WE ARE OUR SISTER'S KEEPER: THE EXPERIENCE OF BLACK FEMALE CLERGY RESPONDING TO INTIMATE PARTNER VIOLENCE

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ABSTRACT

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 focused on 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.

CHAPTER 1

Introduction

Although intimate partner violence (IPV) affects all populations regardless of race, education, or socioeconomic status, Black women in the United States are disproportionately affected (43.7%) compared to their White counterparts (34.6%) (Walters, Chen, & Breiding, 2013). Among Black women who have experienced IPV, religion and spirituality have been consistently found to be important protective factors in the healing process. These protective factors have been associated with reductions in depressive symptoms (Drumm et al., 2014; El-Khoury et al., 2004; Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014; Watlington & Murphy, 2006).

Previous research has suggested that, within the Black community, Black clergy leaders are the preferred source of assistance because they are viewed as credible and because they are a source of strength, hope, and remedy (Chatters et al., 2011; M. N. Kane, 2010; Taylor, Hardison, & Chatters, 1996; Taylor, Mattis, & Chatters, 1999). Black clergy are an access point to formal health care services (Avent, Cashwell, & Brown-Jeffy, 2015; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Black women (90%) say they prefer female support personnel (Dale, Polivka, Chaudry, & Simmonds, 2010), which indicates the importance of both race and gender among Black women.

Despite the literature consistently indicating the significant role faith-based organizations and clergy have in preventing and responding to IPV among Black women (Watlington & Murphy, 2006), limited research has examined how clergy leaders respond to IPV among this vulnerable population. The existing studies suggest that clergy lack training for adequately responding to the phenomenon (Giesbrecht & Sevcik, 2000; Nason-Clark, 2004). Studies that

have explored the clergy's response to IPV have focused primarily on gaining an understanding through the lens of Black male clergy (Avent et al., 2015). An absence of knowledge regarding the role of Black female clergy in responding to IPV has been reported. Historically, men have led churches. However, since the feminist movement in the 1970's, the number of female clergy has increased along with the acceptance by the public. The U.S. Bureau of Labor Statistics reported that the number female clergy increased from 16,000 in 1983 to 54,000 in 2002 **(**U.S. Bureau of Labor Statistics, 2002).

Although female leadership varies across denominations, women lead about 20% of Protestant and Black churches. Secondary ministry positions (i.e. minister and deaconess) are more likely to be held by women (46% to 56%) compared to senior pastoral leadership positions (11%) (Chaves & Eagle, 2015). According to the National Congregations Study, 86% of congregations allow women to serve on their main governing board, and 79% allow women to hold any volunteer position a man can hold (Chaves & Eagle, 2015). These results indicate that there is a strong growing presence of women in ministry and the acceptance of female leadership is widespread among congregations. Although there is a rise to the number of female clergy within the United States, there is an absence of knowledge regarding the role of Black female clergy in responding to IPV.

Rationale of Study

It is important that research be conducted to better understand Black female clergy leaders' role in responding to IPV among Black female congregants. Using a transcendental phenomenological approach, this study explored the experiences and beliefs Black female clergy hold regarding their role as responders to IPV among Black women. Previous literature on this phenomenon have used structured qualitative approaches or quantitative methodologies, which

prevent an in-depth understanding of clergy beliefs encompassing IPV and do not capture the lived experience as a responder to IPV (Allen, Davey, & Davey, 2010; Asay, 2011; Behnke, Ames, & Hancock, 2012; T. Bent-Goodley, St. Vil, & Hubbert, 2012; Collins & Perry, 2015). Phenomenology was used to capture the essence of the phenomenon by using dialog to capture respondents' experiences and perceptions from their own perspective. Dialogue with Black female clergy is important for several reasons.

Because religion, race, and gender have been documented as important factors within preferences of care among Black women it is important to understand their intersectionality. Black survivors of IPV feel most comfortable communicating with clergy and Black women about their experience of violence. Therefore, it is critical to understand how Black female clergy respond to Black female congregants who have experienced IPV. It is also important to address clergy responses that may increase women's risk to violence, such as certain orthodox religious beliefs (i.e. submission to husbands or maintaining a marriage despite the violence they may be experiencing within their marriage) (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). It is important to understand how Black female clergy respond to women disclosing their experience of violence and the contexts in which they experience interventions.

The research procedure followed Moustakas's transcendental phenomenology recommendations for conducting research, and data analysis followed Colaizzi's (1978) process of phenomenological data analysis to identify themes, constructs, and meanings in the clergy responses. This study's findings will be used to: 1) guide culturally sensitive intervention strategies that aim to reduce risk and incidence of IPV among Black women, and 2) develop effective education and training programs for clergy to support Black female congregants and community members who have experienced violence.

Primary Aim:

- Understand how Black female clergy respond to women disclosing their experience of violence as well as the contexts in which they experience intervention efforts
- Research Question: How do Black female church leaders perceive and describe their experience when responding to intimate partner violence against their Black female congregants?

Secondary Aim:

- Understand attitudes and beliefs of Black female clergy regarding intimate partner violence
- Research Question: What beliefs about intimate partner violence do Black female church leaders hold?

Definition of Terms:

The following terms clarify key topics in this study.

- Intimate Partner Violence (IPV): Physical, psychological, or sexual abuse caused by current or former intimate partner (Center for Disease Control and Prevention, 2015)
- Spirituality: "the everyday experiences of life and the way in which one relates to and interprets God at work in those experiences; the way one lives and experiences the divine in their lives" (Williams)
- Black church: "independent, historic, and black-controlled denominations, which were founded after the Free African Society of 1787, which constituted the core of Black Christians." Denominations include Baptist, Methodist, and Pentecostal communions (Lincoln & Mamiya, 1990).

- Clergy: Formal ordained leaders of Christian congregations who offer spiritual guidance to the community. Clergy include pastors, ministers, bishops, chaplins and deaconesses.

CHAPTER 2

Review of the Literature

Intimate partner violence (IPV) is a widespread epidemic affecting more than one-third of women (42.4 million women) in their lifetime (CDC, 2015). The World Health Organization defines IPV as "any behavior that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (World Health Organization, 2016). This definition includes assaults perpetrated by a current and former spouse, intimate partner, girlfriend, and boyfriend.

Physical and Psychological Health

IPV has been recognized as a stressor (Jun, Rich-Edwards, Boynton-Jarrett, & Wright, 2008) and is considered to be a constant risk factor for adverse psychological and physical health consequences among survivors. Psychological abuse includes verbal abuse (e.g. name calling, putting her down), stalking, threats of physical and sexual abuse, harassment, coercive control (e.g. controlling who she sees and talks to; limiting access to finances and transportation), and reproductive and sexual coercion (e.g. birth control sabotage and pregnancy pressure) that negatively affect a woman's self-esteem (American College of Obstetricians Gynecologists, 2012; Center for Disease Control and Prevention, 2015).

The literature consistently reports adverse mental health outcomes such as depression, post-traumatic stress disorder (PTSD), anxiety, and suicidal behavior due to experiencing IPV (Amar & Gennaro, 2005; Bryant-Davis, Chung, & Tillman, 2009; Helfrich, Fujiura, & Rutkowski-Kmitta, 2008; Nicolaidis et al., 2010; Sabri et al., 2013).

Helfrich et al. (2008) examined psychological symptoms and disorders among women in domestic violence shelters and found that 51.4% reported major depression during the past 12

months. As violence increases, so do depressive symptoms (Ansara & Hindin, 2011; Sabri et al., 2013). Experiencing more than one type of abuse has been found to increase the risk of not only of developing depressive symptoms but also their severity (Dillon, Hussain, Loxton, & Rahman, 2013; Eshelman & Levendosky, 2012; Houry, Kemball, Rhodes, & Kaslow, 2006; Zlotnick, Johnson, & Kohn, 2006). Hourey et al. (2006) reported the relative risk of depressive symptoms increase to 5.9 among survivors who experienced at least 3 forms of abuse.

Post-Traumatic Stress Disorder

Many women who have a history of IPV are likely to experience post-traumatic stress disorder (PTSD) (Bryant-Davis et al., 2009; U. A. Kelly, 2010; O'Campo et al., 2006; Sabri et al., 2013; Stockman, Hayashi, & Campbell, 2015). Women who experience IPV have been reported to be 2.3 times more likely to develop PTSD, compared to non-abused women (O'Campo et al., 2006). A systematic review of 18 studies examining the relationship between IPV victimization and mental health among minority women reported that Latina women had an increased PTSD prevalence (16.8%), and Black women with a recent history of IPV and suicidal behavior experience high levels of PTSD (Stockman et al., 2015).

Women who experienced high levels of abuse reported high levels of PTSD symptoms (Houry et al., 2006; Woods, Hall, Campbell, & Angott, 2008). Experiencing more than one type of abuse has been associated with higher levels of PTSD symptoms (Dillon et al., 2013; Houry et al., 2006). Houry (2006) reported that women who experienced 3 types of abuse were 9 times more likely to develop PTSD compared women who did not experience violence.

Anxiety

Studies consistently report anxiety as a psychological health consequence among women who have experienced IPV (Ahmadzad-Asl, Davoudi, Zarei, Mohammad-Sadeghi, & Rasoulian,

2016; Dillon et al., 2013; Helfrich et al., 2008). In a study examining the correlation between IPV, depression, and anxiety among married women, Ahmadzad-Asl et al (2016) found that women who experienced physical abuse within the last 12 months reported having more clinically significant anxiety (47.8%) compared to women without any exposure to violence (29.3%). Helfrich et al. (2008) found that 77% of women in a domestic violence shelter experience anxiety compared to a national average of 6.1%.

Moreover, previous literature has consistently identified a dose-response relationship between severity of IPV and severity of anxiety symptoms (Ansara & Hindin, 2011; Dillon et al., 2013; Lacey, Sears, Matusko, & Jackson, 2015). Lacey's (2015) examination of mental and physical health status among Black women who experienced IPV found that an increased risk of anxiety disorder was associated with severe IPV victimization (AOR=2.7; 95% CI = 2.18,2.20). These results suggest that survivors who experience multiple forms of abuse have an increased risk of adverse psychological symptoms and that each type of abuse experienced has a dose-response relationship with adverse psychological symptoms.

Suicide and Self-Harm

Two of the most concerning psychological sequelae of IPV are suicide and self-harm behaviors. Studies have consistently found that women exposed to IPV are at an increased risk for suicidal ideation and suicide attempts (Afifi et al., 2008; K. Devries et al., 2011; K. M. Devries et al., 2013; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Taha et al., 2015). Women who have been exposed to IPV are 7.5 times more likely to experience suicidal contemplation (Afifi et al., 2008), and Black women who have experienced IPV are at an increased risk for attempting suicide (Kaslow et al., 2002; Leone, 2010; Taha et al., 2015). A study examining suicidal behavior among Black women (n=369) found that 30% of women who

experienced IPV had suicidal behavior compared to 13% who had no history of IPV (Leone, 2010).

Physical Health Outcomes

Evidence strongly suggests that IPV poses a significant risk for a range of physical health issues. Short-term consequences include injuries to the head, face, neck, chest, and abdomen (Muelleman, Lenaghan, & Pakieser, 1996). Numerous studies have documented an association between IPV and chronic health conditions such as general chronic pain, central nervous system symptoms (e.g. headaches, seizures, and back pain), cardiac problems (e.g. hypertension, heart disease and cardiac arrests), gastrointestinal disorders, respiratory problems (e.g. asthma), and gynecological symptoms (e.g. sexually transmitted infections, HIV, pelvic pain, fibroids, and recurrent vaginal infections) (American College of Obstetricians Gynecologists, 2012; Campbell, Jones, Dienemann, & et al., 2002; Dillon et al., 2013; Gass, Stein, Williams, & Seedat, 2010; U. Kelly, 2010; Vives-Cases, Ruiz-Cantero, Escribà-Agüir, & Miralles, 2011; Wong & Mellor, 2014).

Economic Consequences

IPV's societal and economic effects are significant. An estimated 25 million hospital visits resulting annually from this problem (National Center for Injury Prevention and Control, 2003), as well as more than $8.3 billion is spent annually for medical/psychological care services (National Center for Injury Prevention and Control, 2003). The intangible costs include decreased quality of life and self-esteem among violence survivors (American College of Obstetricians Gynecologists, 2012). IPV's profound effect on families results in financial instability or reduced economic resources for independent living, which increases the risk of homelessness for abused women and their children (American College of Obstetricians

Gynecologists Committee on Health Care for Underserved Women 2010). Therefore, to adequately address IPV's societal and economic effects, efforts should focus on primary and secondary prevention.

Gender and Intimate Partner Violence Association

Scholars have consistently documented an association between IPV and gender, with women experiencing disproportionate rates of IPV and related injuries compared to men. For example, nearly 3 in 10 women (28.8%) have experienced some form of IPV compared to 1 in 10 men in the United States (Black et al., 2011). According to the Centers for Disease Control and Prevention (CDC), women are more often victims of severe physical violence compared to men (23.4% vs. 13.8%, respectively), and women are three times more likely to experience an injury from IPV (CDC, 2010). Findings from the 2010 National Intimate Partner and Sexual Assault Survey (NISVS) support estimates that 42.4 million U.S. women annually experience physical or sexual abuse and/or stalking by an intimate partner, compared to 5.7 million men (Black et al., 2011). The Bureau of Justice Statistics reported that, from 1994 to 2010, about 4 in 5 IPV victims were women (85% women, 15% men) (Catalano, 2012).

Intimate Partner Violence and Race Disproportion

Although IPV affects all populations regardless of race, education, or socioeconomic status, Black women are disproportionately affected and are at an increased risk of experiencing some form of violence compared to their White counterparts (Barrick, Krebs, & Lindquist, 2013; Breiding, Black, & Ryan, 2008). Based on data from the Bureau of Justice Statistics' National Crime Victimization Survey and the Uniform Crime Reporting Program, from 2001 to 2005, almost 50% of all U.S. victims of rape, sexual assaults, robberies and aggravated assaults were Black (Harrell, 2011). In 2008, Black women experienced higher rates of rape (2.9) compared to

white women (1.2). Black victims of IPV also were 4 times more likely to be murdered by their significant other compared to white women (U.S. Department of Justice, 2009).

Black women experience more severe forms of IPV and are more vulnerable to experiencing violence due to poor economic conditions (Taha et al., 2015; West, 2004), which results in severe psychological outcomes such as suicide (Afifi et al., 2008). Women who have been exposed to IPV are 7.5 times more likely to experience suicidal contemplation (Afifi et al., 2008) and Black women are more likely to attempt suicide (30%) compared to women who have not experienced violence (13%) (Leone, 2010). IPV poses a greater risk of poor psychological health among Black women, with several studies correlating IPV with low levels of self-esteem, hopelessness, and perceived effectiveness in obtaining resources (e.g. shelter) (Ford-Gilboe et al., 2009; Huang & Gunn, 2001; Taha et al., 2015). Black women with psychological issues have also been found to experience more severe symptoms and higher levels of functional impairment compared to their white counterparts (Himle, Baser, Taylor, Campbell, & Jackson, 2009).

In nationally representative studies, such as the 2010 National Intimate Partner and Sexual Violence Survey, higher rates of IPV among Black women (43.7%) have been reported compared to their White counterparts (34.6%) (Walters et al., 2013). However, minority women are often underrepresented in national data collections, and studies examining racial differences often have limitations in sample size among minorities (Stockman et al., 2015). These circumstances hamper our understanding of the experience of IPV among minority populations. As a result, health care support systems have had difficulty providing adequate care to meet the specific needs of Black women. In addition to being disproportionately affected by the occurrence of violence, Black women commonly experience complex trauma, which is the prolonged experience of multiple forms of trauma that are severe, chronic, and hard-to treat

(Cohen & Hien, 2006; Cottler, Nishith & Compton, 2001; Herman, 1992; Sacks, McKendrick & Banks, 2008).

As a result of IPV's disproportionate effect on Black women, scholars have explored ways to prevent and respond to this phenomenon. Religion and spirituality have been reported as important resources in the Black community (Mitchell & Ronzio, 2011; Watlington & Murphy, 2006). Correspondingly, research suggests that faith-based organizations and clergy play a significant roles in preventing IPV and supporting this group of Black women (Blakey, 2016).

IPV survivors may use harmful strategies to manage and cope with their experience of violence. Some women turn to alcohol, drugs, and self-harm to numb the psychological pain (Taha et al., 2015; Weiss, Duke, & Sullivan, 2014) and deal with adverse mental consequences such as depression, post-traumatic stress disorder, and anxiety (Sacks et al., 2008)(Houry et al., 2006; Stockman et al., 2015). Other women have turned to meditation, religion, and spirituality (Bryant-Davis, 2005; Gillum, Sullivan, Bybee, 2006; Hooks, 2003; Stevens-Watkins et al., 2014; Potter, 2007; Yick, 2008).

Religion, Spirituality and IPV

Religion is a culturally defining component of the Black community. In the U.S. Religion Landscape study (2007), a higher proportion of Black Americans reported religion as very important to one's life (79%) compared to Whites (49%), Latinos (59%), and Asians (36%) (Pew Research Center Religious Landscape Survey, 2014). Spirituality, which has been shown to play a critical role in lives of Black Americans, has been defined as an "internalization and expression of key values including acceptance, guidance, purpose, coping and managing adversity" (Mattis, 2000; p. 115). In the Black community, spirituality has been consistently reported as a traditional means of coping and has been associated with improved mental health outcomes (Paranjape &

Kaslow, 2010; Watlington & Murphy, 2006).

For example, a study of the association between spirituality and religious involvement among Black women who had experienced IPV ($N = 65$), found that both spirituality and religious involvement were associated with fewer depressive symptoms (e.g., sadness, pessimism, worthlessness; (Watlington & Murphy, 2006). Spirituality among Black women has been found to be a major protective factor against IPV. In a study of coping strategies and decision-making among Black college women, spirituality was a significant influence in ending psychologically abusive relationships (Few & Bell-Scott, 2002).

Spirituality has served as a culturally relevant protective factor against IPV among Black women (Bliss, Ogley-Oliver, Jackson, Harp, & Kaslow, 2008; Drumm et al., 2014). In a study of low-income abused Black women's (N=178) readiness to change the abusive relationship and achieve safety, spirituality was positively associated with readiness to change (Bliss, 2008).

In the lives of Black Americans, religion is the driving force to change. The Black church acts as an advocate by acknowledging and addressing its community's issues related to oppression, love, hope, and justice (T. Bent-Goodley et al., 2012). Among Black women who have experienced IPV, religion and spirituality consistently have been found to play an important role in healing (Drumm et al., 2014; El-Khoury et al., 2004; Stevens-Watkins et al., 2014). As mentioned earlier, members of the Black community prefer informal support, such as clergy leaders and family members to formal support such as police and healthcare providers. Hence, to begin the healing process, many Black women turn to clergy who they believe will meet their religious/spiritual needs while also addressing the IPV problem at hand.

Preferences in Support for Intimate Partner Violence

Research has suggested the Black community prefers clergy as a source of advice,

guidance, strength, hope, and remedy (Broman, 1996; Taylor Hardison, & Chatters 1996; Taylor, Matthis, & Chatters, 1999). clergy act as a point of access to formal health care services (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). In a study that examined U.S. college students' perception and predictor variables associated with use of clergy, Black college students preferred clergy as the source of help and perceived clergy as trustworthy individuals who possessed empathetic abilities (Kane, 2010). Such evidence demonstrates that Black clergy are viewed as reliable and loyal support personnel who play a significant role in supporting congregants and serve as gatekeepers in the delivery of formal health care services. This evidence also indicates that the role and services provided by Black clergy have a significant influence on survivors' help-seeking behavior.

In addition to Black women expressing clergy as their preferred means of support, Black women have voiced a preference for female support through the healing process, including healing from the experience of violence (Dale et al., 2010). Nicholaidis et al. (2010) explored how Black women's experience with violence influenced their beliefs and choices regarding mental health care. They found that Black women consistently preferred to obtain support from Black professionals and strongly preferred women. One participant stated, "We want to relate to somebody when we talk about our own problems because we hold on to everything so tight. And then we get to talk to somebody of our own race, we open up a little bit more." (Nicolaidis et al., 2010). These findings indicate that not only racial but also gender congruence influence survivors' comfort level in disclosing their IPV experience; race alone may not suffice.

In an exploration of characteristics important to young Black women in health care, Dale et al. (2010) found that 90% of the women preferred a female provider, and race was less of a concern. One participant stated, "because she's female, maybe she's a little more comfortable

about opening up about the information, and she seems more involved and can relate to you on like a more personal level about how you feel and how much you get out of the conversation" (Dale et al., 2010). This evidence indicates the importance of social identities as a woman of color (i.e. black and female) and demonstrates the importance of both race and gender preference among Black women.

CHAPTER 3

Research Methodology

Introduction

This study aimed to capture the essence of the experiences and beliefs Black female clergy have with regard to their role as responders to IPV among Black women in their congregation. To better understand Black female clergy leaders lived experiences, this research was guided by a phenomenological research methodology. This chapter describes the research methods, procedure, and analysis utilized in the dissertation study.

Phenomenology

Phenomenology, the "study of consciousness as experienced from the first-person point of view" (Smith, 2008), is based in the paradigm of personal knowledge and subjectivity with emphasis on personal perspective and interpretation (Lester, 1999). Phenomenology was founded in the early 20th century and developed largely by philosophers Edmund Husserl and Martin Heidegger. Since then, it has been used widely in nursing (Nieswiadomy, 1993; Oiler, 1986) and in social and health sciences (Swingewood, 1991). According to Husserl, phenomenology is the *"reflective study of the essence of consciousness as experienced from the first-person point of view"* (Woodruff Smith, 2007). Its purpose is to examine lived experiences including perception, thought, feelings, desire, embodied action, and social activity (Smith, 2013). Phenomenology aims to 1) understand the meanings of people's lived experiences (Polit & Beck, 2008), and 2) direct the understanding of the phenomenon which is consciously experienced from a first-person point of view.

Transcendental Phenomenology

Edmund Husserl introduced phenomenology with a transcendental aim that incorporated

part of the Kantian idiom of transcendental idealism, which involves searching for conditions of consciousness or knowledge in addition to turning away from all realities except the phenomenon. Husserl adds to Kant's work by introducing bracketing, also known as "epoche," a Greek word meaning "to refrain from judgment, to abstain from or stay away from the everyday, ordinary way of perceiving things" (pg. 33). Husserl suggests that researchers' experiences, biases, and preconceived notions influence their view the phenomenon being examined and thus potentially influence how they interpret data.

Bracketing suspends existing judgments regarding the phenomenon under investigation (Moustakas, 1994) and so prevents beliefs and views from affecting the phenomenon being examined. Also, bracketing involves suspending all knowledge of previous research studies which could potentially lead to twisting data to better align with results from previous studies. Suspending judgments allows one to release beliefs and judgments, thus clearing the mind so the perception of the examined phenomenon will become more refined and pure. Moustakas (1994) recommends that bracketing be completed prior to data collection, during data collection, and during the final report. Prior to data collection, dialogue with fellow researchers is recommended to help identify personal biases.

Therefore, bracketing can facilitate researchers' ability to reach deeper levels of reflection by aiding in (1) creating the interview, (2) gathering and interpreting data, and (3) disseminating findings. Consistent reflection is able to enhance the acuity of the research, which can lead to more thorough and well rounded analyses and results (Tufford & Newman, 2012). In all, bracketing is a constant reflexive journey that involves preparation, action and evaluation. The benefit of this process is that researchers are able to dedicate more time in trying to understand the effects of one's lived experiences, instead of engaging in ineffectual attempts to

remove them (Porter, 1993; Tufford & Newman, 2012). It also allows readers to assess the validity of research that claims to be free of researchers' influence (Porter, 1993).

Rationale for Transcendental Phenomenology

Transcendental phenomenology was chosen as this study's research methodology for its effectiveness in understanding personal experiences in addition to gaining awareness to peoples motivation and actions.(Woodruff Smith, 2007). This study seeks to gain an in-depth understanding of the lived experiences and identify meanings that Black female clergy have as responders to IPV, and phenomenology does so from their viewpoint.

Because this study aimed to capture the lived experiences of Black female clergy from their perspective, it was important to avoid interference from the investigator's attitude, beliefs, knowledge, and experiences regarding the phenomenon. By incorporating bracketing, the investigator attempted to put aside any judgements and preconceived notions she may have had. Prior to collecting data, the investigator bracketed by sitting in a quiet room and writing down her beliefs, preconceived notions, and knowledge regarding the phenomenon. After each interview, the investigator bracketed by writing down any beliefs, judgements, and preconceived notions she experienced during the session. The discipline of bracketing facilitated consistent self-evaluation throughout the research. It helped her set aside preconceptions and focus on how Black female clergy experienced the phenomenon.

Exploratory Research Questions

To fully capture the lived experiences of individuals being examined using phenomenology, Creswell (2007) suggests that the phenomenon be phrased as a primary concept or idea and followed up by secondary questions. The following queries served as the primary and secondary questions: (1) "How do Black female church leaders perceive and describe their

experience when responding to IPV against their Black female congregants?" (2) "What beliefs about IPV do Black female church leaders hold?"

Sample and Recruitment

Sampling Method/Recruitment

A purposive sample of twelve Black female clergy leaders residing in a Midwestern metropolitan city were recruited to participate in the study. Purposive sampling strategies enhance understandings of individuals' or groups' experiences to develop theories and/or concepts. The strategy is to select participants who provide greatest insight into the research questions being examined (Devers & Frankel, 2000).

Participant Selection

In qualitative research, samples must be large enough to capture all important perceptions, but not so large that data become redundant and nonessential (Mason, 2010). For this study, data was collected until saturation was reached, resulting in a sample size of 12. This number is congruent with the recommendation of Creswell (2007), Green and Thorogood (2009), Thomas, and Pollio (2002), Speziale and Carpenter (2007). According to Creswell (2007), a sample size of 6 to 30 is sufficient for carrying out a phenomenological study. Speziale and Carpenter (2007) suggest that a sample size between 10 and 15 is sufficient to adequately provide a rich description of the phenomenon, and Thomas, and Pollio (2002) recommend that 6 to 12 participants be sampled to fully capture the lived experiences within the phenomenon being examined (Thomas & Pollio, 2002).

In phenomenological research, all participants must have experienced the same phenomenon and must be able to articulate that lived experience (Creswell, 2012). Therefore, the sampling strategy used to identify participants was criterion-based. Participants were selected

based on the following inclusion criteria: 1) Black female clergy leader (pastor, associate pastor, minister, associate minister, deaconess, bishop, chaplain, etc.) at a predominately Black church (50 percent or more of congregation is of African American/Black decent), (2) previously advised a Black female congregant who has experienced physical and/or sexual violence, (3) holds or held leadership position for at least 5 years,[1] (4) reads and speaks English. Exclusion criteria included: (1) clergy who have not advised a Black woman who has experienced physical or sexual violence, (2) clergy who have advised Black women who have disclosed childhood abuse only, and (3) clergy with less than 5 years of experience in a ministry leadership position. Participant sampling in qualitative research is built on gathering as much detailed information as possible, not on statistical generalization (Yvonna S Lincoln & Egon G Guba, 1985); therefore, the objective was to identify Black female clergy who met the selection criteria and were able to articulate their experiences as responders to IPV.

Recruitment

After receiving approval of all human subjects procedures from the University of Missouri's Institutional Review Board, the PI began recruiting participants. Participants were primarily recruited from the KC Faith Initiative. This organization partners with academic researchers, community health organizations, and Black faith communities to develop and implement culturally and religiously tailored health promotion programs and interventions to improve the health of the Black community. The PI attended a KC Faith Initiative Calvary Community Action Bard meeting to describe the study's purpose and provide each clergy leader

[1] Note: this length of 5 years was chosen based on the fact that 50% of pastors starting out in ministry will leave the ministry before 5 years (Pastoral Care, 2016). Additionally, current church leaders in the Midwestern city informed the PI that it takes several years for church leaders to become adjusted to their role and when working with survivors of IPV it is an ongoing process of advising that takes several years to fully support women through their time in need]

with her contact information so they could follow up if interested in participating. During the meeting, four female clergy expressed interest and provided the PI with their contact information. Within 72 hours, the PI contacted those four clergy leaders by email or phone to discuss the nature of the study and schedule an interview.

Participants also were recruited from Taking It to the Pews (TIPS), Project Fit and personal contacts of the PI. **TIPS** is a health extension project of the KC Faith Initiative, which is a culturally and religiously tailored intervention designed to promote HIV education, testing, and access to care in the Black church community (Berkley-Patton et al., 2010; Berkley-Patton et al., 2013). TIPS's primary goals are to (1) engage Black churches individually and collectively in developing a health ministry that focuses on increasing HIV testing and counseling in the Black community, (2) promote HIV education and testing in Black churches by developing culturally and religiously tailored education material, and (3) increase HIV testing in Black churches and the Black community in the Kansas City, Missouri, area (Berkley-Patton et al., 2010; Berkley-Patton et al., 2013). Currently, 58 churches (49 Baptist, 2 nondenominational, 2 Methodist, Church of God in Christ 1, 2 Pentecostal, 2 other) and 43 female church leaders are part of the TIPS project. The PI volunteers for TIPS and assists with their data collection. **Project Fit** is a culturally and religiously tailored health intervention program of the KC Faith Initiative that promotes healthy lifestyles through education, nutrition, and physical activity to prevent diabetes, heart disease, and strokes in the Black community. The PI also sent a study invitation via email to her **personal connections** in the Kansas City area.

Clergy who wanted to participate in the study voluntarily contacted the PI by email or phone. During these interactions, she explained in lay language the study's purpose, procedure, length, risks, benefits, confidentiality, etc. Then, if the participant said she wanted to participate

in the study, the PI arranged a date, time, and location to meet with the participant to conduct the interview.

Because so few Black female clergy leaders practice in the Kansas City area, initial recruitment was insufficient. Therefore, an amendment was submitted to the University of Missouri Institutional Review Board to revise the eligibility age range from 30-50 years to 30-65 years.

Measures

To help participants create narratives of their interactions with Black female congregants who experienced IPV, an interview guide was created based on the literature review (Appendix B). Each interview began with the question, "Could you describe a time when you interacted with a Black female congregant who informed you about her experiences with violence?"

After participants provided their narrative with respect to the primary research question, the interview proceeded by asking the participant the following question, "Could you describe your beliefs about intimate partner violence?" After each interview question, probes were used to seek clarification regarding experiences as responders to IPV and beliefs about IPV. Probes also were used as needed to encourage in-depth descriptions of participants' experiences. Probes included: Could you describe (specific topic) further? What was going on in your mind then? (thoughts/ associations)? What did you think about recommendations and advice you provided? Where does that belief come from (specific belief about IPV)?

To ensure interviews captured participants' lived experience, the interview concluded by asking each participant (1) "Is there anything else you would like to share about your experience as a responder to intimate partner violence or beliefs about intimate partner violence?" and (2) "What is the most important point you would like to make about your experience working with

women who have experienced intimate partner violence?" The full list of interview questions and probes are shown in the Table 1.

Table 1 Interview Questions

Question	Probe
Could you describe a time when you interacted with a Black female congregant member who informed you about her experiences with violence?	• *Could you describe (specific topic) further?* • *What was going on in your mind then? (thoughts/ feelings) How did you interpret (specific topic)?* • *What did you think about the recommendations and advice you offered?* • *What was similar or different in what you thought about your advice/recommendation and how the person you helped assessed it?* • *How comfortable did you feel responding to the needs of the person?(emotional needs? cognitive needs? physical needs?) What experience do you have with helping a Black female congregant develop a safety plan?* • *What outside resources have you utilized to support Black women who have experienced IPV?* • *What was your experience utilizing the outside resources? Could you describe how the outside resources aided in your response efforts?* • *Could you describe any challenges you encountered with utilizing the outside resources?* • *Could you describe your beliefs about the outside resources?* • *If you had to think about your successes and challenges with regard to advising the woman, what do you think contributed to your success?* • *Could you describe your biggest challenges?* • *What resources could have best helped you overcome the challenge(s)?*
Could you describe your beliefs about intimate partner violence (IPV)?	• *Where does that belief come from?* • *How do your beliefs influence your efforts responding to IPV?* • *How have your beliefs influenced the women you have advised?)*

Is there anything else they would like to share about your experience as a responder to intimate partner violence or beliefs about intimate partner violence?	• *(Prompt: Follow-up prompt will depend on participant statement(s).)*
What is the most important point you would like to make about you experience working with women who have experienced intimate partner violence?"	• *What important point would you want the public to know?* • *What important point would you want other support personal (i.e. health care providers, social workers) to know?*

After completing the interview, participants filled out a brief demographic form (Appendix C) that collected the following data: age, title/leadership position, denomination of church, marital status, size of congregation, educational level, type of community served, and the number of Black women counseled regarding IPV. Upon completion of the demographic form, participants received a $50 gift card for their time.

Data Collection and Procedures

Pilot Testing

Before starting data collection, a pilot test was conducted in the Kansas City area. Two Black female clergy were interviewed and asked to evaluate the interview questions, demographic questionnaire, and feasibility of the study. Pilot testing assisted the PI in determining limitations or areas of weaknesses in the interview design and demographic questionnaire. Pilot testing allowed the PI to refine research questions to better capture the lived experience of Black female as responders to IPV. The pilot test also allowed the PI to observe participants' demeanor when responding to interview questions (i.e. body language, facial expression, tone, eye contact, hesitation), which could indicate whether the queries were unclear

and in need of revision. After the pilot testing, the PI looked for patterns in the direct feedback that would prompt revisions to the interview guide and demographic questionnaire before starting to collect data. However, it was concluded that there would be no revisions to the interview guide and demographic questionnaire . Therefore, the same instruments were used in the final data collection. The pilot study participants were also included in the final data analysis.

Interview Process

To establish a trusting and respectful relationship, an informal dialogue took place prior to starting the interview (Banks-Wallace, 2000). During this dialogue, the PI explained why she wanted to conduct the study, her personal experience with clergy, and her experience supporting IPV survivors. At the start of each interview, the PI read a script (Appendix B) describing the study's purpose and how the interview would proceed. The PI reminded participants to refrain from using the names of Black female congregants they have advised.

Individual in-depth, face-to-face interviews were conducted and audiotaped to collect participant data. The PI conducted interviews at a site each participant deemed most comfortable — their church or place of residence. Allowing participants to select the interview site created a safe space in which participants could openly and comfortably share their experiences. Two audio recorders were used to capture each interview. The interview was an informal interactive process that incorporated broad open-ended questions using the pilot-tested interview guide (Moustakas, 1994), Interviews, which lasted 30 to 90 minutes, were conducted by the PI until no new themes emerged (data saturation).

Field Notes

Collecting data using multiple sources (i.e. face-to-face interviews, demographic questionnaire, field notes) deepen study findings and facilitate a detailed description of of what

it means to be a responder to IPV as a Black female clergy leader. Field notes were particularly helpful in gaining a deeper understanding and producing meaning to the phenomenon. The PI originally planned to record observations using field notes during and immediately after each interview. However, while recording notes during the first two interviews, the PI felt inattentive to participants and that she was unable to give them her undivided attention. Not wanting to be perceived as preoccupied or rude, the PI recorded notes immediately after each interview to assure that participants narratives were adequately captured. It is important to look beyond the content of what a participant is sharing and observe how the participant is talking and if their views and experiences are being heard (Belzile & Öberg, 2012). Therefore, the PI's field notes included observations on non-verbal behavior, including demeanor, body language, gestures, eye contact, facial expression, and tone. The notes also described factors that may have influenced the data collection, such as the interview's dynamics and location.

Confidentiality

All data was entered in Dedoose, a software program for analyzing qualitative and mixed-method research data. At transcription, the PI de-identified all data collected and organized in Dedoose. For confidentiality purposes, names of participants and churches were not entered into Dedoose. To protect participant identity, each participant was assigned a pseudonym and number; and identifying information, informed consent forms and data were stored in separate locations. A master list of participants' names was locked in a file cabinet of a faculty member's office. All research data (transcripts, field notes, and audio interviews) and a list of the pseudonyms were securely stored in a locked drawer in the PI's office. The master list and transcripts will be destroyed 3 years from the date of publication of the final report. Audio-recorded interviews were deleted from the digital recorder after the interviews were imported and transcribed in Dedoose.

Informed consent forms were stored in a password-secure locked box in the PI's office. Only the PI and the PI's committee chair have access to the data.

Data Analysis

Colaizzi's (1978) process of phenomenological data analysis was used to explain the meanings of the phenomenon from participants' experiences. The Colaizzi (1978) strategy not only leads to the discovery of patterns, themes, and constructs but also reveals meanings in participants' responses (Creswell, 2004). During each analysis stage, bracketing (self-reflection that identifies researchers' perspectives and presumptions regarding the study phenomenon) was used to mitigate bias (Fischer, 2009; K. E. Kane, 2006; Tufford & Newman, 2012). Audiotapes were transcribed verbatim by the PI, and Dedoose software was used to conduct a thematic content analysis and to identify emerging themes and categories.

The following steps were taken in the analysis for each participant (Sanders, 2003; Shosha, 2012; Speziale & Carpenter, 2007):

1) Read each transcript to gain a holistic understanding of the content
2) Extract significant statements from each transcript pertaining to the phenomenon being examined. Record significant statements on a separate document, listing their pages and line numbers
3) Formulate meanings from the significant statements
4) Sort formulated meanings into themes, clusters of themes and categories
5) Integrate themes into an exhaustive description of the phenomenon
6) Describe the fundamental structure of the phenomenon
7) Validate research findings by having participants compare them with their experience of the phenomenon

Using the 7-step approach listed above, data were analyzed in the following manner:

(1) The PI read each transcript several times to gain a sense of the entire content. During this stage, the PI bracketed all thoughts and feelings that arose during each interview due to her beliefs, previous knowledge and experience. Incorporating bracketing at this stage helped explore the phenomenon as experienced by the Black female clergy.

(2) The PI extracted all relevant statements and phrases pertaining to how the participant experienced the phenomenon. Statements were eliminated if they were abstract, vague, or did not contain a point of the lived experience that is crucial for gaining an understanding of the phenomenon. The statements were written on a separate electronic document and coded by transcript, page, and line number.

(3) After extraction, relevant statements were converted into formulated meanings. Each underlying meaning was coded in a category, as they represent a comprehensive description.

(4) All formulated meaning were grouped into categories that represent a structure of clusters of themes. Each cluster of themes was coded, and it incorporated all formulated meanings associated with that group of meanings. Then the groups of clusters of themes that represented a specific idea were grouped together to create an emerging theme.

(5) All emerging themes were defined into an exhaustive description. Once themes were merged, the entire structure of the phenomenon "experience responding to IPV among Black congregants as a Black female clergy personnel" and "beliefs held about IPV" were extracted. Validation of exhaustive description of emerging themes was confirmed by the PI's committee chair.

(6) A reduction of findings were carried out in which redundant, unused and nonessential descriptions were removed from the structure. To create explicit relationships between cluster of

themes and their extracted themes, ambiguous structures were removed. Removal of these structures strengthens the overall description of the relationship.

(7) The final step in the analysis is the validation of findings using "member checking", which may be the most critical technique for establishing credibility for qualitative research (Yvonna S Lincoln & E.G Guba, 1985). Four participants were invited to review the data, emerging themes, interpretations, and conclusions to check whether it aligned with their experiences. Participants' gave their views of the study findings via email. This check also allowed participants to assess adequacy of the findings, edit errors, verify aspects of the findings, and provide feedback which was incorporated in the final description.

Ethical Considerations and Human Subjects

Because the phenomenon being examined was sensitive, it was imperative to ensure the study posed minimal harm to participants. Therefore, the PI received approval from the Institutional Review Board at her academic institution prior to carrying out the study. Questions asked about Black female clergy leaders experience advising women who have experienced IPV could have triggered discomfort as a result of discussing interactions with abused women. Therefore, all participants were given the opportunity to terminate participation at any time. However, benefits of participation in this study gave Black clergy leaders an opportunity to be part of preventing violence to Black women and feel encouraged by adding their voice to the study.

CHAPTER 4

Twelve Black female clergy leaders (Table 2) ranging in age from 35 to 65 years participated in the study. All had some college education. Five were married, 3 divorced, 2 single, 1 separated, and 1 widowed. Leadership positions varied: pastor (3), associate pastor (4), minister (2), associate minister (1), deaconess (1), and director of ministries (1). Most clergy had held a leadership position for 20 years or more (33.3%), and 75% served in urban communities. Denomination of participants' church included Baptist (4), non-denominational (3), Methodist (2), Pentecostal (2), and Church of Christ (1). Congregation size varied from 50 or less (33.3%), 51- 300 (25%), 301- 2000 (25%), and 2000 or more (16.6%). The number of women who had experienced IPV that participants had counseled varied from 1 to 30. A full description of the sample with their given pseudonym is presented in Table 2 listed below.

Table 2: Description of Sample

Participant	Age	Highest Degree	Marital Status	Years of Clergy Leadership	Denomination of Church	Leadership Title	Congregation Size	Community Served
P1 - Joy	55-64	Master's Degree	Married	15-19 years	Methodist	Associate Pastor	2,000 or more members	Urban
P2- Rachel	45-54	Master's Degree	Married	10-14 years	Other - Christian Church	Associate Pastor	50 or less	Urban
P3- Olivia	55-64	Some college credit, no degree	Married	20 years or more	Non-denominational	Pastor	50 or less	Urban
P4 - Mary	45-54	Some college credit, no degree	Widowed	20 years or more	Pentecostal	Pastor	50 or less	Urban
P5 - Paula	55-64	Master's Degree	Married	20 years or more	Baptist	Other - Director of Ministries	301-2000 members	Urban
P6 - Candice	45-54	Master's Degree	Divorced	5 years or less	Baptist	Associate Minister	51-300 members	Urban
P7 - Ruth	65 years or older	Some college credit, no degree	Divorced	6-9 years	Baptist	Deaconess	301-2000 members	Suburban
P8 - Deborah	55-64	Bachelor's degree	Divorced	5 years or less	Non-denominational	Pastor	50 or less	Suburban
P9 - Elizabeth	35-44	Bachelor's degree	Separated	10-14 years	Pentecostal	Minister	51-300 members	Urban
P10 - Julia	55-64	Professional degree	Single	6-9 years	Baptist	Minister	301-2000 members	Urban
P11 - Eve	45-54	Master's Degree	Married	10-14 years	Non-denominational	Associate Pastor	51-300 members	Suburban
P12 - Victoria	55-64	Doctorate degree	Single	20 years or more	Methodist	Associate Pastor	2,000 or more members	Urban

Findings

This phenomenological study provided a deeper understanding of how Black female clergy respond to congregants experiencing intimate partner violence (IPV). The research questions that guided the study were: 1) How do Black female church leaders perceive and describe their experience when responding to intimate partner violence against their Black female congregants? and 2) What beliefs about intimate partner violence do Black female church leaders hold? This chapter provides an overview of results of the phenomenological analysis of the lived experiences and beliefs of Black female clergy (n=12). The first part of the chapter briefly introduces the clergy leaders. Descriptions of each participant were developed using components of each interview. The participants are introduced in the order they were interviewed; pseudonyms are used as well as age categories. In the second part of the chapter, patterns and themes that emerged during the analysis are discussed. Each theme that emerged is supported by statement(s) made by Black female clergy participants.

P1 - Joy

Joy is a married woman between the ages of 55 to 64. She is an associate pastor at a Protestant church and has 15 years of clergy leadership experience. She has a graduate degree and is working on a doctorate. As a clergy leader, Joy has counseled approximately 5 Black women who have experienced IPV. Joy considers herself a very spiritual person who has a heart for women and who felt very comfortable providing spiritual guidance and emotional support. When advising women who have experienced IPV, she strives to meet women where they are and utilizes reflective listening to provide adequate resources and direction in a manner that best suits each survivor's specific needs.

Joy felt that creating a safe space that embraces sisterhood was key to the healing process

for black women who have experienced IPV because it allowed them to share their pain and survival stories. Joy believes that a misconception exists regarding submission within the black church and black community. She believes that women were created as a help mate and that submission within a marriage is key to healthy relationship; when the husband submits himself to God and follows the image of a husband that Christ displayed (self-sacrificing and loving), IPV will not be present.

P2 - Rachel

Rachel is a married woman between the ages of 45 to 54. She is an associate pastor and chaplain at a Christian Church and has 10 years of clergy leadership experience. She has a graduate degree. Rachel also worked in health care for many years. As a clergy leader, Rachel has counseled approximately 7 Black women who have experienced IPV, and she has also advised perpetrators of IPV. Rachel carried herself in a very confident manner and sees herself as the direct point of contact for congregants who are in need of community resources. Rachel's approach to advising women includes listening in a nonjudgmental way, providing biblical teachings to support the development of a customized safety plan, and supporting the process of spiritually healing emotional wounds from IPV.

Rachel finds it unsettling when she is not able to help women exit an abusive relationship, despite providing all the appropriate resources. She feels that outside resources are excellent in supporting the needs of Black women who have experienced IPV and can be empowering especially with support groups However, limited shelter capacity is a challenge she sometimes faces. She strongly believes that bridging the gap between church and community is essential in meeting the needs of the people of God. Rachel does not believe women should stay in a union when IPV is present due to her understanding of biblical teachings, faith, and the

example set by her parents' marriage.

P3 - Olivia

Olivia is a married woman between the ages of 55 and 64. She is a pastor at a non-denominational church with over 20 years' experience as a clergy leader. She is a high school graduate, with some college credits. As a clergy leader, Olivia has counseled approximately 10 Black women who have experienced IPV. Olivia was a soft spoken woman who described herself as a very passionate person, especially when it comes to supporting women who had experienced IPV. Olivia's primary advice to women who have experienced IPV is to leave the relationship immediately. She seeks to position women in a space where they can examine the state of their relationship and begin developing a different mindset by responding to her hard questions during counseling. Key support tools Olivia uses include prayer and empathizing with women by drawing from her own experiences. She felt frustrated when she was unable to convince women to exit an unhealthy relationship, despite the counseling she provided.

Oliva felt most comfortable attending to survivors emotional needs, though she acknowledged feeling less comfortable developing a safety plan to help women leave a relationship. She felt that outside resources are limited, but that they were very supportive in meeting women's needs. However, she felt that community resources for Black women were limited and that Black churches should fill that void by creating culturally tailored resources. Her spiritual growth and development of a stronger relationship with God changed her perspective regarding submission as it relates to IPV in a union.

P4 - Mary

Mary is a widow between the ages of 45 and 54. She is a pastor at a Pentecostal church with over 20 years' experience as a clergy leader. She is a high school graduate with some

college credits. In her experience as a clergy leader, Mary has counseled approximately 20 Black women who have experienced IPV. Mary was comfortable speaking about IPV and very open about why she was passionate about ending IPV. Mary used the interview in part as a venue to express her frustration with the Black church. Mary made strong eye contact throughout the interview and appeared to appreciate that her voice was being recognized and valued. When advising women, Mary focuses on rebuilding women's' self-confidence, self-esteem, and resilience through spiritual counseling. She focuses on helping women understand the essence of self-esteem — that God intended their lives to center around love, and that they are worthy of happiness and respect through biblical principles.

Mary believes that improving spiritual accountability enables women to understand their strengths and weaknesses, and leads women to become more cognizant of toxic relationships. She believes that, in time, such accountability will offer them a deeper understanding of life's purpose in ways that change behavior. Mary observes a lack of cultural competence among outside resources. She says outside resources do not understand the essence of Black culture and therefore are unable to provide adequate support and are unable to effectively treat Black women who have experienced IPV. Mary believes that submissiveness is mutual respect within a union which requires spouses to submit to each other.

P5 - Paula

Paula is a married woman between the ages of 55 and 64. She is Director of Ministries at a Baptist church and has over 20 years' experience as a clergy leader. She has a graduate degree and has counseled 1 Black woman who has experienced IPV. Paula was friendly and dynamic person. She was passionate about preparing youth for adulthood by helping them grow spiritually, mentally, and socially so they could cultivate healthy relationships. When it comes to

abused women, Paula is most concerned about their psychological well-being. Her primary focus is to improve women's self-esteem not only through empathetic listening but also by coming together in prayer to invite the presence of the Holy Spirit for comfort and encouragement. In the healing process, Paula believes in creating a sisterhood environment in the church where women can come together, empathize, and gain emotional relief. Paula felt that she was disconnected and unaware of many community resources that support Black women who have experienced IPV. Also, she expressed anger toward the Black church for failing to recognize and address mental health in the Black community. Paula believes that submission requires women to respect their husbands and to support them as men who love Christ as Jesus loved the church. For her, submission does not imply that a man is above a woman but rather that people fulfill their roles as servants to God.

P6 - Candice

Candice is a divorced woman between the ages of 45 and 54. She is an associate minister at a Baptist church and has 5 years of clergy leadership experience. She has a graduate degree and has counseled approximately 10 Black women who have experienced IPV. For many years, Candice worked in health care, where she supported women who experienced abuse. Candice carried herself in a relaxed, confident manner and consistently made eye contact. During the interview, she kept her Bible handy and occasionally consulted scriptures when discussing her beliefs and experiences. When advising women, Candice utilizes prayer as a rich relational engagement approach that invites the presence of the Holy Spirit. Her goal is to alter Black women's minds and redirect their focus toward desiring God's purposes.

Candice said she felt most comfortable responding to emotional needs of Black women, and that she felt unequipped to develop a safety plan and responding to psychological concerns

beyond anxiety. Candice believes in providing holistic care by collaborating with outside resources, though she has experienced barriers including availability of providers and eligibility requirements from shelters. Candice believes that IPV is outside the realm of marriage that God stands for and that scripture is often manipulated to gain a sense of control. Her beliefs emerged from positive affirmations consistently expressed by family members during her childhood and through her understanding of the scripture.

P7 - Ruth

Ruth is a 65 year old divorced woman. She is a deaconess at a Baptist church with 6-9 years of clergy leadership experience. She is a high school graduate with some college credits. Within her experience as a clergy leader, Ruth has counseled 30 Black women who have experienced IPV. Ruth was soft-spoken, avoided eye contact for about half of the interview, and became emotional when discussing her experience supporting abused women. Ruth described herself as a fixer who utilizes prayer and empathetic listening to support Black women who have experienced IPV. When advising such women, she often experiences emotional contagion in which she carries the emotional pain of their IPV experience.

As a spiritual advisor, Ruth seeks to listen well and meet women where they are so she can provide resources specific to their needs. She has no experience helping Black women develop a safety plan and primarily enlists church resources to support women. Ruth expressed that at times she felt unqualified to adequately help Black women due to her lack of training. She also did not feel like the Black church had the tools to properly navigate such situations. She believes that collaboration with a professional and education for church leaders would be beneficial in supporting women who experience IPV in the future. Ruth does not believe in submission, which she interpreted as one individual having control of another. She says this

views, a common one in the Black church, resulted from misteachings of scriptures being presented from male points of view. Based on her understanding of the Bible and her upbringing, Ruth believes that God intended women and men to be equal.

P8 - Deborah

Deborah is a divorced woman between the ages of 55 and 64. She is a pastor at a nondenominational church and has 5 years of clergy leadership experience. She has a college degree. In her experience as a clergy leader, she has counseled approximately 5 Black women who have experienced IPV. Deborah asked that I pray with her prior to starting the audio recording. Deborah expressed her passion for helping people and had strong eye contact throughout the interview. Deborah utilizes "biblical medication" to advise and motivate women by providing them scriptures upon which they can meditate and reflect on God's word in relation to their current relationship, which in turn alters how they think and how they chose to live moving forward.

Deborah felt that dealing with psychological needs were beyond her ken and so when necessary she consults with a friend who works in mental health care. She consistently faces the barrier of the limited availability of shelter when supporting women who have experienced IPV. Deborah also expressed her great frustration and anger with Black male clergy leaders because they fail to address IPV in sermons. Deborah strongly believes women need to leave abusive relationships, and she reflects on her own experience with abuse when helping women devise safe ways to leave. She thinks violence is not of God's will and views submissiveness as couples submitting to God together. These beliefs emerged from her life experiences, which led her to develop a deeper relationship with God.

P9 - Elizabeth

Elizabeth is separated woman between the ages of 35 and 44. She is a minister at a Pentecostal church and has over 10 years of clergy leadership experience. She has a college degree. In her experience as a clergy leader, she has counseled approximately 10 Black women who have experienced IPV. Prior to starting the interview Elizabeth wanted to ensure the confidentiality of the interview and asked a couple of times if her identity would remain private. The interview was stopped once so Elizabeth could tend the child she was babysitting. Elizabeth is a caring person who is passionate about IPV. She sees herself as a fixer; when unable to alter the mindset of women, she carries their emotional pain. Identifying safety outlets and building a woman's self-esteem are her main priorities when advising women. She utilizes her personal testimony and scriptures along with practical advice in trying to build a trusting and relatable relationship with Black women she advises.

Elizabeth felt like she was moderately equipped to develop safety plans. When contacting outside support systems she experienced resistance and barriers, which she believes is related to Black women being viewed differently. She believes staff members at the support systems practice racial stereotyping of Black women, not recognizing them as victims. This situation impedes Black women's ability to utilize the resources. Elizabeth described her biggest challenge as being insecure with the advice she provides. She felt that a manual would greatly assist her so she could ensure she was taking the correct steps in supporting Black women. She believes submissiveness includes having a mutual respect in a union, and it does not sanction any form of abuse. These beliefs emerged from her upbringing and cultivated relationship with God.

P10 - Julia

Julia is a married woman between the ages of 55 and 64. She is a minister at a Baptist

church with 6 to 9 years of clergy leadership experience. She has a professional degree, and in her experience as a clergy leader she has counseled approximately 2 Black women who have experienced IPV. Julia described herself as a passionate and nurturing person who is a minister, but a woman first. When advising women, Julia often would feel angry when she heard about abuse, which led her to focus on providing secular advice. She believes that God does not hold women to things that are harming them physically and mentally, including their spouse. However, she advises women to obey their husband not only due to her understanding of biblical teachings on marriage but also to reduce the likelihood of further abuse. Julia said she had little experience developing safety plans and experience using outside resources, but she felt comfortable meeting Black women's emotional and psychological needs due to her intuition, compassion, and biblical counseling training. She believes that Black male leaders sweep sensitive issues such as IPV under the rug, resulting in a lack of response and support within the church leadership.

Although Julia believes outside resources can be helpful, she says churches need to develop more resources to support survivors of IPV. In the context of marriage, Julia believes in male dominance and female submission. Therefore, women must honor their vows, comply, and not refuse their husband. In Julia's interpretation of the Bible, submission requires women to submit their whole being and serve their husband despite any presence of abuse in the marriage. Her experience witnessing abuse as a child and experiencing IPV has shaped her beliefs and the advice she provides to Black women who have experienced IPV.

P11 – Eve

Eve is a married woman between the ages of 45 and 54. She is an associate pastor at a non-denominational church and has over 10 years of clergy leadership experience. She has a

graduate degree, and in her experience as a clergy leader she has counseled between 7 and 10 Black women who have experienced IPV. Eve was calm, made strong eye contact and presented herself in a confident manner. She described herself as a compassionate woman who holds the gift of discernment. Her experience as a spiritual advisor and secular counselor have aided her in advising women who have experienced IPV. She believes in the value of combining both Christian counseling and secular counseling when advising women. In particular, Eve utilizes scriptures to build-self-esteem and to repair the present, and she probes women's experiences using secular counseling to understand the root of the problem that lead to IPV.

Eve's experience in secular counseling makes her feel comfortable working with women having emotional and psychological issues. However, she found it important to collaborate with congregation members who work in health care. She believes that the rules and regulations of outside resources often minimize the spiritual component of support. When utilizing shelters, Eve has consistently experienced barriers that inhibited her ability to support women through their spiritual growth and emotional healing. Eve believes according to the scripture that abuse, adultery, and abandonment open the door for divorce. She also believes that scriptures focusing on submission are often misinterpreted and misutilized, which has led to false teachings about IPV and submission.

P12 – Victoria

Victoria is a single woman between the ages of 55 and 64. She is an associate pastor at a Methodist church and has over 20 years experience as a clergy leader. She has a doctorate and was a police officer. In her experience as a clergy leader, Victoria has counseled over 10 Black women who have experienced IPV. Victoria carried herself in a relaxed, confident manner and made strong eye contact. Victoria primarily focuses on providing practical advice to ensure the

safety of survivors. Victoria was comfortable responding to the emotional needs of Black women who experienced IPV based on her background in law enforcement, training on dealing with abuse, and seminary training.

She acknowledged certain areas that were beyond her expertise and believes in offering holistic care within the church. Victoria established a health ministry using Christian counselors, nurses, physicians, and health care researchers to help meet the needs of Black women. Challenges she sometimes faces include limited shelter space and resources available on the weekends. Victoria feels that her experience in law enforcement in conjunction with being a spiritual advisor is a blessing and a curse. She says she can discern IPV situations well because of her law-enforcement training, but she sometimes has preconceived notions regarding abuse that stem from working with women who were not completely honest. Victoria believes submission is viewed and practiced untraditionally due to Black culture in which Black women are the head of the households. She believes that a marriage requires submitting to the will of God and so men and women must submit to each other. Her experience witnessing abuse and working in law enforcement shaped her beliefs about IPV and submissiveness.

Overarching Theme and Subthemes

The aim of the analysis was to gain a thorough understanding of Black female clergy leaders' experience advising women who had experienced IPV. The beliefs, views, and understandings of the phenomenon that were hidden in their stories were examined. An overarching theme and three subthemes were discovered and elucidated from their stories. The overarching theme, *We are Our Sisters Keepers,* subsumes the subthemes *Support Advocate, Spiritual Advisor*, and *Roadblocked Leader*.

Figure 1: Overarching Theme and Subthemes of the Lived Experience of Black Female

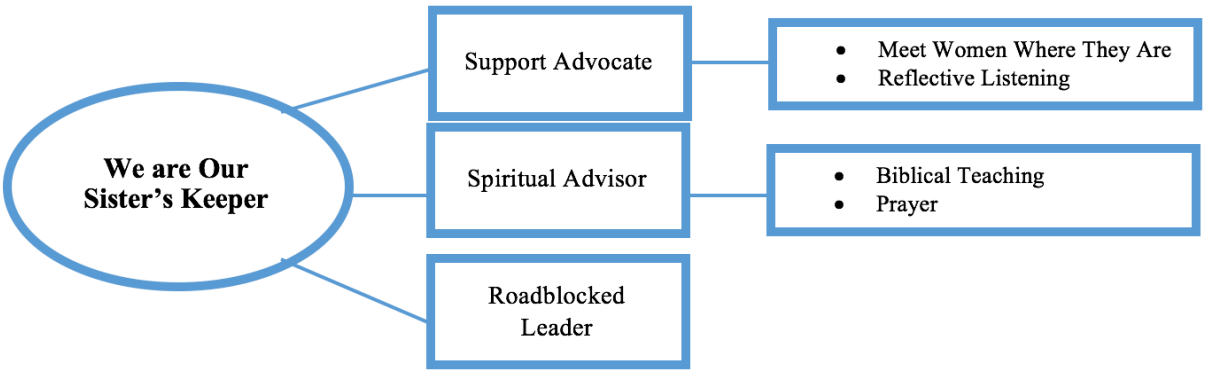

Figure 1 shows the overarching pattern in which *We are Our Sister's Keeper* is the main interconnection piece between *Support Advocate, Spiritual Advisor*, and *Roadblocked Leader*. The circle shows the root link of the relationship between the 3 subthemes. The circle in Figure 1 represents the foundation and essence of Black female clergy's beliefs and experiences as responders to IPV.

We are Our Sister's Keeper

The overarching theme, *We are Our Sister's Keeper*, illustrates the overall role Black female clergy believe they serve as responders to IPV among Black female congregants. As Joy stated,

> "All these links link up together and ya know and makes a strong chain of sisterhood. So yeah that we (Black female clergy) are our sisters keeper and we need to be on the lookout for the silent victims."

"*We are Our Sister's Keeper"* signifies Black female clergy leaders' resilience and compassion as they help Black women heal and grow toward having God-centered, healthy relationships. By Black female clergy being a reliable link of support in turn results in Black women too becoming a link within servitude as a helping hand for other Black women who have

experienced IPV. Moreover, this theme also describes Black women's common bond in which they openly and honestly share their pain and help their sisters heal by uniting their voices.

Black female clergy felt that the main components of serving as "*Our Sister's Keeper*" are to be a support advocate and spiritual advisor. As support advocate, Black female clergy meet women "where they are at" spiritually, mentally, emotionally, and physically to help rebuild their lives holistically. As support advocates, clergy used their personal platform to raise awareness about IPV as well as provide a sense of safety through their personal connections and through reflective listening in which women could authentically share their experience of IPV. As a spiritual advisor, clergy leaders helped women find their voices and inner strength by teaching them how to love themselves through scripture and prayer and by guiding them to strengthen their relationship with God through Christian counseling.

However, Black female clergy leaders experienced roadblocks that inhibited their ability to respond adequately to IPV. Roadblocks included lack of knowledge about resources and IPV training, lack of support from the Black church, and exhaustion from the emotional demands of dealing with a plethora of high stressful situations. Also, it is important to note that roadblocks resulted in Black female clergy experiencing various levels of frustration. *We are Our Sister's Keeper*, is the foundation for the three subthemes, *Supportive Advocate, Spiritual Advisor, and Roadblocked Leader* that describes the lived experiences of the 12 Black female clergy leaders who advised Black female congregants experiencing IPV. Each subtheme will be further discussed in the next section.

Theme 1: Supportive Advocate

Meet Women Where They Are

Clergy reported that being a supportive advocate was one of their primary roles. They

emphasized the importance of "meeting women where they are at" as an initial response. "Meeting women where they are at" encompasses recognizing Black women's unique background and story without reframing it, putting aside assumptions of needs among women, and being mindful of where women are spiritually. By "meeting people where they are at", clergy appeared to focus on gaining a deeper understanding of each woman's story.
Ruth stated,

> "So, each person is different, like we say here everybody's at a different place in their walk and their religion, so you can't just put people in a box, and so you have to meet people where they are."

This statement conveys that Ruth and other Black female clergy leaders see the importance of recognizing the unique story of each woman who experiences IPV. It is important to focus on where they are spiritually, mentally, emotionally, and physically to help rebuild their lives after their experience with IPV. By meeting Black women where they are, clergy were better able to attune to women's holistic needs as well as giving Black women an opportunity to be seen, heard, and understood. Black female clergy aimed to be an advocate that truly sees the survivor for who she and where is at, as well as recognizing the pain she has experienced.

Some clergy described putting aside their assumptions regarding the needs of women in order to meet women where they are. Joy stated, Kind of listen to her rather than imposing what I think a person should do. I wanted to listen to her and see where she was." Similarly, Julia stated, "Biblical counseling taught me that you always play to their needs rather than what you think they … need. You literally find out what a person needs and help them get what they need."

When Black female clergy eliminate their assumptions of survivors needs, it bridges the gap to communication. This creates an environment in which person-centered care thrive in a

manner to adequately meet the needs of Black women who have experienced IPV. Furthermore, Black female clergy focused on supporting survivors in ways survivors wanted to be supported.

Black female clergy emphasized the importance of meeting people where they are spiritually. This includes recognizing that each woman is at a different stage in her spiritual journey, and adapting to survivors' needs will lead to spiritual growth, maturity, and healing. For example, Candice stated, "I meet them where they are to get them where they need to be. We're not giving up on this thing and whatever it takes ya know umm… spiritually and safe ya know safely whatever it takes within reason."

Another clergy stressed the idea of using other women who had experienced IPV as a resource to help meet women where they are spiritually. Joy said,

> "If we're talking about a young lady who may not be at that point yet, you have to meet folks where they are. And so I've found that there is something healing in being with other people who have been through similar situations."

This statement suggests that meeting people where they are means creating a space in which Black women can freely express who they are.

Clergy believed that meeting people where they are doesn't mean taking control of their situation, but rather to connect with them — to walk along side them and guide them to a divine, healthy way of living. Candice said,

> "The trust and the support that I am, I was capable of taking her, meeting her where she was and then taking her to whatever next level she needed to be. That was very important too. Meaning that wasn't micromanaged or even put in a position say okay let me just take over."

Reflective Listening

As support advocates, Black female clergy stressed the importance of listening to gain a thorough understanding of survivors experience with IPV and to help create a safe space where Black women could release emotional pain. Clergy felt that Black women wanted to heard, respected, and understood; once they feel understood emotionally, they became motivated to take the steps that would lead them to safety.

Clergy also felt that listening indirectly helped improve women's self-esteem because it showed that they are respected and valued. Therefore, the act of listening to survivors conveyed human care, which showed divine care. Clergy described how they supported women through reflective listening, in which they listened not only to survivors' words but also to their feelings. Clergy believed that listening well allowed them to follow-up with questions that drew out information to better understand the types of support and resources they needed.

Rachel said,

> "My role being a care giver…mainly first of all listening to what their needs are. So, everybody has an avenue or a chance of having someone listen to they story and listening to them in a non-judgmental way where they can feel relieved and comfortable. Then this person not going to take this and use this against me. This person is going to take this and try and help me figure out what I need to do and be sufficient in my area."

Furthermore clergy experience using reflective listening enhanced their ability as support advocates to provide appropriate resources.

Joy stated,

> "I find that listening will lead me to resources that I can offer to that person, and I know I'm not the fixer and I let folks know I can't fix what's happened but I can listen to you. Yeah, and provide direction."

Black female clergy leaders discussed their experience using reflective listening to guide the conversation. Allowing survivors words and emotions lead the conversation allowed clergy to better provide support that would meet Black women's specific needs.

Rachel articulated,

> "As for advice. I listened to what she was sharing. I mainly reiterated what she shared with me what she wanted like she wanted safety… So my whole comfort piece was in there to bring comfort to her, reiterate how she was feeling, to let her know what she was saying is something that will be good for her and her household, and to let her know who to lean on when she want to reflect back on what used to be."

This statement suggests that Black female clergy express compassion and empathy through listening, which in turn allows survivors to feel comfort and security. The statement also suggests that the bond listening creates between survivors and clergy allow further counseling to take place.

A few clergy leaders noted that seminary training taught them how to listen effectively, which has aided them in supporting Black women who have experienced IPV.

Joy stated,

> "In seminary you get pastoral care which incorporates listening, you know, and talking about how to listen to a person and just be present with the person in that type thing so you know its not like they are on the couch so to speak but you know you're with them and you're listening more than talking."

As support advocates, clergy leaders noted having an array of emotions when listening to survivors' stories. But they felt comfortable responding to emotional needs.

Elizabeth said,

> "Hurt, I really felt scared for her… so for me it was trying to be there for her…you know somebody who she could talk to someone who she could cry with but also as a minister."

Mary held a similar view by stating,

> Sad, really sad for her and for her kids umm… a little helpless, too, because not being a psychiatrist… I'm also a woman whose had family members that have experienced violence. So, I'm coming from that point of view but also thinking, you know, what else can I give. What kind of help can I give to her so that she can get out."

These statements indicate that, even when uncomfortable, Black female clergy can embrace their emotions while interacting with survivors to help them reach a place of safety.

As support advocates, Black female clergy thought it important not only to guide women to physical safety but also to create a safe space in which emotional release and healing could take place. A safe space is one in which Black women could pause and examine their lives, explore alternatives, rebuild trust in themselves, and release the manifestation of built emotions and pain. Many clergy discussed using the power of sisterhood in the healing process and as a tool to provide a safe space for Black women. By sharing a sisterhood both in Christ and in the Black culture, clergy felt that Black women were able to care for one another and tackle life's difficulties together. Candice stated, "I've seen the best way. They call on their sisters and then they go in collectively in prayer."

Several clergy found it important to create a safe space within the church where Black women could learn from one another and share their personal testimony for strength, growth, and emotional safety.

Paula stated,

"Yes, Waiting to Exhale that kind of mess you know. That kinda sisterhood that's real. That's real, and we can do that. I don't know if that's it, but we can do that. I mean when you in a like here at the church, you know, you get around a bunch of us and get in the room. And you know we can just eyeball each other and just know that girl's hurtin' over there. But just hug her, and she leaves refreshed. Hadn't said a word, hadn't said a word. Aint said my man, aint said my kids, haven't said my finances. Just you know boom boom and it's just sweet. So, more of those kinda sister things if you can't afford to go to a psychiatrist, a psychologist. We need to help our young women and our older women, too, learn that you can go to these sets of groups of sisters and just take your shoes off."

Paula and several other clergy leaders felt that using sisterhood to create a safe space not only allowed women to build positive relationships with one another but also to support, uplift, and encourage one another when dealing with the struggles of an abusive relationship. Also, some Black female clergy believed that creating a safe space of sisterhood helps to break the cycle of silence which in turn increases a Black woman's support circle.

Joy said,

"I've found that there is something healing in being with other people who have been through similar situations… there is life after and that you become a link for the next person to help them to survive, to help them to come through and all these links. Link up together and, ya know, and makes a strong chain of sisterhood. So yeah, that we are our sisters' keeper, and we need to be on the lookout for the silent victims."

This statement indicates that when clergy use their platform to bring Black women together and facilitate a sisterhood gathering, it aids in the recovery of mental and emotional

trauma. That, in turn, ultimately leads them in the direction of safety.

Black female clergy were clear that their role was not as a psychologist or mental health counselor, but rather as a spiritual or lay counselor and gatekeeper to formal health care services.

Deborah stated,

> "Psychological needs. I give her some counseling because I'm not a therapist I'm not a psychologist. I can refer her, umm… but as far as me giving her any type of psychological counseling or help or anything — that's out of my lane."

Many clergy referred women to professional health care services, and some clergy referred survivors to Christian counselors or congregants in their church who have a background in health care. Some clergy preferred to utilize individuals they knew and trusted.

Victoria said,

> "There are persons that I've worked with that are Christian counselors that we make referrals to, as well as we have some members in our congregation, too, that are social workers. In particular we have a member who works down in municipal court dealing specifically with persons who have domestic violence cases that are coming up on the court doc."

Black female clergy recognized their boundaries as support advocates and acknowledged the need to collaborate with outside resources. They felt the mental issues they encountered while working with survivors were rooted in causes that extend beyond spiritual issues and therefore need to be appropriately addressed through their personal connections. Moreover, Black female clergy leaders said that working with outside resources aided them in providing holistic care by uncovering the root cause of the situation.

Mary said,

> "I always want to have another resource because if they need some real medical, some professional help, then I want to be able to refer them there. Because there are some instances they need a professional. They need therapist, they need psychiatrist…. so you know we have to get to the root of it. I think sometimes they may need professional help to pull that out because they may not understand what is root that is allowing me to stay in this situation."

Theme 2: Spiritual Advisor

Black female clergy believed that Black women view and define health differently than their white counterparts, and it begins with their emotional health. Therefore, as spiritual advisors they focused on emotional healing to rebuild emotional strength and self-esteem through prayer, biblical teachings, spiritual counseling, and education.

Prayer

Black female clergy leaders expressed how, in their role, they often utilized prayer as a tool to advise and respond to Black women who had experienced IPV. Clergy discussed how they used prayer a tool for wisdom and direction for themselves — specifically, using prayer to provide clarity about how they should support women who have experienced IPV. Clergy felt that prayer for discernment allowed them to recognize and respond in ways that would fulfill God's will for survivors they had advised.

Victoria stated,

> "Try to [pray] before, especially if I know what the person is coming into the office here, for make sure that I have prayed for discernment. So, I umm, when I leave for the day, I'll say it that way that I'm not taking those things home with me also."

Moreover, Black female clergy felt that praying for discernment brought personal clarity, guidance and wisdom for survivors. Discernment allowed survivors to uncover things they had not been aware of within themselves and their abusive relationship. Joy said, "My first advice is usually being a spiritual person is to pray, and I prayed with her and prayed for wisdom and clarity for her."

Paula stated,

> "I believe that if you pray and you ask God, he'll tell you what to do. And you need to do it. You just do what he's gon tell you what to do, and you just need to do it and just go on. 'Cause I lived that. I just, I couldn't, if you had told me when you know any time before that that would've happened, I would've said that's not biblical (inaudible), but it happened to me."

This statement suggests that Paula and other Black female clergy believe that prayer shifts the mindset of Black women and moves survivors from focusing on their own personal desires to open themselves up to what God wants them to do with their relationship and their life.

Many Black female clergy leaders expressed their belief that men take scriptures out of context in order to support their right to abuse. Therefore, clergy leaders used prayer so that the Holy Spirit could directly feed knowledge and understanding unto survivors mind and heart.

Candice stated,

> "We know people sometimes, oftentimes, manipulate scripture to gain control. and I didn't even go there, any type of scripture. I went there with prayer because I wanted her, I wanted the presence of the holy spirit to dwell in her, to change her mindset for whatever she was thinking. If she was thinking that, 'Okay God, I deserve this. I shouldn't have did that.' "

Clergy also described how they used prayer as a tool of comfort and healing for Black women who experienced IPV.

Paula stated,

> "I remember praying with her, and I remember, uh… the emotion of the prayer. I'm remember asking, and I think this is because what I always do… asking God's favor to give her comfort and, uh, recognize that, even in bad situations, he's there and he loves us."

Many clergy leaders stressed the importance of collectively coming together in prayer as support advocates and as Black female Christians. In doing so, clergy felt that it brought a sense of unity in which women could freely discuss their testimonies, meditate, and gain a sense of strength and encouragement.

Candice stated,

> "I've seen the best way. They call on their sisters, and then they go in collectively in prayer…Collectively coming together in prayer because what happens with Black women is we'll get on the phone, and they'll get on the phone. They'll tell somebody, but its secret. Its hush-hush, ya know, a lot of times, especially in our traditional… and so I looked at women in our church as strong. And when they pray, the prayers were going to manifest and keep them strong. Encourage them and keep them lifted up!"

Biblical Teachings

In discussing their role as spiritual advisors, clergy noted the importance of survivors having a healthy view of themselves. Therefore, they worked to help Black women build their self-esteem as a way to recognize their value. Clergy used scriptures focusing on women's worth in God's eyes as well as explaining the biblical image of self.

Mary said,

> "Building her up, but using biblical principles to make her understand that she's beautiful, she's loved, and she doesn't have to stay in this situation. She can provide for herself and her family, and God will help her do that… when I'm talking to her about spiritual things, its like God loves you, this is not his will for your life. No woman should have to endure this. And so I'm talking to her, sharing with her the love of God and letting her know that he created you, you're a wonderful, beautiful person, you don't have to endure this. There is someone else out there that will love you for who are you, that will love you unconditionally. And if not, know that God loves you unconditionally. And he'll love you better than any man will love and will provide for you better than any man."

This statement indicates the importance of sharing God's word to offer Black women information about their identity and the building blocks to self-confidence.

As support advocates, clergy leaders utilized scripture and biblical teachings to educate women about what a biblical healthy relationship should look like. They also found it important to share the biblical perspective on marriage. In these ways, clergy believed they brought self-awareness to Black women, gave them an opportunity to reflect on their current relationship, and allowed them to gain a biblical foundation for relational wisdom. With these tools, the women could lead themselves to a safer place and a healthier state of mind.

Eve sometimes uses Proverbs 31, which describes a virtuous woman serving God, family, and community. It provides meaning of a woman's worth and thoroughly outlines her responsibilities. The passage suggests that women can only provide for others if they see to their own physical, emotional, and spiritual needs. Women are advised to rely on the wisdom of God

in order to live a happy, healthy, and prosperous life. Lastly, Proverbs 31 highlights a woman's worth, recognizes the inner beauty she poses through Christ.):

> "You know, sometimes I'm dealing with a woman, [and] they have never even read Proverbs 31. They begin to read and look at Proverbs 31, and I just tell them, okay, you know this may look like this woman's may got a whole of work to do. But what can you relate with? Which one of those [scriptures], that quality that you have and having them see you. Know what I have? I'ma have, oh, I got two of these. That relates to me. Okay that's a building ground. That's a foundation for them to believe, and there's so many scriptures, even though all the baggage that women regardless of what they came out of."

Some clergy leaders talked about using biblical teachings to challenge traditional teachings on the permanence of marriage. They discussed teachings that addressed grounds for divorce, and that provided insight into when it is acceptable to exit a relationship. Many clergy leaders felt that it was imperative for survivors to understand that IPV violates marriage vows.

Eve said,

> "Jesus speaks to us. He says abandonment, adultery and abuse — those are the areas that open the door for a woman to escape if she wanted to get a divorce."

Some clergy believed scriptures are sometimes twisted in ways that manipulate survivors emotionally so that IPV perpetrators remain in control. In response, their role as spiritual advisors required them to educate survivors correctly on biblical texts so they could gain a sense of self-worth. Some clergy also believed in sharing their personal testimony along with biblical teachings to support Black female congregants' who have experienced IPV.

Deborah stated,

> "I share with them my belief verbally. I can also show it to them and let them see

where I got it from and why I believe it. And so I think that gives strength to my belief. And I think it gives them the confirmation. It gives them a strength to say, 'Oh, okay, okay, she's just not telling me something just be telling me something, you know. I read this, and now I see this is where she got it from. And it worked for her. Work for her because there are times.' And this sharing, when it comes to these women or these men, I will share my own personal. It all depends on where they are."

All clergy said that IPV was neither the will of God nor part of a Godly marriage. As spiritual advisors, they found it imperative to use scripture to help convey that message to survivors about IPV and other forms of abuse. Leaders noted that, in the context of marriage, the will of God was healthy, happy, and fulfilling, a positive view that conflicts with being in an abusive relationship. In particular, they felt that God shows us what is not his will when circumstances in our lives and relationships are not cohesive. Clergy leaders said that abusive relationships hinder survivors from fulfilling the life role God intended for them. Therefore, to fully understand God's will, survivors should prioritize God's will over their own will for their relationship. Black female clergy sought to advise women in a manner that would alter their state of mind, attitude, and behavior through Christian counseling and biblical teachings. They thought it important to incorporate biblical teachings within counsel in order for women to understand that experiencing IPV was not in God's plan for them.

Paula said,

"I had a woman tell me this, and I chewed on it for a while: God doesn't want you to be hurt just to be hurt like that just to take hurt. He don't want that. He don't want that for you. God don't want that, so I, and I said to myself, "You know, he don't, do he? Cause if he wanted that, then why did he die on the cross? Why did he take hurt for me?

If he wanted me to take hurt, it's just something that's lopsided by that."

This view was held by many clergy leaders who felt that everyone was created to have emotional peace and a strong self-esteem: IPV violates God's commands and therefore goes against God's plan.

Some clergy noted that, as spiritual advisers, they had to unteach ideas of God's will regarding abuse because of false teachings in women's upbringing. Clergy used scripture and biblical teachings to correct misinterpretations.

Mary stated,

> "Indoctrinated into them to think that, 'I've got to stay because that's what I've been taught. And if I leave, then God's going to be mad at me, and I'm going to be out of Gods will. And that's the will of God for anybody to stay in any abusive relationship.' "It's not his will at all (laugh)."

Clergy believed it important to deal with the concept of submission when counseling IPV survivors. Clergy defined submission as willing conciliation, meaning that women choose to submit to their husbands. They are not to be forced to submit, however. clergy leaders believed that, in willing submission, women's role was to respect their husband. Paula said, "The bible says men love your wives. It says women you respect your husband. I aint even gotta love you. I just gotta respect you. But you got to love me." Clergy said their views and beliefs regarding submission were rooted in their upbringing, witnessing and experiencing IPV, having a mature understanding of scripture, and a developed relationship with God.

Olivia said,

> "Having grown up and matured in my perspective and my understanding of the word, I don't feel like God is saying, 'Stay in a relationship that does not serve you to the

point to where it can be unhealthy for you.' "

Many clergy viewed marriage as a mutual servanthood in which each person puts their significant other's needs above their own. However, when IPV is present, women cannot submit to their husbands because it renounces the standards of God's word and would require her give up safety.

Deborah stated,

> "Submissiveness, yeah, to me is not about one having power over the other. It's about who has the wisdom, who has right answer or solution for our household, and the way we should go. Because you have sought that from God, not just your own interpretation… If I'm going to take it back to the Bible, and I am to be where I am: To be submissive to my husband, and we're submit to one another and all that, its all good it's all fine. But, in the in the context of that, whoever is being submissive to another, it's because we have a relationship with God, and we're hearing God and we're being led by him, So, therefore, it's going to be for the betterment of this relationship."

One clergy member voiced a view of submission known as complementarian, or the belief in upholding gender-specific roles in marriage. She believed that women are required to submit to their husbands' leadership. She interpreted scripture such that, when advising women using biblical principles, she told them to comply with their abuser's authority.

Julia said,

> "Submit means submit to everything. If the sandwich, the beer, sex. If you're going to stay, and you know you got this man that bosses you around like you're his servant…my advice to anybody would be to submit. Submit to whatever he ask of you."

Black female clergy leaders discussed their belief of holding men more accountable when

it comes to practicing submissiveness. Many clergy leaders believed that men are intended to lead the home as the "headship." Therefore, God holds men personally responsible for what occurs in the home. This emphasis is on responsibility and accountability, not control and power.

Elizabeth stated,

> "Now that I'm getting a lot older is, but it's when God was saying, you know, wives submit your self your husband. In my opinion, I think he was talking about the men following him."

While discussing submission, clergy leaders noted misconceptions plaguing the Black church and holding Black women in bondage to abusive relationships. Misconceptions include: 1) submission as being gender-exclusive 2) submission as a right and 3) submission encouraging abuse. Clergy leaders felt that it was imperative to shed light on these misconceptions through counseling that incorporated biblical teachings to help Black women break free from the emotional bondage of IPV. Moreover, many Black female clergy leaders believed that submission was mutually inclusive, in which men and women both have the responsibility to submit to each other.

Mary passionately articulated,

> "So, we need to submit to one another. Its not just the man, its not just the woman submitting to the man. You have to submit to the woman as well. When you get married you, you no longer, your body doesn't belong to you. It belongs to me, and mine belongs to you. We have to learn how to submit to each other, we have to learn how to provide for each other needs. So, were submitting one to another. And yes, the wife is submitting because the husband is the head. That don't mean you step on me, that don't mean I'm walking behind you."

As spiritual advisors, Black female clergy believed in educating survivors to understand that submission and authority are part of biblical context. Many clergy were firm in their belief regarding men not having a right to demand submission. Clergy leaders believed that submission is a choice, not a right for a woman to take that personal responsibility if she chooses so. Therefore, as spiritual advisors, clergy utilized biblical scriptures to convey this belief to survivors.

Deborah stated,

> "There's another passage that came to mind. Just say when you said that it talked about that we are to submit one to another, and so submissiveness to me is not about being domineering over a person, you know. But submissiveness is when there's two people, and whatever is on the table, whatever topic, whatever conversation, or whatever — it may be whomever is got the right logical best answer for that situation, then hey we both going to submit. And let's do that because that's what's going to be the betterment of our household or the betterment of our relationship."

Clergy discussed their experience sharing with survivors specific scriptures demonstrating what submission is and what it is supposed to look like in the context of a Godly relationship. They felt that is was instrumental to provide Black female congregants with the correct knowledge regarding submission to adequately support and address issues related to survivors IPV experience.

Joy articulated,

> "Bible talks about the man being the head of the household right? That head is positional so to speak, meaning that as Christ is the head of the church that the husband is the head of their wives. Christ loves the church, Christ gave his life for the church, Christ

sacrificed for the church. That's the image of the husband that is the head of the household. One who is self-sacrificing, who is unconditionally loving. You don't find that in IPV. And so, when I explain that to women, they see immediately that is not the example that is being set in their household."

Joy and other clergy leaders believe in providing biblical educational information to helps Black female congregants examine their abusive relationship from a different perspective. It also raises awareness about how relationships should look moving forward in their lives.

Theme 3: Roadblocked Leader

Although Black female clergy leaders were passionate and active in their response efforts to support Black women who had experienced IPV, they described their experience as responders to IPV as discomforting and frustrating at times due to roadblocks that inhibited their abilities to support women. They commonly dealt with the following roadblocks: 1) challenges utilizing outside resources, 2) lack of training and unfamiliarity with community outside resources, and 3) limited support provided by the Black church.

Outside Resources

All clergy leaders believed in the benefits of using outside resources to help support Black women who have experienced IPV. However, all said there was not enough community resources that existed. Many clergy said that secular resources were lacking when it came to providing care culturally tailored to Black women. They felt that Black women often faced particular challenges when seeking services because the health care system does not understand Black culture nor do they understand the experience of being Black woman in America.

Mary stated,

"I don't think they tailor to black women. I think they just tailor to women period.

> And I was sharing that story about how some black women are raised because if you understand that, if you don't understand our culture, then you won't understand how to treat us. We come from a different line-up, ya know."

Mary and several other clergy leaders share this frustration —that the formal health care resources do not prioritize gaining a deeper understanding of Black culture and do not tailor care to meet their needs. In this view, formal health care services are structured in a manner that excludes the beliefs and needs of Black women. Therefore, such services fail to embrace the essence of Black culture, which results in their inability to adequately support Black women.

Several clergy leaders discussed undergoing a stigmatizing experience which blocked their ability to help survivors access community health care resources to meet Black women's specific needs. In particular, clergy described stigma-based barriers they faced when helping survivors access care. When clergy experienced racial stereotypes and also believed their culture was misunderstood raised frustration, concern and hesitation when helping Black women seek resources outside of the church.

Elizabeth articulated,

> "I just wish there were more resources and not a lot red tape to obtain those resources. Just, you know, take off the barriers so that people can get help. Sometimes people don't want to navigate a system or even enter in a system because it's too hard to navigate. It's, 'Where do I go?' …"Stop looking at black women as it's typical. This is kind of what you go through. You know you're on state assistance, you know what I mean? Sometimes I felt that way when it was reaching out for women"

This clergy leader and others expressed how limited resources, resistance from available

resources, rules and regulations obstacles, and stigma consistently created roadblocks in their ability to provide holistic care to Black. One clergy leader noted that the rules and regulations of community support resources created a roadblock, which essentially interfered with her ability to support Black women from a spiritual standpoint, and interfered with her ability to fulfill her role as a spiritual advisor.

Eve stated,

> "She want to be able to come to church and stuff like that. That was cut off, so although she had a shelter over her head, now her spiritual peace that was, you know, gonna keep her grounded was totally cut off because of the rules and regulations of her being at a facility. I can't call in to speak to her. I can't, you know. And then when she used to say, 'Oh, you can pick me up.' "I said, well, she needed 3 car seats, and they told her, 'Well, you gon have to walk down the street in order to,' … "I said, well how you going to have 3 car seats and get over to the because you wasn't supposed no one's supposed to know where she's at."

This shared experience suggests that, in the opinion of clergy leaders, secular resources such as domestic violence shelters did not value meeting Black women's religious and spiritual needs . Eve and other clergy leaders believed in incorporating spiritual and compassionate care into the overall healing process; therefore the lack of this spiritual sensitivity among secular resources was a roadblock in properly caring for Black women who experienced IPV.

Clergy were open about feeling unprepared to respond to Black women due to their lack of training and unfamiliarity with community resources.

Paula stated,

> "My lack of knowledge of resources, and like I said that was on me because I

believe it was something more was out there than what I knew…but I knew I was limited and so lack of knowledge of resources."

Like Paula, other clergy leaders experienced lacking the necessary available resources due to their unfamiliarity with community resources. Furthermore, most clergy expressed feeling uncomfortable helping Black women develop a safety plan due to lack experience in this task. Clergy leaders stressed the need for education and training so that they could become better equipped and more comfortable responding to IPV. This, in turn, would eliminate a roadblock they continuously face as responders to IPV.

Elizabeth said,

"I was in my comfort level, on a scale from 1 to 10, is probably about a 5 with that because it's, you know, devising a plan that they would actually want to follow." As far as developing a safety plan, I don't necessarily think I'm that comfortable with that."

In addressing the roadblock of lack of training, clergy leaders noted the need for collaboration between the church and community health services. Such collaborations would help them become better responders to IPV among Black women.

Eve said,

"We have to deal with them in a certain way, or it can go south, you know. I do believe we can do some more education on it, not pretend that it's not there and it's not in our churches."

Several clergy leaders mentioned particular areas of care that were beyond their scope of expertise and that created a roadblock to responding to Black female congregants' who had experienced IPV. One such areas was addressing psychological needs. Moreover, clergy also recognized the need for professional support and referrals to trained professionals for support.

Mary said, “The root has to be discovered in order for the person to be healed. And so, sometimes I think that calls for professional help.”

Although Black female clergy leaders experienced roadblocks when responding to IPV in areas of care that were beyond their expertise, some referred women to professional resources, particularly for issues surrounding extreme anxiety and depression.

Rachel stated,

> “When I’m dealing with someone, and I see is beyond what my scope of practice may be and I feel like they need to be referred to a therapist or counselor, I let them know that. I don’t sit there and try and give any diagnoses because I’m not a physician. But I sit and listen. Some anxiety and anxiety and stress is leaning towards more than regular, ya know, everyday stresses, is leading towards something that’s deeper than…the norm I know how to refer off to a specialist.

Another roadblock and frustrating experience that over half the clergy noted in responding to IPV was the lack of support from the Black church. They cited the following reasons: 1) the belief that Black men do not know how to properly respond to the emotional needs of women who have experienced extreme trauma, 2) the belief that men do not recognize the importance of addressing IPV, and 3) because IPV occurs within church leadership. Joy stated, “On the issue when men are silent or something like that, to kind of raise awareness that men have this responsibility to care for the women, and we’ve gotten away from that big time.

Black female clergy leaders noted the lack of support given within the Black church created a roadblock in their ability to implement prevention practices and intervention programs within the church itself, which resulted in them feeling frustrated . Responding to IPV and experiencing roadblocks diminished their ability to provide care as well as burdened clergy

mentally and emotionally. The burden of hearing the stories regarding IPV was conveyed in how Black female clergy reflected on situations in which they had responded to IPV. Clergy felt vulnerable and were susceptible to experiencing some degree of pain, sadness, or anger when supporting Black women who have experienced IPV.

Deborah articulated,

> "….it can be a roller coaster, you know, an emotional roller coaster for the person who's trying to help them as well as well as the person who is in it."

This statement suggests that clergy leaders who are indirectly exposed to trauma can experience reoccurring emotional distress and mental exhaustion, which can take an emotional toll on their well-being.

In an effort to protect their emotional and psychological wellbeing when they felt they were becoming too vulnerable, some clergy leaders discussed their experience of detachment to protect themselves from distress.

Victoria said,

> "I'd say maybe more so protecting myself from getting too involved. There's what's know as compassion fatigue to where sometimes we can become more involved than we really need to be. If we try to take on the burdens of the person, we can become wounded healers"

This statement suggests that, because clergy are self-giving and deeply caring individuals, they can experience some level emotional exhaustion.

CHAPTER 5

The purpose of this study was to capture the nature and reality of Black female clergy leaders' experience as responders to IPV. Furthermore, this study sought to understand the attitudes and beliefs Black female clergy hold with regard to IPV. A number of studies have assessed primarily the role and perspectives of male clergy leaders (J. Dyer, 2010; J. T. Dyer, 2016; Levitt & Ware, 2006). However, few have explored the experiences of Black female clergy as responders to IPV. Therefore, to understand the essence of Black female clergy leaders' experience, the following research questions were addressed in this study: 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? One overarching theme, *We are Our Sister's Keeper*, and three subthemes, *Support advocate, Spiritual advisor, and Frustrated leader,* emerged upon the analysis of clergy leaders' narratives. This chapter discusses of the meaning of the findings as it relates to existing literature, followed by study limitations, the implications for practice and future research, and the conclusion.

Discussion

A significant portion of clergy leaders' response efforts fell within the context of spiritual advisor, which consisted of biblical teaching and prayer. . Utilization of spirituality as a means of support for survivors of IPV among clergy leaders in this study parallels reports in the existing literature (Adksion-Bradley, Johnson, Sanders, Duncan, & Holcomb-McCoy, 2005; Franklin, 1995). Prayer has been found to be a therapeutic tool in Black churches (Adksion-Bradley et al., 2005; Franklin, 1995). Prayer also was found to be crucial in releasing pain among Black Americans and was used as a source to bring physical, psychological, and spiritual relief

(Adksion-Bradley et al., 2005).This study deepens our understanding of how and why specific components of spirituality (scripture and prayer) are used.

Specifically, clergy in this study used biblical teaching and prayer to heal both spiritual and emotional wounds. Prayer provided personal clarity for clergy leaders with regards to how they should respond to IPV and provided a sense of knowledge, guidance, and understanding into the mind, heart, and spirit of Black women (the advisees). This study also explains how clergy used scripture 1) as an educational tool to enhance Black women's spiritual and emotional wellbeing, 2) to give them a biblical foundation for relational wisdom leading to safety (spiritually, emotionally, psychologically, and physically), and 3) as a way to challenge tradition teachings that may have been taught to Black women.

Some Christian denominations have utilized scripture and Christian counseling to support the belief that women must remain in a marriage, despite experiencing abuse (Miles, 2000; Popescu et al., 2009). In Popescu's (2009) exploration of 40 Christian women who experienced IPV, participants' did not view IPV as a biblically sound reason for divorce due to their interpretation of scriptural teachings. Therefore women's beliefs regarding marriage and divorce may affect their definition of IPV and inevitably support the normalization of abuse within the context of marriage.

In this study, most Black female clergy leaders across denominations challenged this orthodox belief. Participants believed that IPV was not God's will for women. Clergy expressed their belief and responded by articulating scriptures addressing 1) what it means to be a virtuous woman, 2) how IPV hinders a woman's ability to fulfill that role in the context of serving God, and 3) how IPV violates marital vows. These findings indicate that within the Black community, denomination may not have as significant a role in upholding traditional teachings on marriage,

compared to the gender of the clergy leader advising Black women. Moreover, these findings suggest that Black female clergy leaders may be more likely to uphold egalitarian views of marriage compared to male clergy. In such unions, partners do not uphold traditional gender, but both partners practice submission. Therefore, submission is not viewed as a means of having control or authority over a person.

This study found a lack of education and IPV training had an effect on the amount and type of support clergy leaders were able to offer. This deficit was also reflected in the manner Black female clergy leaders described their experience helping Black female congregant members develop a safety plan. For example, many clergy were unfamiliar with the term and process of developing a personalized safety plan, and they were not able to fully articulate their experience. Only two of the Black female clergy leaders acknowledged extensive IPV training, which they obtained from previous secular occupations. These findings are consistent with previous studies indicating that clergy leaders often lack IPV training (Brade & Bent-Goodley, 2009; Giesbrecht & Sevcik, 2000; Nason-Clark, 2004; Potter, 2007). Therefore, clergy are not well prepared to respond to such a critical and sensitive issue. It is important to note that, in this study, clergy leaders were cognizant of the possibility of negative outcomes arising from their lack of training. In response, many clergy leaders expressed an interest in obtaining education, training and community support to increase the likelihood of responding adequately to IPV.

Although spiritual advocacy may serve as a source of support among Black women who have experienced IPV, it may also create barriers among Black women who are in an abusive relationship. This study found that some Black female clergy leaders perceived Black male clergy as a barrier due to their lack of support in providing care and raising awareness about IPV within the Black community. One participant said, “I’m telling you…there’s not enough clergy

preaching against it." This statement is consistent with previous studies in which clergy leaders minimized IPV situations, rarely contacted shelters, and seldom offered church resources in of support of Black women (Nason-Clark, 2000, p. 355). Parallel to this study's findings, previous literature has found that the Black church's response often has been not to respond, but instead to place responsibility on women to forgive and reconcile within their sacred marriage (T. Bent-Goodley et al., 2012; T. B. Bent-Goodley & Fowler, 2006). Previous research also indicates that unequal distribution of power and resources between men and women, and that the church's upholding of gender roles are significant determinants of IPV among women (Allender, 2011).

The role of Black female clergy leaders addressing IPV is complex and included a significant level of distrust from secular resources such as domestic violence shelters and the formal mental health care due to the belief of not understanding or valuing Black culture. Previous literature highlights distrust experienced by clergy leaders (Bilkins, Allen, Davey, & Davey, 2016). Bilkin's (2016) examination of Black clergy leaders' attitudes regarding the formal mental health system found that clergy who reported experiencing racial discrimination were overall less satisfied with the support they received from the formal mental healthcare system. Therefore, clergy leaders often relied on their church community for support. Clergy leaders who reported being satisfied with the formal mental health care system collaborated with providers of the same race or providers who they perceived as culturally sensitive (Cabral & Smith, 2011). Therefore, in this study, the lack of satisfaction participants expressed may stem from a lack of diversity and cultural sensitivity among health providers within their community, which prompted clergy leaders to call for assistance from congregants with diverse backgrounds in health care.

Limitations

Although data collected in this study provided insight into the experience of Black female clergy leaders responding to IPV among Black women, this was a qualitative study with inherent limitations on generalizability. Data were collected from a small sample of Black female clergy leaders in a Midwestern city and therefore may not be representative of the experience Black clergy leaders have in rural populations or other geographical locations. Moreover, results cannot be generalized to Black female religious leaders who serve as responders to IPV for religious denominations outside of Christianity.

Another limitation in the current study was the varied experience in which clergy leaders had responding to IPV among Black women. Some participants had limited experience (e.g. counseling one or two congregants) compared to other participants who had counseled over 20 women. Participants with limited experience shared stories that may not have captured the essence of being responder to IPV. Moreover, the themes formulated relied upon participants' self-reported data that was retrospective in nature; hence participants may have forgotten certain details that were therefore not shared during data collection. There may have been biases due to participants' personal experiences with IPV, which may have influenced the information they shared in their narratives. Finally, social desirability , in which participants answer survey questions in a manner that would be viewed favorable by others (Lavrakas, 2008) may have occurred due to the sensitive nature of the phenomenon being examined. It is important to note that the overarching theme and subthemes identified do not describe the entirety of Black female clergy leaders' lives. Despite limitations, findings in this study add substance to IPV literature by providing an intrinsic understanding of Black female clergy leaders' experience as responders to IPV.

Implications

This study provides a unique contribution to the IPV literature and introduces several new implications. Future research should examine the development of culturally and religiously tailored prevention and intervention strategies to help raise awareness about IPV, promote IPV education, and to help create a linkage to holistic care (spiritual, emotional, psychological, and physical) within the Black church community. Moreover, future research should examine the development of a faith-based toolkit to enhance the ability of Black female to more adequately respond to IPV. Future research should examine Black female survivors' experiences working with Black female clergy leaders to gain insight into the survivors' beliefs and perspectives. Since IPV has been reported to disproportionately affect Black American women as a whole, future research examining female religious leaders experience as responders to IPV within other religious groups such as Jehovah's Witness, Seventh-day Adventist, and Muslim; this expanded view would bring a richer understanding to the phenomenon because these religious groups are racially diverse, with 27-32% being Black Americans (Pew Research, 2014).

Future research could also hold stricter inclusion criteria to examine response efforts among Black clergy leaders who have had a significant degree of experience responding to IPV. Also, the inclusion of Black female congregant members experience being advised by Black female clergy leaders in research would enhance understanding about congregants' needs for support with regard to IPV.

Black female clergy leaders need interventions to prepare them to serve as responders to IPV and educators about IPV in Black church community. Clergy in this study strongly articulated the need to raise awareness and educate Black male clergy leaders about the importance of addressing IPV. Discussing abuse can be uncomfortable, and it has traditionally

been a taboo subject in the Black community. However, IPV is an important public health problem in the Black community. Therefore, it is imperative to identify ways of welcoming conversations about IPV and helping all Black clergy, men and women, gain clarity and understanding of its relevance and importance so more clergy can become a link of support for Black women. Moreover, the dynamics within Black church leadership need to be thoroughly and consistently examined to ensure they do not neglect the needs of Black women who have experienced IPV.

It is clear that more research is needed to help bridge the gap between churches and community resources. Certain research methods, such as community-based participatory research, may be ideal as this approach could lead to the development of a faith-based intervention to enhance outcomes for Black women who have experienced IPV. Moreover, clergy could benefit from the development of a faith-based IPV curriculum to educate congregants, for example, a Sunday school setting. Prevention efforts through academic-community partnerships could allow academic researchers, clergy leaders, health providers, and community leaders to collaborate on creating culturally sensitive and sustainable IPV prevention programs. Furthermore, domestic violence shelters and Black clergy leaders should develop partnerships to help meet the spiritual needs of Black women residing in the shelters.

Conclusion

This study provides a snapshot into the lives of 12 Black female clergy leaders who have responded to IPV. The overarching theme, We Are Our Sister's Keeper, represents the experience of the overall role the clergy felt they served as responders to IPV. The subthemes Support Advocate, Spiritual Advisor, and Roadblocked Leader, elucidate the nature of that role. By serving as a support advocates, clergy leaders were able to meet women "where they are at"

in a holistic manner. Clergy helped Black women rebuild their lives by utilizing reflective listening so women could openly share their experience of IPV. As spiritual advisor, clergy leaders helped women build self-confidence through scripture and prayer. Finally, experiencing roadblocks due to (1) a lack of IPV education and training, (2) limited support from Black male clergy, and (3) having to respond to a variety of other stressful situations among their congregants, impeded Black female clergy's ability to respond to respond to IPV. This study's findings can be used to address gaps in the IPV literature, inform public health practice, and develop culturally specific interventions to enhance the lives of Black women who experience IPV.

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Appendix A

Study Invitation

To Whom It May Concern,

My name is Ashley Shaw and I am a PhD candidate at the University of Missouri-Columbia in the Sinclair School of Nursing. I am conducting my dissertation research which will focus on Black female clergy leaders' (e.g. pastors, associate pastors, ministers, associate ministers, deaconess, bishops, chaplains, etc.) perspectives on domestic violence against Black women. More specifically, I would like to explore Black female clergy leader's perspective and experiences with regard to advising Black women who have sought their clergy out for support after violence victimization.

For my study, I plan to conduct individual interviews with these clergy leaders who meet the following criteria: a) Black female church leader at a predominately Black church (50% or more Black congregant members b) have previously advised a Black female congregant who has experienced physical or sexual violence and c) currently or previously held a leadership position for at least 5 years. Findings from my project will be used to guide development of future culturally sensitive programs that aim to reduce risk and incidence of domestic violence among Black women.

I am contacting you to find out if you would be interested in taking part in my study, which should take about 60-90 minutes for the interview and a very brief survey. You will be reimbursed $50 Visa gift card for you time. I would be more than happy to send you any additional information about my study and meet with you in person. Also, I'd greatly appreciate if could pass this study invitation on to other Black female clergy leaders. Please let me know if you have any questions. I look forward to hearing from you.

Thank you for your time,

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Appendix B

Interview Guide

Today, I will ask you a number of questions about intimate partner violence, which I will refer to as IPV for short, among Black women in your congregation. The purpose of this study is to better understand the experiences and beliefs Black female clergy have with regard to their role as responders to intimate partner violence among Black women. I just ask that you base your responses solely on your experiences. If anything is unclear, please inform me of such. This interview will be recorded and transcribed, but all information stated in this interview is confidential and identifiable information will not be shared. You may refuse to answer any questions or discontinue with the study if you feel uncomfortable. Do you have any questions about the research?

I just would like to remind you to refrain from using names of any of the women that you've advised. Okay, I will now start the recording and we will begin.

1. **Could you describe a time when you interacted with a Black female congregant member who informed you about her experiences with intimate partner violence (IPV)?**
   (Prompt: Could you describe (specific topic) further? What was going on in your mind then? (thoughts/ feelings) How did you interpret (specific topic)? What did you think about the recommendations/advice you offered? What was similar or different in what you thought about your advice/recommendation and how the person you helped assessed it? How comfortable did you feel responding to the needs of the person? (emotional needs? Cognitive needs? Physical needs?) What experience do you have with helping a Black female congregant develop a safety plan? What resources outside the church have you utilized to support Black women who have experienced IPV? What was your experience utilizing the outside resources? Could you describe how the outside resources aided in your response efforts? Could you describe any challenges you encountered with utilizing outside resources to support Black women who have experienced IPV? Could you describe your beliefs about resources available outside of the church to support Black women who have experienced IPV?) If you had to think about your success and challenges with regard to advising the woman, what do you think contributed to your success? Could you describe what your biggest challenges were?) What resources could have best helped you overcome this/these challenges?

2. **Could you describe your beliefs about intimate partner violence (IPV)?**
   (Prompt: Where does that belief come from? How do your beliefs influence your response efforts to IPV? How have your beliefs influenced the women you have advised?)

Conclusion: We have concluded the interview portion of our session today.

1. **Is there anything else they would like to share about their experience as a responder to intimate partner violence or beliefs about intimate partner violence?**

2. **What is the most important point you would like to make about you experience working with women who have experienced intimate partner violence?"**

Thank you for participating in the interview. I will now stop the recording.

Appendix C

Demographic Questionnaire

What is your age?

- ☐ Under 25
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 years or older

What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

- ☐ Some high school, no diploma
- ☐ High school graduate, diploma or the equivalent (for example: GED)
- ☐ Some college credit, no degree
- ☐ Trade/technical/vocational training
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree
- ☐ Doctorate degree

What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

Years of clergy leadership

- ☐ 5 years or less
- ☐ 6-9 years
- ☐ 10-14 years
- ☐ 15-19 years
- ☐ 20 years or more

Denomination of church

- ☐ Baptist
- ☐ Methodist
- ☐ Pentecostal
- ☐ Non-denominational
- ☐ Other (Please describe): _____

Title of leadership position currently held at church

- ☐ Pastor
- ☐ Associate Pastor
- ☐ Minister
- ☐ Associate Minister
- ☐ Bishop
- ☐ Chaplain
- ☐ Deaconess
- ☐ Other (Please describe): _____

Size of congregation

- ☐ 50 or less
- ☐ 51-300 members
- ☐ 301-2000 members
- ☐ 2,000 or more members

What type of community do you serve in?

- ☐ Urban
- ☐ Suburban
- ☐ Rural

How many Black women who have experienced intimate partner violence have you counseled?

_____

VITA

Ashley Richelle Shaw was born August 7, 1989 in Hackensack New Jersey. She is a Kansas City native who has one younger brother and sister. She graduated from University Missouri-Columbia in 2011 with her Bachelor's in Nutrition and Exercise Physiology. While working on her Bachelor's, Ashley had an opportunity to participate in the McNair Scholars program where she developed an interest in research and had an opportunity to publish her first journal article "Validation of New Skinfold Prediction Equation." She continued her studies and earned her Master's of Public Health (MPH) degree at the University of Missouri-Columbia in 2013. During her graduate studies at the University of Missouri, Ashley had an opportunity to engage in research projects that focused on mental health, HIV/AIDS, and women's health across various settings. Ashley also had an opportunity to assist in teaching a public health course to undergraduate students. After completion of her MPH, Ashley decided to pursue a PhD in the summer of 2013 at the University of Missouri Sinclair Nursing. Ashley's research interests encompass women's health with focuses on intimate-partner violence among racial/ethnic minorities; racial/ethnic disparities in maternal health, and faith-based prevention and intervention programs. She plans to continue her work within the higher education sector and would like to conduct research in the area of women's health with focus on intimate partner violence among racial/ethnic minority women. Her long-term career goals encompass developing and implementing faith-based prevention and intervention programs centered on improving women's health and to develop culturally centered interventions within the formal health care system.