Intimate partner violence (IPV) affects all populations, regardless of race, education, or socioeconomic status, Black women are disproportionately affected (43.7%) compared to White women (34.6%). Although evidence indicates that faith-based organizations and clergy play key roles in preventing and responding to IPV among Black women, limited research has been conducted in this area, and most studies have primarily focused on gaining an understanding through the lens of Black male clergy. Therefore, this transcendental phenomenological study explored the experiences and beliefs Black female clergy in various leadership positions and denominations (N=12) have regarding their role as responders to IPV among Black women. The study addressed two research questions: 1) “How do Black female church leaders perceive and describe their experience when responding to IPV against their Black female congregants?” and 2) “What beliefs about IPV do Black female church leaders hold?” Each clergy leader participated in a face-to-face interview and afterward completed a demographic questionnaire. Data analysis followed the modified van Kaam 7-step process. One overarching theme emerged, We Are Our Sister’s Keeper, as well as three subthemes, Support Advocate, Spiritual Advisor, and Roadblocked Leader. The themes indicate that Black female clergy respond to the emotional and spiritual needs of Black women despite barriers from outside resources and limited support from the Black church. The themes also suggest that clergy lack knowledge and training for responding to IPV but that they are passionate about providing holistic, culturally centered care by bridging the gap between the church and the community to better serve Black women who have experienced IPV.

Community-based interventions are needed to address barriers and disparities in access to services for women experiencing IPV. Findings suggest the importance of incorporating spiritual and emotional healing among this population when providing care and services. Research is needed to develop interventions, such as a faith-based toolkit, that enhance clergy leaders’ ability to respond to IPV.