. This emphasizes the importance of employing strategies such



as journaling, external audits, and collaborative data analysis to enhance trustworthiness. Methodologically, the study reinforces the value of member-checking and triangulation to ensure the credibility of findings in qualitative research.

### **Theoretical Implications**

The findings of this study extend the application of relational-cultural theory (RCT) in the field of IPV assistance. RCT emphasizes mutual empathy, relational disconnections, and systemic barriers, all of which were relevant to the participants' experiences. The study provides concrete examples of how cultural dynamics, such as family loyalty and religious beliefs, influence relational expectations and interactions with IPV services. This reinforces the need for theoretical frameworks like RCT that prioritize relationships and cultural context in understanding survivors' experiences.

The study also highlights the limitations of traditional frameworks, such as feminist theory and social learning theory, in addressing the needs of minority IPV survivors. While these frameworks focus on power dynamics and learned behaviors, they often fail to account for cultural nuances. This study suggests that future research and practice should incorporate RCT or similar frameworks that better align with the lived experiences of culturally diverse populations. Expanding the theoretical foundation in this way could lead to more inclusive and effective IPV interventions.

### **Empirical Implications**

Empirically, the study contributes to a growing body of evidence on the importance of cultural competency in IPV assistance. It provides nuanced insights into the systemic barriers faced by African American and Latina women and demonstrates the

value of culturally tailored programs in fostering trust and engagement. These findings validate existing literature while identifying gaps, such as the need for more research on community-based interventions and the role of language in shaping survivors' experiences. The study's empirical contributions lay the groundwork for future research to explore these areas in greater depth.

### **Recommendations for Practice**

To enhance support services for survivors of IPV, several key strategies should be implemented. Cultural competency training for service providers is essential to ensure that IPV interventions are sensitive to the cultural values, traditions, and unique experiences of African American and Latina women. Training programs should focus on dismantling biases, improving cross-cultural communication, and incorporating culturally responsive care into survivor assistance programs. Additionally, community-based interventions should be strengthened by engaging trusted local organizations, faith-based institutions, and culturally specific support networks that survivors are more likely to access. These interventions should emphasize empowerment, safety planning, and tailored advocacy efforts that reflect survivors' lived experiences.

Policy advocacy is another critical component; systemic changes should address the barriers that prevent survivors from seeking help, such as immigration concerns, economic dependence, and mistrust of law enforcement. Advocates should work to influence local, state, and federal policies that support funding for culturally responsive IPV services and survivor protections. Moreover, enhanced screening and assessment tools should be developed to incorporate cultural considerations, ensuring that

healthcare and social service providers can accurately identify IPV survivors' needs and connect them with appropriate resources.

Lastly, the integration of Relational-Cultural Theory (RCT) into IPV services is crucial, as it acknowledges the importance of relationships, connection, and mutual empowerment in the healing process. By fostering meaningful, culturally relevant relationships between service providers and survivors, IPV interventions can be more effective in addressing trauma and promoting long-term resilience. The methodological, theoretical, and empirical implications of this study highlight the need for more inclusive and culturally sensitive approaches to IPV assistance.

By implementing the recommended practices, service providers, policymakers, and researchers can contribute to a more equitable and effective system of support for African American and Latina survivors. These changes have the potential to improve individual and organizational outcomes while fostering positive social change at a broader societal level. These recommendations collectively aim to create a more inclusive, responsive, and effective IPV service landscape that prioritizes cultural competence, community engagement, and survivor-centered care.

### **Conclusion**

The essence of this study emphasizes the critical importance of cultural competency in providing effective IPV assistance for African American and Latina women. IPV services must go beyond a "one-size-fits-all" approach and instead incorporate survivors' cultural beliefs, values, and traditions to foster trust, engagement, and meaningful support. The findings reveal that when survivors feel understood and

respected in their cultural identities, they are more likely to seek and benefit from assistance. This underscores the urgency for IPV service providers to prioritize cultural sensitivity and adapt interventions to meet the diverse needs of survivors.

A key takeaway from the study is that systemic barriers—such as language differences, stereotypes, and a lack of representation among service providers—continue to impede access to IPV support for minority women. These barriers perpetuate feelings of exclusion and mistrust, which discourage survivors from seeking help. The study highlights the need for targeted interventions that address these structural inequities and provide survivors with culturally relevant resources and services. By dismantling these barriers, organizations can create more equitable and inclusive support systems that empower survivors to recover and rebuild their lives.

Another central finding is the power of culturally tailored, community-based programs to provide effective IPV assistance. Programs that integrate cultural values, such as family loyalty and religious beliefs, resonate more deeply with survivors and create a sense of belonging and validation. These approaches foster relational connections and mutual empowerment, principles emphasized by relational-cultural theory (RCT), the study's guiding framework. The results suggest that community involvement and culturally responsive practices are essential for achieving positive outcomes for survivors and their families.

Ultimately, this study serves as a call to action for IPV service providers, policymakers, and researchers to reimagine IPV assistance through a culturally competent lens. By investing in cultural competency training, developing inclusive

policies, and integrating survivor voices into program design, the field can move toward a more equitable and effective system of support. The findings not only validate the importance of cultural sensitivity but also provide a roadmap for implementing practical changes that address the unique needs of African American and Latina survivors. This focus on cultural relevance is essential for breaking cycles of abuse, promoting recovery, and fostering long-term resilience among IPV survivors.

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## Appendix A: Interview Guide

Thank you for taking the time to meet with me today; I truly appreciate your willingness to share your story. Each story is unique, and there are no right or wrong answers to the questions I will ask—what matters most is that it is your narrative, and I am genuinely interested in learning from your experiences. Please feel free to take a break or skip any questions if needed, and if at any point you wish to end the interview, just let me know, and we can conclude. Before we begin, I'd like to remind you that the purpose of this study is to understand the experiences of African American and Latina women, aged 23 to 60, as they seek culturally competent services for assistance with IPV in the United States. The interview will take approximately one hour, and I will be audio-recording our conversation to ensure accuracy—could you please confirm your consent to be recorded? Lastly, I will be collecting some demographic information for additional screening and comparison when writing the results, if you are comfortable with that.

### **Interview Questions**

Let's start by talking about your experience when you were seeking assistant / support for intimate partner violence.

Q1. To what extent do you feel your cultural beliefs and values regarding family, relationships, and gender roles were taken into consideration by the assistance providers when seeking help for intimate partner violence?

Q2. Can you share your experience on how you were able to express how your cultural background influenced your experiences and perceptions of intimate partner violence during the assistance-seeking process?

Q3. How did the assistance providers demonstrate sensitivity to your cultural background in their approach to addressing your situation of intimate partner violence?

Q4. Describe a time that you feel the assistance providers misunderstood or overlooked your cultural beliefs while seeking help for intimate partner violence?

Q5. How would you describe the cultural appropriateness and respectfulness of the assistance services offered in relation to your heritage?

Q6. Describe what specific aspects of your cultural identity that you would want the assistance providers to acknowledged or incorporated into their support services for intimate partner violence?

Q7. Describe the barriers or challenges related to cultural differences you experienced while seeking assistance for intimate partner violence?

Q8. Please describe any experiences where you believe the assistance providers integrated your cultural beliefs and practices when addressing the intimate partner violence you experienced.

Q9. In what ways do you believe assistance providers can improve their understanding and consideration of the cultural beliefs of African American and Latina women when offering support for intimate partner violence?

Q10. Do you believe the assistance providers' consideration (or lack of consideration) of your cultural beliefs might affect your willingness to engage with the other assistance-seeking processes?

**Closing question.**

You've shared some truly remarkable aspects of your experience, and I'm sincerely grateful for the depth of your story. Your insights and perspectives are invaluable, and I want to ensure we've covered everything you feel is important, so before we conclude the interview, is there anything else you'd like to share with me?

**Some additional responses to any applicable question may be:**

- I can sense that the question has stirred up strong emotions. Feel free to take your time processing, or if you prefer, we can switch topics momentarily and revisit this later or not at all.
- Your explanation has provided valuable clarity.
- I'd appreciate delving deeper into that. Tell me more about what happened and how you were involved.

**Closing**

Thank you once again for opening up and sharing your story with me. I truly admire how you described how your experiences, sharing your narrative has the potential to help others seeking assistance for IPV. It's important to acknowledge that memories can evoke powerful emotions. As outlined in our consent form, we will provide all participants with information on helpful resources if needed.

The next step involves sending you a copy of the transcript via email for your review. Please carefully check the transcript for accuracy and email any changes or corrections within 72 hours. If I do not hear back from you within that time, I will assume that no changes are necessary. You will also receive a copy of the summary via email when the research is published, it will not list participants information.

## Appendix B: Social Media Post



Caption: There is a new study examining the experiences related to cultural competency when African American and Latina women seek assistance for Intimate Partner Violence (IPV). This study could help service providers better understand, communicate, interact, and acknowledge a victim's culture when treating them for intimate partner violence. For this study, you are invited to describe your cultural experiences when seeking assistance and support for intimate partner violence.

About the study:

- One 30-60 minute phone interview that will be audiorecorded (no videorecording)
- You would receive a \$20 Visa gift card as a thank you, after completing the interview
- To protect your privacy, the published study will not share any names or details that identify you
- Volunteers must meet these requirements:
  - 23-60 years old English speaking African American and Latina women
  - Were in an abusive relationship 5-10 years ago and took active steps toward addressing their experiences with IPV by processing with a qualified professional. This includes individuals who have engaged in discussions with

religious leaders, counselors, licensed therapists, or other certified professionals. These professionals may come from various organizations and systems that support victims of IPV, such as domestic violence shelters, survivor advocacy groups, legal aid organizations, and community-based programs.

- Participants must have fully left their abuser and have no ongoing contact with them

This interview is part of the doctoral study for Deanna L. Stewart, a Ph.D student at Walden University. IRB Approval #10-25-24-0548722. It expires on October 24, 2025.

To confidentially volunteer, contact the researcher: Deanna L. Stewart via, email  
XXXXXXXXXX

## Appendix C: Codes/Quotes

Code	Quote
<b>Cultural Insensitivity</b>	P3: "When I mentioned wanting my pastor involved, they acted like it was a bad idea. They didn't understand how important faith is in my life."
	P7: "They seemed to think leaving was the only solution, without considering how central family is in my decisions."
	P2: "The assistance providers didn't show much sensitivity to my background. There was no acknowledgment of the cultural importance of keeping family issues private."
	P8: "I felt like they judged me for relying on cultural remedies and didn't take my beliefs seriously."
<b>Family Pressure</b>	P6: "My family's opinion matters to me, so when the service provider took time to explain things to my family, it made all the difference."
	P4: "I felt pressure to keep my family together for my kids, but they didn't fully get that."
	P5: "In my culture, we are expected to keep family matters private, and seeking help can feel like betrayal."
	P9: "The providers didn't offer advice on how to talk to my family about my decision to leave."
<b>Barriers to Resources</b>	P1: "I was frustrated when I couldn't find anyone who spoke Spanish. It felt like my voice didn't matter."
	P3: "There were so many forms to fill out, and no one explained them to me. I felt completely lost."
	P6: "The shelter was too far away, and I didn't have access to transportation."
	P10: "They told me about resources, but the waitlists were so long that I didn't know what to do in the meantime."
<b>Lack of Provider Awareness</b>	P8: "The providers didn't understand the stigma around seeking help in my community."
	P2: "They didn't seem to know how to deal with someone from my background. It felt like I had to educate them."
	P7: "The counselor kept asking me questions that didn't make sense in my cultural context."
	P5: "Providers need to better understand the importance of family loyalty and community perception."
<b>Communication Barriers</b>	P4: "They were not familiar with my dialect, so things got lost in translation."
	P9: "Sometimes I felt like I wasn't saying the right words to explain what was happening, and they didn't try to help me clarify."
	P1: "They used technical terms I didn't understand, which made me feel even more isolated."
	P10: "The assistance felt very one-size-fits-all, without much room for me to bring in my cultural perspective."
<b>Alternative Support Systems</b>	P1: "Talking to my pastor was the only time I felt truly understood."
	P4: "The women's group at my church gave me strength when no one else did."
	P7: "My best friend let me stay with her because she understood my culture and what I was going through."
	P9: "Community spaces that allow us to share our stories without judgment are so important."