Black girl magic: Strength, resiliency, and suffering? A qualitative exploration of toxic black

femininity and intimate partner violence


by


Lorin Camille Kelly


B.S., Georgia Southern University, 2015

M.A. Appalachian State University, 2018


AN ABSTRACT OF A DISSERTATION


submitted in partial fulfillment of the requirements for the degree


DOCTOR OF PHILOSOPHY


School of Applied Human Sciences
College of Health and Human Services


KANSAS STATE UNIVERSITY
Manhattan, Kansas


2021

## Abstract

This phenomenological study explored the experiences of Black women who survived Intimate Partner Violence (IPV) and their experiences with Toxic Black Femininity (TBF). This study used the TBF, Post-Traumatic Slave Syndrome, and Intersectionality to highlight and explore the lived experiences of Black women and TBF, systemic racism, and help-seeking behaviors in regard to IPV victimization. Research was conducted with 6 participants who identified as Black, female, and survivor. Four themes emerged from the data: 1) Intersectionality directly impacted participant's experience of IPV, TBF, and help-seeking, 2) Self-blame and rationalization was used as a protective mechanism against IPV and TBF, 3) Help-seeking was directly impacted by intersectionality and TBF, and 4) most of the participants in this study self-reported as queer yet only reported on male perpetration, thus highlighting the interaction between TBF and sexually diverse identities. These findings highlight the intergenerational transmission of survival skills and narratives that have been passed down to Black women since the time of slavery and how systemic racism and TBF keep these narratives in play.

Black girl magic: Strength, resiliency, and suffering? A qualitative exploration of toxic black

femininity and intimate partner violence

by

Lorin Camille Kelly


B.S., Georgia Southern University, 2015

M.A. Appalachian State University, 2018

A DISSERTATION

submitted in partial fulfillment of the requirements for the degree


DOCTOR OF PHILOSOPHY


School of Applied Human Sciences
College of Health and Human Services


KANSAS STATE UNIVERSITY
Manhattan, Kansas


2021

Approved by:


Co-Major Professor
Amber Vennum


Approved by:


Co-Major Professor
Sandra Stith

# Copyright

**Abstract**

This phenomenological study explored the experiences of Black women who survived Intimate Partner Violence (IPV) and their experiences with Toxic Black Femininity (TBF). This study used the TBF, Post-Traumatic Slave Syndrome, and Intersectionality to highlight and explore the lived experiences of Black women and TBF, systemic racism, and help-seeking behaviors in regard to IPV victimization. Research was conducted with 6 participants who identified as Black, female, and survivor. Four themes emerged from the data: 1) Intersectionality directly impacted participant's experience of IPV, TBF, and help-seeking, 2) Self-blame and rationalization was used as a protective mechanism against IPV and TBF, 3) Help-seeking was directly impacted by intersectionality and TBF, and 4) most of the participants in this study self-reported as queer yet only reported on male perpetration, thus highlighting the interaction between TBF and sexually diverse identities. These findings highlight the intergenerational transmission of survival skills and narratives that have been passed down to Black women since the time of slavery and how systemic racism and TBF keep these narratives in play.

**Keywords:** Intimate Partner Violence, Black women, Toxic Black Femininity, Post-Traumatic Slave Syndrome, Help-seeking behavior

# Table of Contents

# List of Tables

## List of Abbreviations

Intimate Partner Violence        IPV
Toxic Black Femininity        TBF
Post-Traumatic Slave Syndrome        PTSS
Post-Traumatic Stress Disorder        PTSD

## Acknowledgements

I would like to thank my participants for trusting me to amplify their voices to further aid in my life's mission to call out systemic and racial injustice and advocate for Black survivors of IPV. May this dissertation remind you, that you can be magical and worthy and deserving of inclusivity, equity, and justice.

To my committee thank you for your guidance and support to enhance my research and myself professionally. Amber…thank you for being my advocate, my friend, and sometimes my unofficial therapist. I will never forget the kindness and love you showered me with throughout my three years here. Sandi…you have pushed me and challenged me to become the researcher I am today. You afforded me so many opportunities, experiences, and most importantly gave me the courage and academic mom support to take TBF from my head and share it with the world! I also want to thank you for staying out of retirement for me and giving me the honor of being your last student, it means more to me than you could ever know. Chelsea…thank you, thank you, thank you! I could not have asked for a better mentor, boss, and friend. You have taught me the beauty of research, statistics, and the power of authentic scholarship. Thank you for all of your edits, loving nudges, and constant support I shall carry it with me forever.

Finally, I would like to thank my friends and family members for being on this journey with me and still loving me despite the fact I would forget to respond to text messages and at times I would not call the way I should due to being so busy. Your compassion and love motivate me daily. And to DoorDash…thank you for feeding me and my family, I am sure we would have starved without you.

## Dedication

I dedicate this dissertation to my biggest supporter, my best friend, and my motivation to keep fighting in the face of injustice. Thank you, my love, for always being there even when you yourself were tired. I could not have made it through this without you and I will always be grateful and thankful for the unconditional love you give me and the constant reminder that I have and will always be enough. I love you Coburn.

## Chapter 1: Introduction

Blackness and strength have been two words that are often placed together as a monument to Black women (Donovan & West, 2015). In the American media, Black women are often depicted as pillars of strength within their communities (Harris, 1995). While strength is not an inherently negative attribute, this strength was rooted from survival narratives that stem from slavery (Nelson et al., 2016). As a consumer of American media, on numerous occasions I have heard a Black woman declare how strong she is and she often followed up with a notion that she does not need anyone but herself. However, the question remains, why is strength the only attribute worth declaring and what is it protecting her from? Even more, if a Black woman is conditioned to believe that she is strong, what does that mean when her strength is tested or at moments where strength doesn't feel achievable?  It often feels as if strength is covert for impenetrable to pain, adversity, and compassion. Toxic Black femininity (TBF) is a concept designed to examine these narratives of rigid and internalized adherence to strength and the implications that the concept has on Black women and the community at large (Kelly et al., 2020). Despite the covert or overt intentions behind Blackness and strength often being asked to coexist, this narrative or persona is passed down from generation to generation cultivating how Black women and the world view them. While strength is not an inherently negative attribute there can be times when the adherence to these ideologies can be detrimental or even deadly.

Intimate Partner Violence (IPV) is a serious and pervasive issue that is experienced regardless of sex or gender but disproportionally impacts women (CDC, 2019). While IPV does not discriminate based on race, studies have found that Black women are disproportionately affected by IPV when compared to White women (Lacey et al., 2015). An even larger injustice is that a vast majority of IPV articles focus on heterosexual violence even though sexual minorities

1

are disproportionately affected (Harden et al., 2020). Further, the articles that do discuss sexual orientation are conducted with majority White populations, limiting our understanding of the IPV experiences of women who hold minority racial and sexual identities. Often race and sexuality are discussed in the limitation section, but the findings of these studies of majority populations are still generalized to inform interventions with marginalized groups (Iverson et al., 2013). Kimberlé Williams Crenshaw (1991) created the term intersectionality to highlight the double marginalization that Black women experience, this double marginalization often compounds on each other impacting experiences of oppression. Therefore, the more intersections of marginalization the greater the impact of oppression.

Accordingly, the purpose of this study is to examine the nuances of Black women's understanding and meaning making of their experiences with IPV and TBF. The hope of this study is to provide insight to researchers, clinicians, and the public on how to better assist, support, and understand the experiences of Black women in terms of violence. Thus, seeking to better understand our research questions:

1. What are Black women's experiences with Intimate Partner Violence?
2. What are Black women's experiences of Toxic Black Femininity?
3. What are Black women's experiences with systemic racism in help-seeking behaviors?

The information yielded from this study will contribute meaningful and intentional work to bridge the gap in our understanding of IPV to save lives and better understand systemic implications for preventing IPV within the Black community. By having intentional research to explain the phenomenon of IPV in the Black community, we would be ensuring a safer world for the people who receive our intervention and prevention services and would promote help-seeking

behaviors. This research will contribute to the massive perspective that is lost due to lack of intentional and socially just research.

## Chapter 2: Literature Review

**The Cost of IPV**

IPV is any form of violence, which includes, but is not limited to physical, sexual, and/or emotional/psychological abuse perpetrated against an intimate partner. IPV is a much more costly and commonplace issue than the public may realize. Approximately 1 in 4 women and 1 in 10 men will experience IPV within their lifetime (CDC, 2019). IPV and its consequences cost American taxpayers approximately $3.6 trillion annually, once lost time from work, medical attention, mental health services, court and legal proceedings, and other IPV related spending is accounted for (CDC, 2019). On a personal level, the total lifetime financial obligations for the survivor varies by sex. Male survivors on average will spend $23,414 on IPV related cares and concerns while for women it is $103,767 (CDC, 2019). The financial burden of IPV can negatively impact a person's mental health and overall functioning which will directly impact a survivor's opportunity to access resources that are essential for healing (e.g., therapy, medication, housing, and personal credit) (King et al., 2017).

IPV perpetration and victimization directly affects mental health, including but not limited to, depression, anxiety, posttraumatic stress disorder (PTSD), borderline and antisocial personality disorder, and low self-esteem for men and women (Lagdon et al., 2014; Mitchell et al., 2006, Spencer et al., 2019). Specifically, PTSD and anxiety were identified as significant risk markers for IPV victimization and borderline and antisocial personality disorder were identified as significant risk markers for perpetration (Spencer et al., 2019). It is important to highlight that many batterer intervention programs, which are often targeted towards men, omit the necessity

of addressing mental health and instead focus on behavior change (Spencer et al., 2019). While there have been numerous studies linking physical violence with negative mental health outcomes, there are also correlations between other forms of IPV and negative mental health outcomes. When numerous forms of IPV are compounded, these consequences increase (Lagdon et al., 2014; Overstreet et al., 2014). The costs of IPV are often increased when adding in the additional layer of gender, race, and sexuality (Whitfield, 2018). It is important that as a society we better understand the mental health component of IPV to better target systemic interventions.

**IPV in Social Context**

The occurrence and meaning made of IPV is heavily influenced by social context, position, and power. Intersectionality was coined to conceptualize how the experience of gendered stereotypes, sexism, and class intersect with each other and compound a person's experiences of oppression (Crenshaw, 1991). Intersectionality has specifically been used to highlight the ways in which Black women are vulnerable to IPV due to the intersections of racism and sexism. Black women are often depicted in media and society as bossy, angry, and dominating while also being depicted as motherly, warm, and protecting. These ideologies are so oppressive and rigid that Black women are asked to be all of these things simultaneously (Kelly et al., 2020). These ideologies contribute to the narratives that Black women feel that they must strive for, thus impacting how they are perceived in society.

Dominant social narratives around gender have been found to have strong associations with IPV in heterosexual relationships. For example, socially constructed sexual roles, sexism, toxic masculinity (ingrained societal messages that men should exist as aggressive, alpha male, and dominant; Kupers, 2015), patriarchal beliefs, and male use of power and control dynamics

are positively correlated with emotional and/or physical violence perpetration by men (Lynch & Renzetti, 2020; McCarthy et al., 2018; Willie et al., 2018). Religion and religious leaders have also been cited as a resource for Black survivors of IPV, this can be attributed to its large cultural and systemic influence on social scripts of gender (Cho, 2020). Religiosity has been a staple of the Black community since slavery and has been consistently used as a mechanism of support, hope, and guidance, making the Black community one of the most religious racial groups (Boyd-Franklin, 2010; Hays & Lincoln, 2017; Ellison et al., 2007). Religion has been conceptualized as both a protective factor against IPV perpetration (Lynch & Renzetti, 2020) and a risk marker for IPV perpetration, due to the patriarchal teachings in many mainstream religions. These teachings often over-emphasize faith-based conflict resolution or consultation with religious leaders who are not trained in understanding larger systems, processing trauma, or IPV (Gezinski et al., 2019). For example, in a study done with predominantly Black, male, heterosexual perpetrators, half of the participants supported conservative religious ideologies of male dominated families and rejected gender equality, making statements like, "Nowadays...the woman wants to run everything. She wants to be the boss of everything...I think god's saying the man ought to be the leader.... I think a woman should have some household duties.... The man should run everything else" (Levitt et al., 2008, p. 441).

### Black Women and IPV

For Black women, their intersecting gender and racial identities leave them as one of the most vulnerable populations, especially for IPV. Not only are Black women (second to American Indian/Alaska Native women) disproportionately more likely to experience IPV than White women (44% of Black versus 35% of White women report IPV; Black, et al. 2011; Lacey et al., 2015; Smith et al., 2017). Black women are also more like to receive serious physical injuries, be

diagnosed with a mental health disorder, or die from IPV compared to White women (Fischer et al., 2015; Iverson et al., 2013). Despite there being numerous articles examining IPV, its implications, and its risk markers, most of this research has been conducted using predominantly White samples. Kelly et al., (2021) conducted a meta-analysis of risk markers for Black women compared to White women. Out of 734 quantitative articles, they were only able to find 21 articles that had a sample size of at least 75% Black women. Black and White women experience different systemic factors that could impact the circumstances of IPV victimization, therefore this massive lack of diverse research reduces the ability of formal services for help-seeking (e.g., mental health professionals, lawmakers, and educators).

*Queer Identity and IPV*

Intersectionality also helps to understand the experience of queer women, by highlighting that having a queer identity as a Black woman brings about new and nuanced experiences that are unique to Black women. There is little research, though, on how ideas of gender and power are associated with IPV in queer relationships (and other various sexual and gender identities that are often marginalized for not being the "norm") perhaps due to out-of-date views of sexuality and gender stereotypes that lead researchers to assume that people who fall under the queer umbrella experience oppression in the same ways. Importantly, though, the frequency of violence in queer relationships is equal to, or higher than, that found in straight couples (Walters, et al., 2013). Sixty-one percent of women who identified as bisexual, 44% of lesbian women, and 51.7% of transgender and genderqueer people (people who do not adhere to the binary understandings and expectations of gender) reported experiencing IPV in their lifetimes (Calton, et al., 2016).

Dominant norms and social narratives about male power may become particularly salient when they intersect with dominant narratives that discriminate against sexual minorities. These discriminatory messages are often perpetrated from outsiders towards the queer community but can also be perpetrated within the queer community. Specifically, bisexual people often face an additional level of marginalization than do gay or lesbian people because they do not fit within the binary of sexual preferences which leads to binegativity (Lambe et al., 2017). This discriminatory view of bisexual people is believed to contribute to bisexual women experiencing more IPV in their lifetime compared to lesbian and straight women (Walters et al., 2013). Specifically, the National Intimate Partner Violence survey found that 1 in 3 bisexual women have experienced stalking by their male partners, 49% experienced severe forms of IPV, and 57% reported negative systemic consequences of IPV such as missing obligations or post-traumatic stress symptoms (Walters et al., 2013). It is also important to note that 90% of the bisexual women who experienced IPV reported that their only experiences of IPV occurred when they were with a male partner (Walters et al., 2013).

Since studies have found that IPV perpetration occurs in queer couples as frequently or more frequently than in heterosexual couples, it is important to deconstruct what "power" and "gender" can look like in violence perpetration among queer couples (Cannon et al., 2015). Additionally, despite there being ample literature examining male perpetrated violence, there is a small but growing body of literature researching female perpetrated violence against other women. One in 8 lesbian women have experienced rape by their partner, 44% of lesbian women reported experiencing IPV in their lifetime, and 29% reported experiencing severe forms of physical IPV from their partner (Walters et al., 2013). These findings highlight that there needs

to be more exploration in queer violence and the specific risk factors that are associated with this community.

**Help-seeking and Effectiveness of Help for Black Women Experiencing IPV**

Formal help-seeking (e.g., mental health professionals, legal aid, and the police) has been noted to improve the mental and physical health of survivors, and yet Black women, a population that is disproportionately represented as survivors of IPV, are the least likely to utilize services (Liang, 2005; Nelson et al., 2020). Informal supports (e.g., family members & friends) were more likely to be used instead of formal supports by Black women when compared to White women (Cho et al., 2020; Hymen, 2006). While informal help can be extremely beneficial, and for some women the catalyst for them seeking formal help, only utilizing this form of help could potentially exacerbate a survivor's risk to their mental and physical health (Cho et al., 2020). For many women, the combination of formal and informal help-seeking was seen as highly beneficial (Liang, 2005). Black women are more likely to report abuse to formal services once it becomes severe (e.g. near death experiences of violence, broken bones, and other severe physical violence) which could explain why they are more likely to use police than other racial groups (Lucea, 2013), but it is important to note that overall, 75-80% of all women reported intentionally not reaching out the police due to fear of negative systemic assumptions (e.g., racism, blaming the victim, and/or dismissal; Cho et al., 2020; Anyikwa, 2015). This belief that formal supports are only to be used in extreme and/or dire circumstances further supports and highlights TBF's potential role in help-seeking decisions.

*Theories Utilized*

**Post-Traumatic Slave Syndrome.** Black people have been asked to survive and thrive after the horrific and inhumane treatment and torture from Slavery, without systemic healing.

8

Dr. Joy DeGruy (2017) created the concept of "Post-Traumatic Slave Syndrome" (PTSS) to highlight and address the multigenerational transmission of the lived and passed down experience of trauma, trauma responses, protection, and survival skills of Black Americans. While slavery became officially banned in the United States in 1865 via the 13th Amendment, the notion of White supremacy and Blackness as a fatal flaw has hardly changed (Kelly et al., 2020). Directly after the passing of the 13th Amendment was the rising of the Jim Crow era during which Black people were seen as "less than", leading to the separation of White and Black interactions also known as segregation, essentially circumventing the hopes and dreams of the potential of the 13th Amendment (Urofsky, 2019). This era of hatred and division lasted until 1964 with the passing of the civil rights act. Therefore, Black people continued fighting for racial justice, equality, and legal protections for 99 years after the 13th Amendment was passed. Even further, Black people in the US have had legal protections and been seen as equal members of society for only 57 years. The concept of "systemic racism" has emerged from an understanding that slavery and its ramifications are still deeply embedded into the American psyche (Kleven, 2009) that influences how Black people interact with themselves mentally, other people within the Black community, and the world around them.

DeGury (2017) created a mnemonic phrase, MAP, to describe the process resulting in PTSS. M is the multigenerational transmission of trauma. A is for the absence of healing on an individual and societal level and for the absence of systemic support (such as accurate depictions of the realities of slavery or reparations), and M+A equals P which is for PTSS. This absence of healing and support has been attributed to the survival skills that Black people have had to adhere to in order to survive the harsh and cruel reality of being Black in America. Therefore,

no matter the emotional or physical costs, survival is paramount and that is achieved through rigid and often harmful adherence to strength and resiliency. It is essential to highlight and emphasize that PTSS is only a reality for Black people because of systemic injustices, and that these injustices only exist because of systemic racism and structural oppression. Established and reinforced by the dominant culture.

**Toxic Black Femininity.** This absence of healing and intentional systemic support has manifested itself into the core tenants of toxic black femininity (TBF; Kelly et al., 2020). TBF is "the internalized and dominant message that, as a Black woman, one must be rigidly strong, hypersexual, and primary caregiver to all, before acknowledging or taking care of one's own needs and desires" (Kelly, et al., 2020, p. 2). This theory is used in this study to conceptualize the role strain and potential burden that is unique to Black women. Black women's positionality in the United States is often experienced as a double bind of racism and sexism in and outside of the home (Kelly, et al., 2020).

Power and control dynamics, especially in heterosexual couples, are recognized as risk factors for IPV perpetration (Love, 2020), but when viewing Black couples through an intersectional lens, the additional variable of race further marginalizes this experience due to added influence of systemic oppression and associated trauma on gender identities and dynamics (Collins, 1990; Crenshaw, 1991). Specific to IPV, Wyatt (2008) explains that IPV may be more severe in the Black community because if men are meant to be seen as the top of the gendered hierarchy, then being Black and male implies that you are subservient to White men. Accordingly, Black men have been antagonized by insidious depictions of weakness and failure which directly fuels the desire to be seen as alpha, leading to toxically masculine attempts for power and control (Wyatt, 2008). In addition, Black women are often described and seen as

tough, aggressive, and assertive, and, because of TBF, often seek to embody these attributes. Therefore, in relationships, especially heterosexual relationships, Black couples are in a constant power struggle for dominance that can escalate to dangerous levels (Wyatt, 2008). Specifically, Collins (1990) said,

> "Black men can shake the stigma of weakness by dominating unnaturally strong Black women. Being strong enough to "bring a bitch to her knees" becomes a marker of Black masculinity. … Abusive men routinely blame their partners for their own violent behavior—if she had been more of a woman (submissive), she would have let him be more of a man" (p. 189).

Due to historical oppression and self-preservation, Black women have been asked to exist in a role of protecting themselves and protecting the image of the Black family, and thus keeping them in a double bind of victim and savior. This role strain makes it imperative that there are intentional efforts to better understand the nuanced circumstances that Black women must navigate. When studies are predominantly White and then disseminate their findings onto Black women it grossly misses and undervalues the trauma narratives that are constantly present in the Black lived experience. For Black women who are in violent relationships, or survived IPV, it is essential to understand TBF's role in help-seeking, prevention, and intervention practices.

**The Current Study**

Given the dire need to better understand and incorporate TBF, Intersectionality, and PTSS into IPV research, the purpose of this study is to examine Black women's understanding and meaning making of their experiences with IPV and TBF. Studies have shown that Black women are at a higher risk of victimization of IPV than White women and yet almost all of our studies looking at risk markers examined primarily White people. Qualitative approaches are

11

particularly important for humanizing the existing quantitative data and elevating the voices of marginalized women. No longer is it just 400 Black women; now it will be Sharron, Beth, and Jill. Theses "numbers" will now have names, stories, and pleas that will continue to highlight that our research has to be equitable. The hope of this study is to provide insight to researchers, clinicians, and the public on how to better assist, support, and understand the experiences of Black women at risk for, and who have experienced, violence. This study has three research questions:

1. What are Black women's experiences with Intimate Partner Violence?
2. What are Black women's experiences of Toxic Black Femininity?
3. What are Black women's experiences with systemic oppression in help-seeking behaviors?

**Chapter 3: Methods**

Highlighting the need to better understand and conceptualize IPV for Black women, Kelly et al. (2021) found in their meta-analysis that there are risk markers that are stronger for Black women (e.g., emotional abuse, post-traumatic stress, and lack of social support) than for White women. Because the purpose of this study is to better understand the lived experience of Black women experiencing IPV, hermeneutical phenomenology will be used to examine the complexities of participants' lives and highlight common themes in the narratives (Creswell, & Poth, 2018).

**Participants and Recruitment**

The data used for this dissertation is from a larger study on better understanding diverse perspectives of IPV. Eligibility criteria to participate in the larger study were: must identify as a woman, be at least 18 years old and younger than 65 years old, and have been in a relationship

where there was IPV present (IPV was defined as physical, sexual, emotional/verbal, and/or psychological abuse by a current or previous romantic partner.). We recruited participants through electronic flyers on Facebook and Reddit groups that cater to women who are survivors of IPV regardless of their sexual orientation. Participants were given a link to a Qualtrics survey and were they asked to self-identify their demographics on our screening questionnaire to determine if they were eligible for participation using skip logic. If participants were eligible for participation, they were able to make it to the end of the survey where they provided their pseudonym and were informed that they met criteria and would be contacted via email to schedule their encrypted Zoom interview.

For this dissertation, survivors of IPV who identified as Black were drawn from the larger sample, this resulted in a sample of 6 women. This sample varied in sexual orientation and gender identity. There was one participant who is a non-binary/ciswoman and 5 participants who identified as cis women. There was 1 participant that identified as pansexual, 1 identified as queer, 2 identified as lesbian, and 2 identified as straight.

**Procedures**

Once the participant agreed to be in the study, we set up a date and time for their Zoom interview within 2 weeks of them signing the consent form. The only equipment participants needed was a smartphone or computer and headphones. During my armchair walkthrough process (the process of pre conceptualizing the data collection process to eliminate the need for aimless questioning; Morse, 1999), I created a list of questions that would hopefully intentionally cover any direction the interview went, resulting in a semi-structured interview guide (Appendix B). The main focus for this dissertation was Black women's experiences with: systemic racism (e.g., "Have you ever felt discriminated against due to your skin color?"), intimate partner

violence (e.g., "Can you discuss some of your experiences with IPV?"), and the meaning they make of Toxic Black Femininity (e.g., "After hearing this description of TBF do you think that this applies to your life?"). I also acknowledged that it would not be possible to think of every direction of conversation that might occur, thus, any question that I asked that was not planned was written down and used in subsequent interviews until I reached saturation. Interview questions were kept in the same order for all participants to eliminate the potential of question order changes altering the findings. Due to my education as a therapist, I paid specific attention to avoiding asking questions in a therapeutic nature. My goal was to gather information and not conceptualize it as I would normally do in a therapeutic session.

Additionally, given the sensitive topic of the interview, in the larger study the initial screening Qualtrics survey and the debriefing statement (Appendix C) provided a variety of resources including contact information for local domestic violence shelters, information about IPV from the CDC, and links to a therapist finder database in case the women needed additional services. After the interview, the participants were debriefed on the study and sent email links to the domestic violence shelter database, information on IPV, and the therapist finder database (Appendix C). After the interview was over, I asked participants if they consented to receiving the results section of the study (including the alias we used to identify their responses) to fact check that what was written matches what they stated (Creswell & Poth, 2018).

**Data Management**

Interviews were conducted and stored on a Kansas States encrypted and password protected Zoom account. The videos from the Zoom interviews were stored on the encrypted Zoom cloud with a date to automatically destroy the footage after 2 years. Interviews were

14

transcribed by a transcription service (Rev.com) and the de-identified written transcripts were then sent to the coding team to protect participants' identities.

**Analytical Plan**

Hermeneutical phenomenology was used for this study to dissect, examine, and illustrate the lived experiences of Black women and their meaning making process of IPV. Hermeneutical phenomenology is the qualitative practice of highlighting details of people's lived experiences and how they interpret these experiences by also incorporating the researchers' lived experiences referred to as Dasein (Peoples, 2020). Dasein in German translates to "being there" thus implying that because of our own lived experiences and connection as humans, we impact how we interact with the participants and with the data because it is not possible to separate yourself from the world (Horrigan-Kelly et al., 2016).  Although this methodology differs from transcendental phenomenology, in that there is not a clear set of regulations, the researcher is expected to examine the nuances of life that highlight an area of inquiry by highlighting themes to better articulate the narratives of the participants (Creswell, & Poth, 2018). Phenomenology focuses on participants sharing their experiences of a shared phenomenon. The phenomenon that was studied was the shared experience of being Black and experiencing IPV.

**Positioning of Researchers**

In hermeneutical phenomenology it is important to understand your preconceived notions (Laverty, 2003; Peoples, 2020). Thus, it was important to position myself and my coding team to allow the reader to better understand our positionality and our impact on the data exploration (Creswell & Poth, 2018). I am a Black cis woman who is in her middle 20's who has survived IPV. I am a violence researcher who was trained under one of the most influential IPV scholars of our time, Dr. Sandra Stith. I feel that my visible identities promoted safety and trust in the

research participants. I feel that this intersection allowed me access to a population that is often distrusting of larger systems due to continuous traumas and systemic racism that is unique to Blackness.

The strength of using hermeneutical phenomenology is that it yielded detailed, diverse, and unique data that was for Black women interviewed by a Black woman. A limitation that arose from this was that I am a Black woman which could make me be seen as biased, thus threatening the credibility of my research. Since this methodology relied so heavily on researcher interpretation of the data, I was intentional to have coders of diverse backgrounds to circumvent potential bias and promote validity and reliability (Creswell & Poth, 2018). For this study there were 6 coders. The coding team was selected to encompass numerous facets of identities to aid in methodological rigor and representation of diversity: 2 coders were Black and 4 were White, there were 4 women and 2 non-binary/genderqueer coders, there was 1 lesbian coder, 1 queer coder, 1 bisexual coder, and 3 heterosexual coders. The coders varied in age from mid-twenties to late 40's, 1 coder was a survivor of IPV, and all 6 coders were therapists. Another limitation was that the information gathered from this study cannot be generalized to all Black women. However, a strength of this data is that it will amplify the call to action by providing an opportunity for scholars, practitioners, and lawmakers to see a nuanced and personified perspective of IPV. Another limitation to my credibility, in regard to data collection, is that I am a therapist. Normally when people disclose trauma, I help them process through their pain and gain clarity, self-compassion, and new perspectives. Instead, I was in the position of researcher, and thus, my main goal was simply to collect and gather information. I feel that the most helpful way to combat my own biases about the benefits and usefulness of therapy is by providing participants the link to a therapist database and domestic violence shelters/ resource database.

This information was not just privileged for participants, but for anyone who viewed the call for participants.

**Coding Process**

Prior to the first coding meeting all coders read Kelly et al. (2020) to understand and familiarize themselves with the tenants of TBF (Peoples, 2020). The lead researcher then made three groups of two coders to cross code with each other. Each coder was given two typed transcripts to read on their own and compare to the audio recording to ensure that the transcription was accurate (Creswell & Poth, 2018) and conduct initial coding. Each coder was asked to meet with the other coder in their pairing to compare their codes between themselves for interrater reliability (Creswell & Poth, 2018). If there was a discrepancy between the two coders it was noted and discussed with the entire research team. The coding team met as a whole to discuss initial codes that emerged from the data that addressed the research questions (Peoples, 2020). After this meeting, the research team went back through their transcripts with the initial codes and noted if any new codes emerged from this read through and compared them within their pairing group. The next meeting each team received two new transcripts to repeat the above process to promote validity and reliability once again. The research team then met for a final time and discussed if any new codes emerged. The research team identified 4 major themes and then together discussed which codes belonged under which theme. A single code could only fall under one theme, but a quote could represent multiple codes. Impactful quotes were determined by each coder based on their connection to the phenomenon, research questions, and resonation with the coder which aligns with the principles of hermeneutical phenomenology (Peoples, 2020). The lead researcher then went through all of the transcripts to extract quotes that best represented the data.

**Researcher's Process**

  The concept of Dasein impacted my research because my participants impacted me and I on them (Peoples, 2020). Using Zoom led to an extremely beneficial way of documenting and examining my participants and myself. Additional data was collected that when I originally started out, was not specifically sought after. Having the ability to have the video footage allowed a deeper and intentional analysis of Dasein. The data that I was able to get from nonverbal and physical cues allowed me to be more intentional on the tone and inflection that I used when asking participants questions and to convey passion and condolence when they were recalling memories that evoked emotional reaction in them. From this I was more easily able to determine impactful quotes and to use nonverbal communication to emphasis points or themes from all of the participants.

  Prior to completing this study, I had preconceived knowledge about what violence is and the impacts that violence can have on mental health as a licensed therapist and as a survivor. I knew that Black women were disproportionally impacted by IPV and that they were more likely to experience more severe injuries and mental health diagnoses as survivors. As a Black woman, I knew that mental health in the Black community along with IPV are topics that are often seen as taboo and either avoided or minimized. Therefore, this preconceived knowledge was present and interacting with the lens that I used to dissect the interviews.

<div align="center"><b>Chapter 4: Results</b></div>

  Themes from the larger study were reviewed and selected based on relevance to the three research questions in the current study (see Table 2). Themes and sub-themes related to the effects of violence on the participants were examined to better understand women's experience with IPV (research question #1). Themes reflecting Black women's reaction to the concept of

Toxic Black Femininity (research question #2) were best answered by the theme of Toxic Black Femininity and the adherence to racial and gendered norms and stereotypes. Finally, Black women's experiences with systemic oppression in help-seeking behaviors were also examined (research question #3). For each main theme there were sub-themes to fully dissect the data which will be discussed further.

All the participants from the larger survey requested to go by pseudonyms to protect their identities (Table 1): Sarina is a cis woman who is pansexual, Overcomer is a cis woman who is straight, Cam is a cis woman who is a lesbian, Moe is a cis woman who is a lesbian, Danielle is a cis woman who is straight, and Tallulah is nonbinary (she/they) and is queer. All participants discussed their most abusive relationship, which resulted in all perpetrators discussed here being male despite participants' sexual orientation.

**Black Women's Experiences with Intimate Partner Violence**

This research question sought to better understand the nuanced experiences of Black survivors as an essential step in informed and intentional research on the unique risk markers for Black women experiencing IPV. There were two sub-themes that articulated participants' experiences of intimate partner violence: Posttraumatic Stress Disorder (PTSD) and relational impacts of IPV in the current relationship. Each sub-theme discussed will have examples from the data to support and further describe the participants' experiences.

*Posttraumatic Stress Disorder (PTSD)*

Participants were asked to discuss if they felt that the abuse they experienced was traumatic, and if they did, could they discuss the interpersonal and relational impact that has occurred. Five participants discussed their psychological symptoms after they left their abuser and how for many of them it still impacts them until this day. Not all participants described their

19

symptoms as PTSD (a mental health condition that is brought about by a single or multiple traumatic event[s]), however the symptoms that were described adhered to the DSM-V's criteria for PTSD, including adverse coping symptoms such as avoidance, flashbacks, physical sensations of stress/distress, hypervigilance, intrusive thoughts, etc. For example, Tallulah discussed her PTSD symptoms which manifested into hypervigilance and constant psychological monitoring:

> I used to have the classic PTSD, wake up in cold sweats, and you think your abuser is standing over you, waiting to kill you... I was still having persistent flashbacks.... every time I had sex I would be like, "Is this something I want to do? Oh no. Is this something I want to do? Am I sure? Why am I so dry, then? Am I sure?"... When I'm triggered now, it's bigger, and more explosive, because it happens so infrequently that I'm never expecting it. But, whereas before, every time I would get triggered, I would just retreat into myself, because I was always expecting a trigger.

Danielle discussed that after her breakup with her abuser, she isolated herself from other people for a sense of protection, "I didn't want to talk to anybody. I just wanted to get work done and just do my own thing." Sarina discussed how after her relationship ended, she was also hypervigilant and felt unsafe in places where she normally would have felt safe before the abuse:

> I definitely have had nightmares about my experiences that are recurrent or sometimes really distressing. And typically, when I'm engaging in certain activities, I'll have flashbacks to vivid memories that have happened in the past with those relationships. For a while I remember... I feel embarrassed even sharing this, but I slept with a gun on the side of my bed for a while because I was just fearful and kind of feeling keyed up and on edge about my safety.

Overcomer discussed the pain associated with flashbacks of having her husband physically assault her while acknowledging the conflicting messages of love and pain:

> ...receiving a blow, a hit from someone that you sleep with, right? My most intimate person in my life. To receive pain... And I'm not just talking emotional pain, but physical pain. That's traumatic. This person says that he loves me. That's traumatic.

Moe discussed having unwanted thoughts and flashbacks of her past partner's verbal and emotional assaults against her:

> Overwhelming. It's a lot of mental Olympics that I have to do... It's constant like I'm in a rat race with myself to prove to myself that I'm worthy. And so, having to unlearn that is really frustrating and takes so much energy. Because I want to believe I'm enough when all these things power you. It's hard... like for me this isn't the first time, this is the second time [I have been in an abusive relationship]. It's just like, why am I attracting these types of partners where I genuinely start to love them, and I start to love them more than I love myself.

### *Relational Impacts of IPV in Current Relationship*

All participants discussed how their PTSD symptoms from their past relationship influenced their current relationship choices and behaviors. TBF asserts that Black women have been depicted as angry and aggressive which is a misrepresentation of Black women's necessary self-protective stance from the dominant racist culture. Participants' self-described struggles aligned with TBF and internalized narratives that Black women must protect and defend themselves, particularly by being militant and domineering as a means of self-support (Kelly et al., 2020).

For some participants, having experienced IPV increased their efforts to protect themselves in relationships after they were no longer with their abusive partners. For example, Moe and Cam discussed how they both now struggle to get into and maintain romantic relationships due to the relational impact of IPV and the amplified perceived need for self-protection. Moe reflected on how her experiences with abuse in her past relationships impacted how she approaches new relationships with less patience:

> Yeah. As much as I wish it hadn't in some ways, I think it [showed up] when I started to date, I started to be less graceful... I'm more likely to back up now from dating. I'm more likely to just continue speaking to someone or friend zone people. I just have a lot less patience.

Cam discussed how she became jaded and highly protective of her own needs in relationships following her abusive relationship:

> I do think that I went through a phase of ... I don't know if it was just freedom or if it was actual hypersexuality. I think that once I was single, I was very intentional about the way that I moved with people. Everything was my terms. I was so used to having somebody tell me 'no this, no that'. It was what I wanted. If I want you to go home now, you're going to leave now. If I don't want to talk to you anymore. I don't want to talk to you anymore. If I say this is what it is, this is what it is. So, I was very, I guess, jaded. I don't know.

Other participants reflected on how their PTSD symptoms influenced their reactivity in their current relationships. Specifically, Tallulah discussed how her experience in an abusive relationship led to her being defensive and on guard when she interacted with her current husband:

22

The emotional abuse, which I don't think people take seriously enough, I feel like a lot of the time, you'll be like, "I was emotionally abused by my partner." And people will be like, "Yeah, but they didn't hit you, right?" The emotional attacks, the psychological attacks, the gas lighting, the belittling, the taunting, things like that, probably, are the hardest things for me to recover from. I've been in a very happy, healthy relationship now, for two years, and even still, my husband can say nothing, he'll move in a certain way, and I'll feel triggered, because I'll be like, "How dare you make that face when I communicate my thoughts to you. Do you think I'm stupid?" As though everyone knows that to be true.

Danielle discussed how her hypervigilance is displayed in her current relationships and she often operates through a lens of caution:

Yeah. I mean, with this relationship, I definitely am a lot more conscious and a lot less willing to commit just because I was so young, and I was so willing to just, like put my life in with other persons. I'm glad that I didn't get married, but I'm very cautious with the person.

More generally, Overcomer discussed how the relational impacts of being in an abusive relationship comes up when she reflects on how her abuse has caused her to become overly cautious in her relationships for fear that people might retaliate against her well-meaning statements or she might lose people if she was more direct:

I have a tendency, and I'm working on this big time, to where I don't want to say things that's hurtful. I don't want to say things that... I mean... but I won't say enough, this is me, to where I think I don't want to hurt their feelings because I don't want anybody to hurt my feelings.

Sarina described how her self-protection has impacted her current relationship that she and her partner sought out therapy to help work through her trauma and relational wounds:

> Yeah, for sure. [Self-protection is] something that I'm still actively working through. I'm with a new partner now and he and I have been in couples counseling since...the beginning of our relationship because I just knew there was a lot that I was carrying from my past relationships.

**Black Women's Experience of Toxic Black Femininity**

There were four sub-themes that articulated participants' experience of Toxic Black Femininity and adherence to racial and gendered norms and stereotypes: strength, rationalizing the abuse, advocating for your partner's needs but not your own, and self-blame/ ownership of the abuse. Each sub-theme discussed will have examples from the data to support and further describe the participant's experiences.

*Strength*

Strength was discussed by every participant. Participants felt that because of their intersectional identity of Black and woman, that they were expected by their partners and society to be "strong." This strength was also accompanied by concerns or fear that they would be dismissed by others because they were expected to be able to withstand atrocities. For example, Cam discussed the pressure and intersectionality of being Black, women, and victimized:

> I think that black women are expected to be strong. I feel like our pain is not taken as seriously. I feel like we're seen as these warriors, these fighters. We can take it. You can bear the burden. This fragile White woman can't. It's okay. You'll get through it."

This sub-theme depicts TBF by highlighting the expected strength of Black women by society and how this strength further implies that this strength should be devoid of support (Kelly et al., 2020). For example, Overcomer discussed the role strain of being Black and strong:

> I think we are categorized as being strong and ... resilient and independent and all of those brave words, which is good. And I relish those titles because I think I embody a lot of them. But then there are also times where I want to be soft, and I want to cry, and I want to be heard, and I don't want to always be so strong. Sometimes I want to show a little vulnerability and be able to be supported in that vulnerability and not feel bad about it or not feel like, oh, you're weak.

Additionally, Moe discussed the concept of Black girl magic, a term that has recently been used in America to discuss the resiliency and beauty of Black girls and women, to discuss how she feels that this leads to the normalization of Black women and strength:

> I appreciate these narratives in some facets, but at the same time I think it robs us of our humanity, of our imperfection, of our ability to be wrong, to be sad. It's frustrating, so when I hear things like that it really resonates with me because, sometimes, I don't want to be strong. Sometimes I don't want to ... and it's not even that I want to be weak, I'm just tired. Tired.

### Rationalizing the Abuse by Showing Grace and Forgiveness

All participants discussed the ways in which they rationalized or made sense of the abuse they were experiencing which usually led to showing grace and/or forgiveness towards their partner's violence. All of the participants described how they felt like it was important to portray an image of their partner that showed grace and forgiveness. From a TBF perspective, Black women trying to extend grace and compassion towards their partner's behavior is conceptualized

as a necessary coping response to the normalization of IPV through systemic violence that Black women have experienced and passed down through generations.

Several participants extended compassion to their partner by contextualizing their partner's abusive behavior within larger systemic forces. For example, Danielle explained:

I'm sure that he's not a bad person. I think it was something in his environment that shaped him, that was making him feel like that. I don't think he was just naturally toxic, or he was doing it for laughs or anything like that because it was definitely something he was dealing with.

Cam discussed that she felt that her partner's lack of discipline in his family led to his abusive behaviors, "I just feel like his family felt like he could do no wrong. I think that just comes from him having been coddled." Overcomer discussed how she felt her ex-husband's financial issues increased his stress levels to such a high level that it led to abuse:

He's a good person, just struggling with a lot of emotional demons, I'll say. So, do I believe that this person set out to be abusive? No, not at all. But do I believe that the social economic situation was a lot of pressure on him and not having an outlet to be able to talk about it or to be able to communicate it effectively in the relationship made it very frustrating for him. I believe... this is all, of course, all my thoughts. Very frustrating for him and in that frustration, anger set in and then, of course, not knowing how to channel that I believe caused for abuse.

Moe displayed grace and compassion as she discussed how her partner's social status led her to have conflicting views towards her partner and his violence towards her:

He comes from money. I think there's a certain level of privilege because he comes from money and because he's an attractive black man. I think that's also part of what makes it

more difficult. Like he's so attractive and so smart, he's not what abusers look like. He comes from money, he could have whoever, like he doesn't have to…. But I think that's part of the setup though. It is like he's not used to being told he can't have something or keep something.

Other participants felt their partner's mental health was a core cause. Tallulah felt that due to her partner's mental health diagnoses and lack of therapy that he was not in total control of his actions:

This person was not even in therapy, so I think part of it was really not their fault. Part of it was that he just did not have the emotional intelligence and maturity to be in an intimate relationship, and I was expecting them to have that.

Sarina also grappled with the idea of her partner's mental health and if he could be held solely accountable for his actions:

And this person had, at least the time when I was with them, had some significant mental health issues going on so ... I don't know, still to this day I wonder, was it the mental health or was this just who this person was?

***Advocating for Your Partner's Mental Health Needs but Not Your Own***

Two of the participants discussed advocating for their partners to go to therapy or other formal mental health services but reported ambivalence about seeking out those same services for themselves while actively in their relationships. Participants also discussed requesting or mandating that their partner seek out therapy to maintain the relationship as a form of an ultimatum. For example, Danielle discussed how she advocated for her partner to be in therapy or for them to be in couples therapy but how she never thought she need individual therapy:

No, I don't think I let it go to the extent to where I needed to see anyone. I would just

want him to see seek help. That was the reason why we broke up was because he refused

to seek help, even if I agreed to go with him.

Sarina discussed how she sought out going to couples therapy because she felt like it could help

save her relationship:

...at one point I was interested in maybe doing couples counseling with him just because I

thought that would be a good way to try to fix what was happening... [I felt] this need to

care take or be the person to help my partner out of whatever intergenerational trauma or

whatever they've experienced like it's my job or responsibility to do that and kind of

[thing of] putting my own needs and desires to the side.

This sub-theme is directly related to TBF in the fact that it highlights Black women's

intergenerational expectation to protect and support the Black family and image (Kelly et al.,

2020).

### *Self-Blame*

All the participants discussed the ways in which they blamed themselves or considered

their actions as the reason/justification why violence occurred. This concept is depicted in TBF

as women assuming responsibility for actions that are not their own to try and rationalize the

violence they are experiencing in attempts to protect the Black image. This is seen as Black

women self-protecting and coping through racist stereotypes while experiencing the role strain of

having to protect and defend the Black image (Kelly et al., 2020). For example, Tallulah

discussed how she felt that she had responsibility for the abuse she was experiencing due to her

lack of dating experience and as her atonement for previous wrong doings:

At the time, I had this running logical fallacy going, that this was all happening to me because of a past life thing; I had done wrong and it was what I deserved. So, in that sense, yes, I took some culpability there. But after a certain point, I thought to myself, "This is your fault." Now, I think the blame rests, probably, squarely on my shoulders, because I should have known better. I didn't. I hadn't been in a lot of relationships, but I should have known.

Sarina reflected on feeling as if she did something or could have done things differently that could have prevented her partner from being abusive:

I just remember feeling just like this general sense of like why is this happening to me? I guess in some ways maybe I did [take the blame for the abuse], like what did I do to deserve this? Or like could I have done something differently for this situation not to have become what it is.

Cam discussed that due to her family's religious beliefs that she felt that not only was the abuse her punishment for violating the values and mores of her religion, but that she also had to continue to be in the relationship to protect her soul from damnation:

I knew that I didn't have to be in a relationship, and I kept choosing to be... I stayed, because I was convinced that I would go to Hell [because we had premarital sex], and I felt like I've already had sex with this one person. That's what I was taught. I don't think that way now, but at the time, it was like, "Okay. I have to make this work. I've already had premarital sex. I've had it with this person. I need to make it work with him. People know."

Overcomer struggled with trying not to take blame in the abuse she experienced but also described that she was the other part of her relationship, so she did have a role in the conflict. This still acknowledged a sense of blame or partnership in the abuse:

> Do I own my part in the situation in the relationship? Yes. Yes. I think that's part of the growth. You grow to know that, yes, this was a bad thing. The physical is never okay, but in the relationship do you own your part of the down of the pitfalls of it? And just the mere fact that maybe you weren't good together. Yes.

Moe discussed using self-blame as a way to rationalize and make sense of the abuse she was experiencing:

> Absolutely [I blamed myself for the abuse] ... I was like, "You're not going to [abuse me] just because?" I think it also, it just validated it, it made it more logical for me that he's hitting me because or he's pushing me because [I] did this versus, he's just upset about you got the wrong tomatoes. Now he's hitting me because I …[was being] mouthy.

Danielle highlighted an important concept of TBF, as she discussed accepting self-blame in her relationship because it did not make sense for the abuse to be occurring any other way. This emphasizes how Black women often recognize problematic behaviors of their partner but due to TBF take on the responsibility to make the relationship work "At first, yes, or I felt responsible to try to help because I knew that it wasn't me. I wasn't doing anything wrong, yet he was still upset.'

**Black Women's Experiences with Systemic Oppression in Help-Seeking Behaviors**

There were five sub-themes that articulated participants' experience of systemic racism and intimate partner violence: systems that were automatically rejected, White expectations of Blackness, religious organizations, unsupportive informal support systems, and frustration with

30

lack of resources turning into advocacy. Each sub-theme discussed will have examples from the data to support and further describe the participant's experiences.

*Systems that were Automatically Rejected*

Each of the women discussed systems that were automatically rejected when they were considering seeking services for the abuse that they were experiencing. The few women who felt that their level of violence could lead to police intervention avoided this option due to fear of systemic racism. The other women who felt that the violence they were experiencing did not lead to police involvement, decided to seek out therapy with caution. For example, Sarina discussed not disclosing their abusive relationship to her therapist for fear that she would call the police:

> And again, there's this level of fear for me because I didn't necessarily want him to get in trouble. I didn't want her to feel like she needed to call the police or anything like that ... but still there's that fear for me because he was Black and I just ... I don't know and she was White and clearly just tone deaf and made like assumptions about I don't know ... just a lot. So, I think it was definitely both the violence piece as well as just the race and the intersection of that.

Further, every participant that sought out therapy felt that it was essential to have a clinician of color due to the intersectionality of their experiences, systemic oppression, and racism. Tallulah, Cam, and Moe all discussed the importance of having a Black mental health professional. They described the frustration of seeing non-Black clinicians and having to explain their identities, feeling as if they had to present in unauthentic ways to be heard, and feeling as if therapists expected them as Black women to change their behaviors for the sake of their relationship. Tallulah discussed seeking out mental health professionals, but she explained why it was essential that she work with clinicians of color, especially other Black women:

31

That was very intentional... I picked them, because I figured that no one else would understand the ways in which just our refusal to stay silent is pathologized. If I wanted to say something, in a therapeutic space, about the intimate partner violence, and I said it in a way that wasn't very palatable, I felt like a White therapist might say, "Well, maybe that's not a fair way to assess the situation." Or paint me as an angry Black woman, or not understand the racial dynamics that were involved in that power imbalance, or not understand why I felt like people didn't believe me, when it was my word against his, and I really needed them to get that.

Cam discussed her decision to reject therapy from White clinicians due to her previous experiences working with clinicians who were not of color:

I feel like I can be more vulnerable. I feel like I can just talk the way I talk, and they're not asking, "Well, what does that mean?" It just feels more safe. I feel like with White therapists ... I've actually been to psychiatrists too, and I feel like they're very quick to say like, "Okay. This is what's wrong with you, and this is what prescription I can write you." And sometimes I don't want that. I just want somebody to listen to me. I want somebody to kind of guide me. I want somebody to check in with me. I don't want somebody that I feel like is not listening to me. That's how I felt sometimes.

Moe discussed how she could not go to a White therapist due to their lack of understanding about systemic factors that impact Black people:

I couldn't go to anybody else... I just don't have the patience or time or energy to explain things. I think I appreciated having Black women as therapists ... I think because I'm hypersensitive to body language and energy all that good stuff, it's hard to be in a room with someone who doesn't get it. Like the look in their eye...

On the other hand, Danielle discussed not reaching out to any formal services because she felt that the violence she was experiencing was not severe enough to receive formal support services, "No, I don't think I let it go to the extent to where I needed to see anyone."

*White Expectations of Blackness*

All of the participants discussed their intersectional identities of being Black and women and how this often impacts their experiences in the world. The participants discussed how the narrative of White women is to be seen as weak or a damsel in distress while Black women are seen as the opposite, which is also reflected in the theme of *strength* discussed previously. The expectation and correlation of Blackness with strength has resulted from racist narratives in White culture used to highlight resiliency with very little regard for why *resiliency* is even necessary for Black people (Kelly et al., 2020). These racist narratives serve to ease White guilt and stem from decades of racial and historical trauma perpetrated by the dominate White culture onto Black people, thus privileging White comfort over the needs and rights of Black people.

Overcomer, Tallulah, and Moe discussed their experiences with racism and the automatic assumptions that are made about them based solely on race. For example, Overcomer described how her intersectional identities of being 'Black and woman' instead of 'White and woman' impacted her experience seeking out support services:

> And this is another stigmatism that we get as Black women, like butch, right? Like, "You don't need a man. What? You too much of a man. You don't need a man because you're a man," right? I hear that, or I've heard that, so I don't want for them to be that because then we're... I don't know. It's like a two-way sword thing. You're supposed to be strong, but you're too strong.

Tallulah discussed the moment she realized that the people she was trying to get support from did not believe her or did not care about her abuse. She described feeling as if her pain was not as important due to her being Black instead of White:

Nobody really believed me when I tried to appeal to people's sensibilities. I don't even know if it was that they didn't believe me, or that they didn't care. Maybe it was because they didn't believe me... people believe White women when they say something, and also, it's because femininity is whitewashed. So, if there is anyone that's going to be protected, in this society, it's the people who appear to be the most vulnerable. For a lot of people, that's White women. They appear to be helpless. They appear to be fragile. Black women, you know this, appear to be strong. We appear to be not vulnerable. And if we do appear to be hurting, it appears as though our pain is less felt than that of White women. And that's even true with physicians. They don't believe we feel pain at the same levels. And I think that's true of, both, our abusers and the people who we appeal to for help.

Moe discussed the notion of Black girl magic and how society uses it to highlight the beauty and intersectionality of Black womanhood but instead it still places Black women in a role to save and protect themselves:

So, I think this, even the Black girl magic idea, it seems like a narrative that we've dressed up a different way, that now we're not strong, we're magical, and I think that's beautiful in some vein, but I also think it can be dangerous that constantly dehumanizes us and makes us into these godly like beings.

Sarina discussed the reality of the harmful narratives about Black women and how she is made more aware of them because she is White passing. She experiences her intersectional

34

identities differently because she is aware of the privileges she has with passing while having the socialization of being Black:

> I think there are these narratives that exist about Black women being angry and outspoken and more apt to become either verbally or physically violent and so I think that that exists in our society and so of course I think in some ways that impacts me. Another thing that I feel is worth mentioning just for me being in some ways White passing like that's not always the assumption that people have about me as like being a Black woman so I think that maybe they see me differently and so I don't know if they see me as being more violent or someone who is ... who gets angry and is going to get violent.

Danielle discussed the further marginalization she experienced once she added other identities to Blackness and womanhood. This adds to the discussion by highlighting the intersection of Blackness with other identities such as religious being physically disabled. Danielle discussed her experiences as a college athlete and being ill and in a wheelchair and the discrimination she faced when she was trying to advocate for herself with her coaches and how this impacted her not to speak out against her abusive partner who was also an athlete:

> I think that the reason why the coaches didn't believe me, that was because I was a Black woman. "You're not trying hard enough. You can go harder, look at you. You're strong. You don't want to work hard. You're being lazy." Instead of like, this young woman, this teenage woman is struggling and dealing with things that she hasn't before and instead of checking on her to make sure she's okay, we're penalizing her and we're giving her more punishment. We're making her afraid to speak out and say that something hurts or whatever.

**Religious Organizations' Response to IPV**

Two of the participants felt that the church played a large role in their conceptualization of their health during their relationship with their abusive partner. They discussed that their relationship to their faith and religious organization's narratives on relationships influences their meaning making process and reinforced their rationale for staying in their relationship.

Cam discussed feeling stuck in her relationship and that her religion was condoning her abuse due to her church's narrative that God would not put you through a test without reason:

At the time, I was a brainwashed, religious pick-me. So, I kind of felt like I was special, because I didn't [leave him]. I felt like it was good that I had only been with one person, regardless of what that person was doing to me. I kind of felt like, I don't know, like it was going to give me favor in the eyes of God, because [IPV] has happened to me, and I'm still here, I'm still being nice, I'm still being good. I'm still not sleeping around. At the end of the day, God is going to reward me for going through this bullshit. That's what I thought at the time.

Overcomer discussed her frustration with the Black church because she felt that not only do they ignore IPV, but they also ignore the pain and suffering that many in their congregation might experience:

I don't think the church talks enough about it, about the evils that go on in Black households, in Black marriages, in Black relationships. I don't think they talk enough about it. It's more of a shadow over it or skate across it because we don't want to ruffle feathers, right?... And I think that's a lot of why we find ourselves here now, because as a Black woman, I mean, I grew up in a church... the church could curtail, could do more about, and part of it is domestic violence because you have a lot of Black women in

36

church and a lot of us are in church because we're hurting, right? We're in church because

we're looking for a relief to our pain.

*Unsupportive Informal Support Systems*

Five of the women discussed how their informal support systems were unsupportive of

them in regards to their abusive relationships. For many of the women this led to them staying

longer in their relationships, thus continuing contact with their ex's, or feeling isolated.

For Tallulah, Moe, and Cam they highlighted the invalidation, dismissal, and

trivialization of their emotions and their experiences of IPV from their informal supports. For

example, Tallulah discussed finding out that some of her friends and teachers, despite knowing

about her ex's history of perpetrating violence towards her, continued their relationship with

him:

> Everyone was like, "Hey, we're hanging out with [your ex]. It's cool. It's chill. We love
>
> him." And I was like, "Okay. I'm not welcome here." Two of my friends, who I felt I
>
> couldn't trust anymore, because they crossed that boundary with me, they invited him into
>
> their spaces, into their homes, and made room for his emotions in a way that I didn't think
>
> was fair. So, everyone knew, short answer. Teachers knew. Professors knew. But no one
>
> said anything. I think, if anything, the professors held it against me that I was bitter later,
>
> but yeah.

Similarly, Moe discussed her frustration and hurt with her family for continuing to reach out and

support her ex despite knowing how he abused her in their relationship:

> It's weird, like my mom and dad still send stuff to the father of my kid. And in some
>
> ways, I get it, but in others I'm just annoyed that they are constantly like, "Happy
>
> Birthday," and sending him money on his birthday or visiting him when they're down

here. My stepdad came down here and was like, invited him to my home without even asking me. He was like, "We're going to have coffee. He's coming over." And I was like, "No, no." So, I feel like though they're aware of it, they aren't applying that awareness to having that ... It's like, "Well, we love him too, he's our son and he's family and you all are in a good place now." And I'm like, "Yeah, that doesn't mean that everybody has to be buddy buddy with him." So, they're aware but I don't feel like they care enough for me.

Cam discussed her family and friends' personal narratives on their abusive relationships and how it impacted her leaving her partner and dismissing her own feelings:

Most of the women in my family [have been in IPV relationships]. That is also part of, I guess, why I felt like what was happening to me was okay. My mom was in an abusive relationship, and then her mom was, and then some of my friends were. So, it's like saying, "[IPV] is happening to me," and it's like, "Oh girl, that's normal. He'll get over it."

Additionally, Sarina and Overcomer both discussed experiencing their informal supports as unhelpful and harmful through their use of shame, ignoring the abuse, or invalidation as mechanism to cope with the IPV disclosure. Sarina discussed the isolation she experienced from having a mother who cared about her but pushed her to leave her abusive partner before she was ready:

My parents, specifically my mom, she's very opinionated and always wanted to know what was going on and so it was like I felt like I wanted to share with her but at the same time, I was like I can't share with her what's going on because I already know she's going to shame me for staying in this relationship. So, I felt like again, kind of isolated in that I couldn't talk about it with people and then I was trapped in it.

Overcomer discussed that despite other women in her family being in abusive relationships, the status quo in her family was to not talk about violence. This avoidance of the topic led her and other family members to not discuss their relationships with other family members, thus they felt stuck in their relationships:

> Well, my cousin was in an abusive relationship...I knew, because I could see it. You could see that it was abusive. I mean, she didn't hide it, so to speak, so yeah... we're able to see that. I had another cousin who was in an abusive relationship and her boyfriend actually murdered her... we didn't talk about it... Because it's the silent thing. It's not something you talk about, it's not something that you have Thanksgiving dinner and, "Oh, let's talk about [this person's] abusive husband."... And I don't think [the Black community] make comfortable the communication, the conversation to where we can sit and talk about it.

*Frustration with Lack of Resources Turning into Advocacy*

Half of the participants discussed their frustration with the lack of accessible resources to the people in their communities. Two of the women used their personal experiences to provide information and support to others. For example, Moe discussed how she now uses her platform to become an advocate for other women; especially for queer people experiencing IPV because there is a massive lack of education or intentionality in her community on this topic:

> It's like me hosting [talks] ... my sister died from intimate partner violence six years ago. She was killed by a same sex partner. And so, every year I talk about this type of violence and what it looks like especially in the queer relationships because people think like two women or two men can hit each other, it's okay.

39

Similarly, Cam discussed how she uses her experiences and the knowledge that she has gained as a survivor to educate other women because she realized that there are not many places to hear this information:

> I think that I'm way more vocal than I was before, and I'm quicker to try to tell my friends that stuff is not okay. Like, "Oh, my boyfriend did this," and I'm like, "Yeah, you guys need to break up." Before I would have been like, "Oh, mine does that to me too. Whatever," but now I'm just like, "I think that's a red flag. It's not going to get better. You should probably ... What can I do to help you move away from that?" I'm way more vocal about just not being in those relationships. [I am] definitely [an advocate now].

Overcomer's frustration with the lack of resources provided by her faith's leadership highlighted for her a major opportunity for change and potential advocacy. Specifically, Overcomer discussed how growing up in the Black church she realizes the amount of influence the church leadership has and how them not overtly talking about IPV is not providing the congregation with important and potentially lifesaving education and resources:

> I believe that the influence the church has is much greater than the church realizes and that there's a lot that has happened and that is still going on in our society as African Americans that the church could curtail, could do more about...So, we know that there is a place where we can go to get encouragement and to get an uplifting word. So why aren't we talking about this? Why is this not part of our women's meetings and men's meetings? Do I think that the church has played a role? I absolutely do. I think that their role is to address it significantly enough to where it makes a difference in our homes.

**Chapter 5: Discussion**

Studies have consistently shown that Black women experience IPV at a more significant

rate than White women and when this violence occurs, it tends to be more severe. Unfortunately,

previous quantitative research fails to acknowledge and incorporate systemic factors that are

unique risk markers for Black women. While there needs to be intentional research on Black

women's experiences with IPV in both quantitative and qualitative research, qualitative

approaches yield important and humanizing data that can further support and direct the scopes of

quantitative data. Accordingly, the purpose of this study was to use in-depth interviews to

examine the phenomenon of Black women's experiences with IPV through a framework

informed by TBF, Intersectionality, and PTSS with a predominantly Black sample.

The research questions were conducted for this study were:

1. What are Black women's experiences with Intimate Partner Violence?

2. What are Black women's experiences of Toxic Black Femininity?

3. What are Black women's experiences with systemic racism in help-seeking

   behaviors?

Four main findings were yielded from this study. First, the intersectionality of Blackness

and womanhood directly impacted Black women's experiences with IPV, TBF, and help-

seeking. Second, self-blame was used a mechanism of protection directly linked to TBF that

further impacted participants' experiences with IPV. Third, both formal and informal help-

seeking were impacted by TBF and the intersectionality of Black and woman. Specifically,

participants' experiences with systemic racism impacted their ability to seek out mental health

with non-Black clinicians. Additionally, religion played a harmful role in its intersection between

Black and woman as it often reinforced TBF thus reducing the church as a source of support as

well as the likelihood of participants seeking additional supports elsewhere. Fourth, most of the

participants identified as queer but choose to report only on male partners further demonstrating

the role TBF has in the Black community by highlighting the rigid and heteronormative roles of

Black women and men. These findings further highlight how TBF, PTSS, and intersectionality

uniquely influence the experiences of Black woman who have survived IPV.

**Main Findings**

*The Impact of Intersectionality*

This study highlights the intersectional experience for Black women and how TBF has

influenced Black women and their experiences of IPV. Systemic racism has had a major impact

on the psyche of the Black community, especially Black women (Crenshaw, 1991; DeGury,

2017; Kelly et al., 2020). Participants discussed the double standard of victimization if you are

Black, which directly answered all of the research questions by highlighting the women's

experiences with violence, TBF, and help-seeking. Participants discussed how their pain and

suffering would always been seen as less than a White woman's due to racist assumptions and

stereotypes that Black women are strong, resilient, and impenetrable to pain. These findings

further emphasize literature that addresses, and holds accountable, the impact that slavery and

PTSS had on the modern-day conceptualization of Black women (DeGury, 2017; Donovan &

West, 2015; Kelly et al., 2020; Nelson et al., 2016). It is important for researchers, clinicians, and

the general public to understand this perspective and recognize the impact of historical racial

trauma on the intersectional experiences of Black women to better address the barriers to formal

and informal help-seeking services for Black women experiencing IPV (Iverson et al., 2013;

Kelly et al; 2021).

Additionally, the homogony and interconnectedness of participants' experiences despite

their social locations or demographics is noteworthy. Participants discussed their internal

struggle of wanting to be seen as strong and resilient, but also wanting to not appear as so due to their fear of confirming the racist narratives that have been used to depict Black women. Even further, when they do seek out services or assistance, their painful and often desperate pleas to be seen, helped, and humanized by the dominant culture often fail since the expectation, due to racial stereotypes, is that Black women should be able to protect themselves (Crenshaw, 1991; DeGury, 2017). One important experience that was shared amongst all the participants was the internal narratives of self-blame which were often depicted as a projection of "strength". If they were able to take blame or rationalize the abuse, then the narrative changed from them being a victim, which has often been colloquially seen as weak, to them being an equal participant in the violence thus highlighting their strength. This highlights the role of TBF and PTSS in identity formation of Black women and the impact intersectionality has on IPV victimization. For many participants there was an internal rationalization that IPV victimization was the antithesis to strength therefore, there had to be self-blame and rationalization to account for this deviation towards the opposite of strength; weakness (Harris, 1995). Accordingly, self-blame and rationalization of abuse is more than not wanting to be seen as a victim or weak, but as a way to self-protect the identity and pride of the Black woman and live up to the tenants of TBF.

*The Role of Informal and Formal Help-seeking*

Despite Black women being among the highest racial groups to experience IPV, they are also the least likely to use formal services; informal services are more likely to be utilized (Cho et al., 2020; Hymen, 2006; Liang, 2005; Nelson et al., 2020). This study yielded two important findings that supported previous literature. None of the participants utilized legal aid or the police with some citing that they felt that these services would further oppress their partners, which many feared would result in racism or police brutality. Accordingly, although most of the

participants went to therapy, it is important to note that many of the participants choose to disclose their abusive relationship *after* it had ended. This highlights the role that TBF has on Black women's experience of IPV and delaying of help-seeking behaviors (research questions two and three).

Due to the lack of options that many Black women feel that they have in terms of formal services, many seek out informal services such as friends and family. Cho et al., (2020) discussed that informal help, while usually the best intentioned, could increase a person's level of severity of their mental or physical health. This study builds on current literature that highlights the reinforcement of intergenerational cultural narratives and how this reinforcement impacts the relationship and tolerance of IPV often resulting in survivors experiencing shame, guilt, emotional hurt/abandonment, and further isolation.

**Barriers to Equitable Mental Health.** Of the 83% of participants in the current study who reported that their IPV experience impacted their mental health, 100% reported PTSD symptoms or diagnosis. Previous research has shown that experiencing IPV victimization directly impacts mental health in a negative way and that the more marginalized identities a person has the more likely their mental health will be impacted in the presence of IPV (Lagdon et al., 2014; Mitchell et al., 2006; Overstreet et al., 2014; Spencer et al., 2019; Whitfield, 2018). This further supports the findings of Spencer et al., (2019) that PTSD was a significant risk marker of IPV victimization, highlighting the need and essential role of mental health providers for promoting the healing and recovery of IPV.

Due to movements such as Black Lives Matter (a movement aimed to call out systemic oppression within the United States) there has been a massive call to become more equitable, especially in the mental health field (Kelly et al., 2020; Kelly et al., 2021). A large and essential

part of the mental health field is mental health clinicians. Unfortunately, the percentage of Black clinicians does not match the percentage of Black clients, but all of the participants that utilized therapy discussed how Black clinicians were the only clinicians they felt safe with due to systemic racism and oppression. Specifically, in a study done by Michigan State's Behavioral Health Workforce Research Center (2016), they found that 92% of licensed Marriage and Family Therapist (MFT) were non-Hispanic White. James (2019) interviewed senior Black MFT scholars on their experiences in the field and at their academic institution. James found that 80% of participants reported they felt that the MFT field strives to be socially just without understanding racism and its implications "because attention is not being given to the intersectionality of how race, power, and oppression maintain the status quo of White privilege, these institutions remain socially unjust" (James, 2019; p.66). Together, these findings highlight that while well intentioned, there is a fundamental lack of understanding of racism and systemic oppression in MFT training programs which further implies that there would be a lack of proper training for clinicians who were not previously aware of racism and systemic oppression. In line with the research, participants reported that when they had a clinician who was White, they felt judged, dismissed, pathologized, or boxed into stereotypical roles that aligned with TBF. Having a clinician that shared and understood the experiences of racial trauma and systemic oppression was highlighted by participants as the most important part of building a strong therapeutic alliance and establishing trust and safety. Thus, it is essential that the mental health field, and in particular MFTs and its guiding body, work to not only increase the number of clinicians of color but to actively and intentionally examine the curriculum on diversity and inclusion with consultation from leading diversity scholars in the field.

**Religion's Role in IPV and Help-Seeking.** Although religious organizations and leaders have been utilized as a source of strength and healing for Black survivors of IPV as reported by previous literature (possibly due to the longstanding and important role that the church and faith has played in the Black community since slavery; Boyd-Franklin, 2010; Cho, 2020; Hays & Lincoln, 2017; Ellison et al., 2007), an important finding in this study was participants' negative reactions to their religious communities' inaction and ignorance of IPV. Participants' stories reflect their perceptions of how the church reinforced their experience of TBF and IPV which influenced their help-seeking. Specifically, participants felt that their religious leaders focused more on perfection in how their congregants lived their lives than on the quality of their life. This focus further perpetuated the need to be strong, resilient, and to self-reliant, which are all core principles of TBF and could thus result in feelings of shame, guilt, or embarrassment for help-seeking or silence resulting in staying in the relationship. This further supports literature that discusses how religious leaders, while often well-meaning, rely solely on faith-based conflict resolution (e.g. using religious texts, consulting with church elders who are not trained professionals, and/or solely utilizing prayer)or meditation with religious leaders who are not trained or well-versed in IPV literature or therapeutic mediation for high conflict couples of IPV, which could be counterproductive or dangerous to the victim (Gezinski et al., 2019).

*Queer Identities as a Survivor*

A vast majority of the literature that examines IPV perpetration and victimization is done with heterosexual couples despite research findings that IPV among queer couples is equal to or higher than that of heterosexual couples (Cannon et al., 2015; Walters, et al., 2013). This perpetuates the narrative that intimate relationships always include  a cisgender man and a cisgender woman, and that violence only occurs in these relationships, thus not taking into

account the experiences of people with marginalized sexual identities. A majority of the participants in this study identified with a marginalized sexual identity (e.g., pansexual, lesbian) which yielded important findings about how TBF impacts queer communities. Despite the high level of sexual diversity in this sample, all participants reported on experiences with male perpetration. This highlighted a unique perspective to better understand research question two and how the concepts of TBF and heteronormativity (i.e., societal ideas that everyone is/should be heterosexual) strengthen each other by perpetuating beliefs that heterosexual relationships are superior and necessary in Black communities, thus creating a double bind for queer Black women to navigate. Namely, this intersection highlights that despite a Black woman's sexual identity, the core principles of TBF are still apparent and the internalized message to defend and prioritize the Black image still remains. TBF in conjunction with heteronormativity work to limit the options of normalized sexual diversity within the Black community due to systemic and intergenerational protection of men in Black heterosexual families, which was rooted in colonization and survival (Battle & Ashley, 2008).

**Clinical and Societal Implications**

The findings of this study provide important insights into how Black women experience and conceptualize IPV and their racial identities. Many of the participants felt that if they went to a non-Black therapist they would have to explain or defend their experiences with racism and oppression. This act further marginalizes clients in a space where they were expecting to be seen and feel safe. These findings highlight the massive need for therapists to understand the complexity of Blackness in America and the need for an intentional examination of how race and intersectionality is being taught in mental health training programs. Specifically, given that the majority of mental health clinicians are White, it is important to incorporate therapeutic

47

attunement and self-of-the-therapist work focused on intentionally challenging bias and assumptions therapists may have of client narratives or experiences based on their personal demographics. Additionally, the field's understanding and conceptualization of oppression and systemic injustice is constantly evolving thus our educational resources should match this pace and overtly incorporate the conceptualizing of current sociopolitical events as they impact dominant discourses and our clients' lives.

There also needs to be societal change that occurs to address and elevate the experiences that Black women face. Black women are more likely to seek out formal services only when the IPV is deemed severe enough (Lucea, 2013) which means that when they are coming into these spaces they are in active crisis. Therefore, there needs to be more intention on better understanding the interacting effects, and the individual effects, of TBF, PTSS, and Intersectionality to avoid further stigmatization, racism, bias, or oppression by challenging stereotypical and racist assumptions of Blackness.

When Black women who have experienced IPV do seek services, there also needs to be an intentional focus on self-blame and meaning making when clients present in therapy wanting to process or discuss IPV. Therapists, especially White therapist working with Black clients, should also be intentional in screening for IPV in their intakes and throughout therapy to promote safety and to normalize the experience of clients discussing IPV with trained professionals. Finally, the decision to report IPV to the police should be a decision made with the client and to their comfort level, especially with Black client due to systemic mistrust of the police and legal systems and this should be clearly communicated to all clients at the beginning of therapy to increase safety and likelihood of IPV disclosure. Further, there should be an overt

conversation that unless the client is under the age of 18 clinicians are not mandated to report IPV unless a minor or a dependent adult is involved.

There also needs to be an examination and revision of policies and laws that are negatively impacting or creating barriers for the communities that they are trying to protect, such as legal requirements, government aid (i.e., food stamps, WIC, unemployment benefits), and lack of adequate funding and/or resources for domestic violence shelters and survivors. Additionally, religious leaders should examine their stance on how they discuss, or do not, IPV within the Black community. Furthermore, religious leaders who choose to discuss IPV should seek out professional training, professional resources, or referrals to trained professionals who specialize in working with couples or individuals experiencing IPV, to support and aid the people that seek their spiritual guidance.

**Limitations**

This study yielded new insights with an intentional focus on the Black experience of IPV and TBF, however there are three limitations to the methodology that should be addressed. Despite the fact that participants were extremely diverse in sexual identities, this study was limited to only six participants. Another limitation is that this research is not generalizable due to it being qualitative research. While this research cannot be generalized, it should be noted that all participants' narratives shared the commonality of systemic racial oppression and the shared lived experience of being Black women in America. The final limitation is that participants were all interviewed only once by one researcher. Participants were given the opportunity to read the entire study and make changes to their quotes if they felt that they were misrepresented or wanted to modify their statements in any way. Future replication of this study could include more participants and have numerous researchers and follow up interviews.

**Future Research**

  To further examine IPV and TBF for Black women there are a few suggestions for future research. This study examined perspectives of IPV and TBF for Black women, but it lacked diversity in perpetrator's gender identity, thus a study that focused on the phenomenological experiences of Black queer people experiencing IPV from a queer partner would greatly impact this research. Researchers could also interview Black perpetrators, regardless of gender identity, to learn their perspectives on TBF and IPV and to yield a more nuanced understanding of the phenomena of Black female experiences of IPV and TBF. The intersection of TBF, religion, and Black female victimization could provide important findings for intervention and prevention strategies by better understanding how religious leaders conceptualize TBF and their role in aiding Black women in formal help-seeking behaviors. Finally, this study had a large percentage of women who identified under the queer umbrella but reported on only male perpetrators. Future research should be done to access how TBF and heteronormativity interact and reinforce each other to further contribute to Black queer victimization.

## Chapter 6: Conclusion

  This hermeneutical phenomenological study was guided by Intersectionality, Post-Traumatic Slave Syndrome, and Toxic Black Femininity and adds a new and diverse perspective to the literature on Intimate Partner Violence. Black women are suffering from IPV at an alarming rate that needs immediate attention and resolution. The participants in this study provided important and powerful insight into the Black women's experiences with TBF, IPV, and help-seeking behaviors. Black women have withstood the lasting ramifications of slavery, macro and microaggressions, and now IPV it is our responsibility and moral duty to use our

power and privilege to advocate, educate, and protect Black women.

References

Anyikwa, V. (2015). The Intersections of Race and Gender in Help-Seeking Strategies Among a

    Battered Sample of Low-Income African American Women. *Journal of Human Behavior*

    *in the Social Environment*, *25*(8), 948–959.

    https://doi.org/10.1080/10911359.2015.1047075

Battle, J., & Ashley,C. (2008). Intersectionality, heteronormativity, and black lesbian, gay,

    bisexual, and transgender (LGBT) families. *Black Women, Gender Families*, 2(1), 1-24.

Bent-Goodley, T. B. (2007). Health disparities and violence against women. *Trauma, Violence,*

    *& Abuse*, *8*, 90-104. doi:10.1177/1524838007301160

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., &

    Stevens, M. R. (2011). *The national intimate partner and sexual violence survey*

    (NISVS): 2010 summary report. Atlanta, GA: National Center for Injury Prevention and

    Control, Centers for Disease Control and Prevention. Retrieved from

    http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

Boyd-Franklin, N. (2010). Incorporating Spirituality and Religion into the Treatment of African

    American Clients. *The Counseling Psychologist, 38*(7), 976-1000.

    doi:10.1177/0011000010374881

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help-seeking  for lesbian,

    gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma,*

    *Violence, & Abuse, 17*(5), 585-600. doi:10.1177/1524838015585318

Cannon, C., Lauve-Moon, K., & Buttell, F. (2015). Re-theorizing intimate partner violence

    through post-structural feminism, queer theory, and the sociology of gender. *Social*

    *Sciences, 4*(3), 668-687. doi:10.3390/socsci4030668

Center for Disease Control and Prevention (CDC). (2019, February 26). Preventing Intimate

    Partner Violence |Violence Prevention|Injury Center|CDC. Retrieved August 09, 2020,

    from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Center for Disease Control. (2018). Intimate partner violence |violence prevention| injury center|

    cdc.  Retrieved from

    https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Cho, H., Shamrova, D., Han, J.-B., & Levchenko, P. (2020). Patterns of intimate partner violence

    victimization and survivors' help-seeking. *Journal of Interpersonal Violence*, *35*(21–22),

    088626051771502. https://doi.org/10.1177/0886260517715027

Chung, R. C., Bemak, F., Talleyrand, R. M., & Williams, J. M. (2018). Challenges in promoting

    race dialogues in psychology training: race and gender perspectives. *The Counseling*

    *Psychologist*,*46*, 213-240. doi:10.1177/0011000018758262

Collins, P. H. (1990). *Black feminist thought: knowledge, consciousness, and the politics of*

    *empowerment.* Boston: Unwin Hyman.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among*

    *five approaches* (4th ed.). Thousand Oaks, CA: Sage.

DeGruy, J. (2017*). Post traumatic slave syndrome: America's legacy of enduring injury &*

    *healing*. Portland, OR: Author.

Donovan, R. A., & West, L. M. (2015). Stress and mental health: moderating role of the strong

    black woman stereotype. Journal of Black Psychology, 41(4), 384–396.

    https://doi.org/10.1177/0095798414543014

Ellison, C. G., Trinitapoli, J. A., Anderson, K. L., & Johnson, B. R. (2007). Race/ethnicity,

    religious involvement, and domestic violence. *Violence Against Women, 13*(11), 1094-

    1112. doi:10.1177/1077801207308259

Fanslow, J. L., & Robinson, E. M. (2010). Help-seeking behaviors and reasons for help-seeking

    reported by a representative sample of women victims of intimate partner violence in

    New Zealand. *Journal of Interpersonal Violence, 25*, 929-

    951. doi:10.1177/0886260509336963

Fischer, N. L., Lamis, D. A., Petersen-Coleman, M. N., Moore, C. S., Zhang, H., & Kaslow, N.

    J. (2015). Mediating effects of existential and religious well-being among abused,

    suicidal, African American women. *Journal of Family Violence*, *31*, 315-

    323. doi:10.1007/s10896-015-9771-1

Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to IPV help-

    seeking : Implications for intervention. *Violence Against Women, 11*, 290-

    310. doi:10.1177/1077801204271959

Gezinski, L. B., Gonzalez-Pons, K. M., & Rogers, M. M. (2019). "Praying does not stop his fist

    from hitting my face": religion and intimate partner violence from the perspective of

    survivors and service providers. *Journal of Family Issues*. doi:10.1177/0192513x19830140

Harden, J., McAllister, P., Spencer, C., & Stith, S. (2020). The dark side of the rainbow: queer

    women's experiences of intimate partner violence. *Trauma, Violence, & Abuse,* 1-13.

    doi:10.1177/1524838020933869

Harris, T. (1995). This disease called strength: some observations on the compensating

    construction of black female character. *Literature and Medicine, 14*(1), 109-125.

Hays, K., & Lincoln, K. D. (2017). Mental health help-seeking profiles among african

americans: exploring the influence of religion. *Race and Social Problems, 9*(2), 127-138.

doi:10.1007/s12552-017-9193-1

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of

heidegger's philosophy for interpretive phenomenological research. *International Journal*

*of Qualitative Methods, 15*(1),1-8. doi.org/10.1177/1609406916680634

Hyman, I., Forte, T., Mont, J. D., Romans, S., & Cohen, M. M. (2006). Help-Seeking Rates for

Intimate Partner Violence (IPV) Among Canadian Immigrant Women. *Health Care for*

*Women International*, *27*(8), 682–694. https://doi.org/10.1080/07399330600817618

Iverson, K. M., Bauer, M. R., Shipherd, J. C., Pineles, S. L., Harrington, E. F., & Resick, P. A.

(2013). Differential associations between partner violence and physical health symptoms

among Caucasian and African American help-seeking women. *Psychological Trauma:*

*Theory, Research, Practice, and Policy, 5,* 158–166*. doi:10.1037/a0025912.*

James, L. L. (2019). "The experiences of african american marriage and family therapists: their

contributions to the marriage and family therapy field" (2019). stu_scholar. 536.

https://aura.antioch.edu/etds/536. (Dissertation).

Kelly, L. C., Spencer, C. M., Stith, S. M., & Beliard, C. (2020). *"*I'm black, I'm strong, and I

need help": toxic black femininity and intimate partner violence. *Journal of Family*

*Theory & Review*, 12, 54–63. doi: 10.1111/jftr.12358

Kelly, L., Spencer, C., Keilholz, B., McAllister, P., Stith, S. (2021). *Is separate the new equal? A*

*meta-analytic review of risk markers for black and white women in the United States*

*experiencing intimate partner violence.* [Manuscript in revise and resubmit]. Department

of Couple and Family Therapy, Kansas State University.

King, K., Murray, C. E., Crowe, A., Hunnicutt, G., Lundgren, K., & Olson, L. (2017). The costs of recovery: intimate partner violence survivors' experiences of financial recovery from abuse. *The Family Journal*, *25*(3), 230–238. https://doi.org/10.1177/1066480717710656

Kleven, T. (2009). Systemic classism: Systemic racism: Are social and racial justice achievable in the united states. *Connecticut Public Interest Law Journal , 8(2),* 37-84.

Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology*, *61*(6), 713–724. https://doi.org/10.1002/jclp.20105

Lacey, K. K., West, C. M., Matusko, N., & Jackson, J. S. (2015). Prevalence and factors associated with severe physical intimate partner violence among U.S. Black women. *Violence Against Women, 22*(6), 651–670. https://doi.org/10.1177/ 1077801215610014

Lagdon, S., Armour, C., &amp; Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimization: A systematic review. European Journal of Psychotraumatology, 5(1), 24794. doi:10.3402/ejpt.v5.24794

Lambe, J., Cerezo, A., & O'shaughnessy, T. (2017). Minority stress, community involvement, and mental health among bisexual women. *Psychology of Sexual Orientation and Gender Diversity, 4*(2), 218-226. doi:10.1037/sgd0000222

Laverty, S. M. (2003). Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations. International Journal of Qualitative Methods, 21–35. https://doi.org/10.1177/160940690300200303

Levitt, H. M., Swanger, R. T., & Butler, J. B. (2008). Male perpetrators' perspectives on intimate partner violence, religion, and masculinity. *Sex Roles, 58*(5-6), 435-448. doi:10.1007/s11199-007-9349-3

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A Theoretical Framework for Understanding Help-Seeking Processes Among Survivors of Intimate Partner Violence. *American Journal of Community Psychology*, *36*(1–2), 71–84. https://doi.org/10.1007/s10464-005-6233-6

Lucea, M. B., Stockman, J. K., Mana-Ay, M., Bertrand, D., Callwood, G. B., Coverston, C. R., … Campbell, J. C. (2013). Factors influencing resource use by African American and African Caribbean women disclosing intimate partner violence. Journal of Interpersonal Violence, 28(8), 1617–1641. https://doi.org/10.1177/ 0886260512468326

Lynch, K. R., & Renzetti, C. M. (2020). Alcohol use, hostile sexism, and religious self-regulation: investigating risk and protective factors of ipv perpetration. *Journal of Interpersonal Violence, 35*(17-18), 3237-3263. doi:10.1177/0886260517708758

Malveaux, J. (2008). Shouldering the third burden: the status of african-american women. National Urban League.

Mccarthy, K. J., Mehta, R., & Haberland, N. A. (2018). Gender, power, and violence: A systematic review of measures and their association with male perpetration of IPV. *Plos One, 13*(11). doi:10.1371/journal.pone.0207091

Mitchell, M. D., Hargrove, G. L., Collins, M. H., Thompson, M. P., Reddick, T. L., & Kaslow, N. J. (2006). Coping variables that mediate the relation between intimate partner violence and mental health outcomes among low-income, African American women. *Journal of Clinical Psychology, 62*(12), 1503-1520. doi:10.1002/jclp.20305

Moving Toward a More Diverse Behavioral Health Workforce. U-M Behavioral Health Workforce Research Center. (2016).

https://www.behavioralhealthworkforce.org/project/moving-toward-a-more-diverse-behavioral-health-workforce/.

Morse, J. M. (1999). The Armchair Walkthrough. *Qualitative Health Research*, *9*(4), 435–436. https://doi.org/10.1177/104973299129121956

Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: black women's perceptions of the ''strong black woman'' role. *Psychology of Women Quarterly, 40*(4), 551-563. doi:10.1177/0361684316646716

Nelson, T., Shahid, N. N., & Cardemil, E. V. (2020). Do I really need to go and see somebody? Black women's perceptions of help-seeking for depression. *Journal of Black Psychology*, 46(4), 263–286. https://doi.org/10.1177/0095798420931644

Overstreet, N. M., Willie, T. C., Hellmuth, J. C., & Sullivan, T. P. (2014). Psychological intimate partner violence and sexual risk behavior: examining the role of distinct posttraumatic stress disorder symptoms in the partner violence–sexual risk link. *Women's Health Issues, 25*(1), 73-78. doi:10.1016/j.whi.2014.10.005

Peoples, K (2020). *How to write a phenomenological dissertation : a step-by-step guide*. Sage Publications, Inc.

Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence, 9*(1), 1-17. doi:10.1037/vio0000156

58

Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behavior, 10*(1), 65-98. doi:10.1016/j.avb.2003.09.001

Vogel, M., & Porter, L. C. (2015). Toward a demographic understanding of incarceration disparities: race, ethnicity, and age structure. *Journal of Quantitative Criminology*, 32(4), 515–530. doi: 10.1007/s10940-015-9265-6

Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation. *PsycEXTRA Dataset*. doi:10.1037/e541272013-001

Whitfield, D. L., Coulter, R. W., Langenderfer-Magruder, L., & Jacobson, D. (2018). Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: the intersection of gender, race, and sexual orientation. *Journal of Interpersonal Violence,* 088626051881207. doi:10.1177/0886260518812071

Willie, T. C., Khondkaryan, E., Callands, T., & Kershaw, T. (2018). "Think like a man": how sexual cultural scripting and masculinity influence changes in men's use of intimate partner violence. *American Journal of Community Psychology, 61*(1-2), 240-250. doi:10.1002/ajcp.12224

Wyatt, J. (2008). Patricia Hill Collins's Black sexual politics and the genealogy of the strong Black woman. *Studies in Gender & Sexuality, 9*(1), 52–67. https://doi.org/10.1080/15240650701759516

Informed Consent

**PROJECT TITLE:** Experiences of Intimate Partner Violence: Understanding Diverse Perspectives

**PROJECT APPROVAL DATE:**  06/04/2020    **EXPIRATION DATE:** 06/04/2023

**PRINCIPAL INVESTIGATOR/CO-INVESTIGATOR(S):** Amber Vennum

**CONTACT DETAILS FOR PROBLEMS/QUESTIONS**: Lorin Kelly (lorink@ksu.edu) or Paige McAllister (paigemc4@ksu.edu)

**IRB CHAIR CONTACT INFORMATION**: Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Cheryl Doerr, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

**PURPOSE OF THE RESEARCH**: Intimate Partner Violence (IPV) is defined as physical, sexual, emotional/verbal, and/or psychological abuse by a current or previous romantic partner. Women of color and sexual and gender minorities experience higher rates of victimization than White women. The purpose of this study is to better understand the experiences of women and gender and sexual minorities who have experienced intimate partner violence in order to expand current theories of trauma and violence to better fit diverse populations. We hope this will help create better intervention and prevention programming.

**PROCEDURES OR METHODS TO BE USED & LENGTH OF STUDY:** First, you will complete a brief (8-10 minutes) online screening questionnaire to determine eligibility. If you meet eligibility criteria you will provide contact information (text or email) and will be contacted by the researchers to set up an interview through Zoom. These interviews will last 45 minutes to an hour.

**RISKS OR DISCOMFORTS ANTICIPATED:** Interviews will be focused on how you have made meaning of the violence, abuse, and/or aggression that occurred in your past relationship(s) and how that affects you today which may be emotionally or psychologically difficult or uncomfortable. Details of the violence, abuse, and/or aggression situations will not be discussed.

**BENEFITS ANTICIPATED**: Once the interview is complete, you will receive an electronic $20 Amazon gift card. You might also experience a therapeutic effect due to sharing your stories. Further resources for professional support will be provided.

**EXTENT OF CONFIDENTIALITY**: You will identify a pseudonym in the screener survey to be called by during the interview and in any communications. All interviews will be conducted through an encrypted Zoom connection. All identifying information will be removed from transcripts before analysis. The original recordings will be deleted, and the transcriptions will only be accessed by those on the IRB through a K-State password protected cloud drive. The information collected as part of this research will not be shared with any other investigators. The interviewers are mandated reporters thus confidentiality must be broken by law if you disclosure that a child, elder, or disabled person is being abused, harmed, or neglected, or if you are a serious risk to yourself or others.

**Terms of participation**: I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled. I verify that by clicking the consent box below, that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that I have received a signed and dated copy of this consent form.

Do you provide your consent to participate in this study?

- **Yes**, I give my consent to participate in this study.

- **No**, I do not give my consent to participate in this study.

(Participants who click "Yes" will be allowed to continue with the screening survey, those that click "No" will be thanked and exited from the survey).

## Appendix B

**Interview Questions**

- Do you know what Intimate Partner Violence is?
    - How would you define it?
    - What type of abuse were you experiencing?
- How long were you with your most recent abusive partner?
    - Verify partner demographics from screening survey.
    - How old were you at the start and the end of this relationship?
    - How did you and your partner meet?
    - Did your partner work during your relationship?
    - When did you decide you no longer wanted to be in that relationship?
    - Is there something about your partner that you think is important for me to know?
- How many people knew you were in an abusive relationship?
    - Who were those people?
    - If you told no one, why?
- Did you feel responsible or take any of the blame for the abuse you experienced?
- Did you seek out any formal services (mental health, police, etc.) during or after being in this relationship?
    - If you did not seek out formal services, why not?
    - If you did seek out formal services, how was your experience with these services?
        - Would you recommend another woman to go to these sources?
        - Do you feel you were treated with respect at these services?
        - Do you think your race or ethnicity impacted your experience?
- Has anyone in your family been in an abusive relationship?
    - If yes, who and how did you know it was abusive?
- Out of emotional, physical, sexual, and psychological abuse do you think that one is less serious than the others?
    - Why do you or do you not think so?
- Do you feel that your race, sexual, or gender identity impacted your experiences of violence?
    - Was your gender identity or sexual orientation disclosed to your partner
- Research suggests that Black women experience violence at a higher rate than White women, and when this violence occurs it is usually more violent. Why do you think this is?
- Because you are a Black woman do you think people expect things from you that they would not expect of a White woman in terms of violence, help-seeking , and resiliency?
- Toxic Black Femininity is the internalized and dominant message that as a Black woman, you must be rigidly strong, hypersexual, and primary caregiver to all, before acknowledging or taking care of your own needs and desires. Do you have any thoughts or reactions to this term?
    - Do you think that this term fits societal messages about Black women?
    - Do you think TBF plays a role in you staying in your relationship?

- Do you feel that your past experience of being in an abusive relationship impacts you today? If so, how?
  - o Your romantic relationships?
  - o Your relationship with your communities (religious, local, etc.)?
  - o Your relationship with and to other women/other people in general?
  - o Emotionally/psychologically?
- We use the word "trauma" to describe the emotional and mental distress following particularly difficult experiences. Would you consider the abuse you experienced traumatic?
  - o If YES: Why? And how would you describe your experience of trauma?
  - o If NO: Why not?
- Do you think you have healed from being in this abusive relationship?
  - YES: In what ways do you feel that you have healed from your abusive relationship?
    - o What has healing looked like?
    - o What resources/people/things have been helpful?
  - NO: What do you think your healing will look like?
  - What would you have needed from someone else during this time of your life that would have helped your situation?
  - What would you have needed from yourself during this time in your life that would have helped you in that relationship?
  - If you were in my shoes as a researcher and could conduct your own study on intimate partner violence, what research questions would you want to answer?
  - We talked about one partner is there another partner that you feel like we should talk about?
  - Is there anything that you wished I would have asked you about your experiences as a person who survived IPV?

## Appendix C
## Debriefing Statement for Experiences of Intimate Partner Violence: Understanding Diverse Populations

*==\*If you know someone else who you think could contribute to our research please send them the link below:==*
==https://kstate.qualtrics.com/jfe/form/SV_9oCEnjGWq1k7RI1==

**Study Overview:** Intimate Partner Violence (IPV) is defined as physical, sexual, emotional/verbal, and/or psychological abuse by a current or previous romantic partner. Women of color and sexual/gender minorities experience higher rates of victimization than do White women. Our research questions are: What is the diverse lived experience of trauma (psychological and emotional distress) for women and gender and sexual minorities who are survivors of IPV, what do they see as risk markers for IPV and how can therapists and researchers improve theoretical and clinical models of IPV to fit diverse people? As a participant of this study you have the right to withdraw your consent at any time with verbal or written communication without explanation, penalty, or loss of benefits, or academic standing to which you may otherwise be entitled. If you choose to continue in the study a results section of the paper will be sent to your email before publication to ensure that you were represented correctly. Only the pseudonym you give us and not your real identity will not be used in the paper.

**Contact information:**
- If you have any ethical concerns or want more information on participant's rights you can contact:

Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Cheryl Doerr, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.
- If you have more questions about the purpose, procedures, or results of this study, you can contact: Paige McAllister (paigemc4@ksu.edu) or Lorin Kelly (lorink@ksu.edu)

**Here are some additional resources/ opportunities for support:**
- https://www.psychologytoday.com/us This is a website where you can type in your zip code and mental health providers in your area will populate.
- https://www.domesticshelters.org/help#?page=1 This site will tell you shelters and programs for people seeking assistance for concerns/ issues with domestic violence by state or zip code. This site also has a button in the upper right hand corner called "Leave this site" where if you click it, it will take you to the weatherchannel.com and the page you were viewing will turn into a google page for your safety and security if someone sees your screen.
- We hope that you will use these links for yourself and anyone else in your life who you feel would benefit. If you would like to learn more about Intimate Partner Violence (IPV) or any other form of abuse here are some credible resources: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=59A463B416D623FE2F55EFB4D05A3C45?sequence=1

**Thank you!** On behalf of all of the researchers on this team we would like to sincerely thank you for your participation in this study. Because of courageous women like you we are able to better understand IPV to create better intervention and prevention programing.

**Table 1**

*Participant's Names, Gender Identity, Sexual Orientation, and Partner's Gender Identity*

| Pseudonym | Gender Identity | Sexual Orientation | Partner's Gender Identity |
| --- | --- | --- | --- |
| Sarina | Cis woman | Pansexual | Male |
| Overcomer | Cis woman | Straight | Male |
| Cam | Cis woman | Lesbian | Male |
| Moe | Cis woman | Lesbian | Male |
| Danielle | Cis woman | Straight | Male |
| Tallulah | Nonbinary (Assigned female at birth) | Queer | Male |

**Table 2**

*Themes, Subthemes, and Codes*

| Themes | Subthemes | Codes |
|---|---|---|
| **Toxic Black Femininity** | Strength | External pressure to make relationships work, Strong/rugged, You can bounce back if people hurt you, Strength |
| | Supporting others and not self | Ambivalence to seeking formal help, Supporting other to seek out formal or informal help but not doing it yourself |
| | Rationalizing abuse | Partner's mental health, Partner's mental health as justification, Conflicted view of abuser, Making sense of abuse, Partners personality |
| | Self-blame/ ownership of abuse | Coping with emotional abuse, Internalized messages |
| **Effects of Violence** | PTSD | Hypervigilance, PTSD symptoms |
| | Relational Impacts | Past abuse impacting current relationship, Cycling in relationships |
| **Experiences with Systemic Oppression in Help-seeking** | Systems that were rejected | Automatically rejected formal/informal supports, Ambivalence towards informal supports |
| | White expectations of Blackness | White expectations of Blackness |
| | Religion | Avoided IPV, supported staying together/ condoned break up, strengthens/ amplifies core tenants of TBF |
| | Unsupportive Systems | Abuse in family system, unsupportive, abuse narratives, Family perception of abuser, Family's relationship with abuser |
| | Frustration with lack of resources | Frustration with lack of resources turning into advocacy |