ORIGINAL PAPER

Black Girl Magic: Strength, Resiliency, and Suffering? A Qualitative Exploration of Toxic Black Femininity and Intimate Partner Violence

Lorin Kelly[1] · Amber Vennum[1] · Char'dae C. Bell[1]

Abstract

This phenomenological study explored the lived experiences of six Black women who survived Intimate Partner Violence (IPV) through the frameworks of Toxic Black Femininity (TBF), Post-Traumatic Slave Syndrome, and Intersectionality to understand how coping with ongoing systemic racism influences meaning making of IPV experiences and help-seeking behaviors. Participants discussed how narratives within Black families and churches influenced how they coped with the trauma symptoms resulting from their IPV victimization and navigate relationships now. Specifically, participants' experience of TBF and associated adherence to racial and gendered norms and stereotypes showed up as: 1) a felt pressure to portray strength, 2) rationalize the abuse, 3) advocate for their partner's needs but not their own, and 4) blame themselves for the abuse. Further, when participants sought help, they: 1) avoided actions that could lead to police involvement due to fear of police brutality against their male partners, 2) had their hurt minimized due to white expectations of Blackness, 3) heard narratives from family and religious systems that reinforced TBF and their decision to stay in the harmful relationship, and 4) turned their frustrations with the lack of helpful support systems into advocacy. 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 · Help-seeking

The words Blackness and strength have often been placed together as a monument to Black women (Donovan & West, 2015) who are pillars of strength in their communities (Harris, 1995). Toxic Black femininity (TBF) examines these narratives of rigid and internalized adherence to strength (Kelly et al., 2020) that are passed down through generations. While strength is not an inherently negative attribute, when this strength is rooted in survival narratives stemming from slavery (Nelson et al., 2016), it reinforces the isolation of Black women and perpetuates narrow depictions of their value and coping options in harmful situations like intimate partner violence, with potentially deadly outcomes. Intimate Partner Violence (IPV) is a serious and pervasive issue that is experienced regardless of sex or gender but disproportionally impacts women (CDC, 2019), people of color (Lacey et al., 2015), and sexual minorities (Harden et al., 2020). Although the vast majority of IPV research has focused on heterosexual violence in White populations, the findings of these studies have been generalized to inform interventions with marginalized groups (Iverson et al., 2013; Harden et al., 2020), thus limiting our understanding of the IPV and help-seeking experiences of women who hold minority racial and sexual identities. Accordingly, the purpose of this study was to examine how Black women of diverse sexual orientations make meaning of their experiences with IPV and TBF. Specifically, we sought to understand: (1) What are Black women's experiences with Intimate Partner Violence?, (2) What are Black women's experiences of Toxic Black Femininity?, and (3) What are Black women's experiences with systemic racism in their efforts to seek help? The results of this study aim to identify specific systemic issues limiting the safety of, and access to, resources for Black women experiencing IPV.

✉ Amber Vennum
avennum@ksu.edu

1 Department of Applied Human Sciences, Kansas State University, Manhattan, KS, USA

Literature Review

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. Approximately 1 in 4 women and 1 in 10 men will experience IPV within their lifetime (CDC, 2019). 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. When numerous forms of IPV are compounded, these consequences increase (Lagdon et al., 2014; Overstreet et al., 2014).

Intersectionality and IPV

Intersectionality highlights how gendered stereotypes, sexism, and class intersect to compound oppression (Crenshaw, 1991). The Black community is one of the most religious racial groups due to the role religion has played as a mechanism of support, hope, and guidance to the Black community since slavery (Boyd-Franklin, 2010). Although religion has been conceptualized as a protective factor (Lynch & Renzetti, 2020), religiosity is also a risk marker for IPV perpetration (Levitt et al., 2008). 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.

Black women's intersecting gender and racial identities leave them as one of the most vulnerable populations for IPV. Not only are Black women (second to American Indian/Alaska Native women) more likely to experience IPV than White women (44% of Black versus 35% of White women report IPV; Black et al., 2011), Black women are also more likely to receive serious physical injuries, be diagnosed with a mental health disorder, or die from IPV than White women (Fischer et al., 2015; Iverson et al., 2013). Additionally, the intersection of having a queer identity as a Black woman brings about nuanced and unique experiences. The frequency of violence in queer relationships is equal to, or higher than, that found in straight couples (Walters et al., 2013): 61% percent of bisexual women, 44% of lesbian women, and 51.7% of transgender and genderqueer people experience IPV in their lifetimes (Calton et al., 2016).

Dominant norms and social narratives about male power may be particularly salient when intersecting with dominant narratives that discriminate against sexual minorities. Specifically, bisexual people may face additional marginalization compared to gay or lesbian people because they do not fit in 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 heterosexual women, with 90% of the bisexual women who experienced IPV reporting that their only experiences of IPV occurred with a male partner (Walters et al., 2013). There is a small but growing body of literature researching female perpetrated violence against other women: 12.5% of 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).

Toxic Black Femininity

Black people have been asked to survive and thrive after the horrific and inhumane treatment and torture from slavery without systemic healing. Dr. 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 and associated trauma responses, protection, and survival skills of Black Americans. While slavery became officially banned in the United States in 1865 via the 13th Amendment, Black people in the US have had legal protections and legitimacy as equal members of society for not even 60 years. Accordingly, 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) and influence how Black people interact with themselves, other people within the Black community, and the world around them.

DeGruy (2017) created a mnemonic phrase, MAP, to describe the multigenerational transmission of trauma (M) combined with the absence of healing and systemic support on an individual and societal level (A), resulting in PTSS (P). This absence of healing and support has contributed to the strategies Black people have used to survive the harsh and cruel reality of ongoing systemic racism and structural oppression in America. Wyatt (2008) explains that systemic racism has antagonized Black men with insidious depictions of weakness and failure which may directly fuel desires to be seen as alpha, leading to toxically masculine attempts for power and control, thus increasing the risk for IPV. Simultaneously, Black women are often depicted in media and society as bossy, angry, and dominating while also being depicted as motherly, warm, and protecting (Wyatt, 2008), leading Black women to feel they are asked to be all these things at once (Kelly et al., 2020). Accordingly, 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), including needs associated with IPV. TBF is used in this study

to conceptualize the burden unique to Black women, often experienced as a double bind of racism and sexism in and outside of the home (Kelly et al., 2020) that puts Black men and women in an ongoing power struggle that can escalate to dangerous levels (Wyatt, 2008).

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

Formal help-seeking, such as therapy, improves 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). While informal help can be extremely beneficial, solely using this form of help could potentially exacerbate survivors' mental and physical health risks (Cho et al., 2020). Despite Black women being the least likely to utilize formal services, when the abuse is reported however, it is often only once it becomes severe, which could explain why Black women are more likely to contact police than other racial groups (Lucea, 2013). The belief that formal supports are only to be used in extreme or dire circumstances further supports the potential influence of TBF on help-seeking decisions. Unfortunately, the vast amount of research on risk markers for IPV has been conducted with predominantly White samples (Kelly et al., 2022). Given the distinct systemic factors impacting the circumstances of IPV victimization for Black women, lack of diverse research inhibits the ability of formal services to improve services.

The Current Study

Given the dire need to better understand and incorporate intersectionality and PTSS into IPV research, the purpose of this study is to examine how Black women with diverse sexual orientations make meaning of their experiences with IPV and TBF. Qualitative approaches are particularly important for humanizing the existing quantitative data and elevating the voices of marginalized women. Accordingly, using hermeneutical phenomenology, we sought to answer: (1) What are Black women's experiences with Intimate Partner Violence?, (2) What are Black women's experiences of Toxic Black Femininity?, and (3) What are Black women's experiences with systemic racism in their efforts to seek help? Answers to these questions may provide insight on how to better assist, support, and understand the experiences of Black women at risk for, and who have experienced, violence.

Methods

Participants and Procedures

Data are from a larger study seeking to understand diverse perspectives of women who had experienced IPV (defined as physical, sexual, emotional/verbal, and/or psychological abuse) in a previous romantic relationship. Participants were recruited through electronic flyers linking to a screening questionnaire on Facebook and Reddit groups that cater to women survivors of IPV regardless of their sexual orientation. Eligible participants selected their pseudonym and were emailed to schedule their Zoom interview. The six participants who identified as Black were selected for the present study. One participant identified as a non-binary/ciswoman and five identified as cis women. One participant identified as pansexual, one as queer, two as lesbian, and two as straight (see Table 1).

Zoom interviews were conducted by the first author using a semi-structured interview guide that explored participants' 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?"). Participants were 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. Participants were invited to fact check the written results for accuracy with what they shared (Creswell & Poth, 2018).

Analytical Plan

Hermeneutical phenomenology was used to dissect, examine, and illustrate the lived experiences of Black women and their meaning making process of IPV. Hermeneutical phenomenology also incorporates the researchers' lived experiences, referred to as Dasein (Peoples, 2020), which in

Table 1 Participant's names, gender identity, sexual orientation, and Partner's gender identity

Pseudonym	Gender identity	Sexual orientation	IPV 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

German translates to "being there", implying that our own lived experiences and connection as humans impacts how we interact with the participants and the data because it is not possible to separate yourself from the world (Horrigan-Kelly et al., 2016). Thus, it is important for the researchers to understand their identities and associated preconceived notions (Laverty, 2003; Peoples, 2020). Accordingly, the first author who interviewed participants is a Black cis woman in her middle 20's who has survived and researched IPV. The coding team was intentionally diverse to reflect both insider and outsider perspectives relevant to the participants: two coders identified as Black and four as white, four identifies as women and two as non-binary/genderqueer, and one identified as lesbian, one as queer, one as bisexual, and three as heterosexual. The coders varied in age from mid-twenties to late 40's, one coder was a survivor of IPV, and all six coders were therapists.

All coders read Kelly et al. (2020) to familiarize themselves with the tenants of TBF (Peoples, 2020), then coded transcripts individually before cross-coding in pairs. Discrepancies between paired coders were discussed with the entire research team. The coding team met as a whole to discuss initial codes that addressed the research questions (Peoples, 2020) then recoded the transcripts with these codes, noted if any new codes emerged, and compared codes again within their pairing group. The research team then met for a final time to discuss any emergent codes. 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).

Results

Black Women's Experiences with Intimate Partner Violence

Two sub-themes reflected participants' experiences of IPV: (1) Posttraumatic Stress Disorder (PTSD; a mental health condition that is brought about by a single or multiple traumatic event[s]) and (2) impacts of IPV in current relationships. 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 if they felt the abuse they experienced was traumatic, and if they did, what impact it had.

Five participants discussed their psychological symptoms after they left their abuser and how it still impacts them today. Not all participants used the term PTSD, 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 reported:

> 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…whereas before… 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 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 … 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…because I was just fearful and kind of feeling keyed up and on edge about my safety.

Additionally, 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 and its impact on her self-worth in the present: "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… having to unlearn that is really frustrating and takes so much energy."

Impacts of IPV in Current Relationship

All participants discussed how PTSD symptoms from their past IPV 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 against the dominant racist culture. Participants' self-described struggles aligned with TBF and the internalized narratives that Black women need to be militant and domineering to protect and defend themselves (Kelly et al., 2020). For example, Moe and Cam discussed their current struggle to get into and maintain romantic relationships due to the amplified perceived need for self-protection. Moe reflected, "I think it [showed up] when I started to date… I'm more likely to just continue speaking to someone or friend zone people. I just have a lot less patience." Cam discussed how past IPV led to her becoming jaded and protective of her own needs:

> 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.

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

> 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 also discussed how her hypervigilance is displayed in her current relationships: "I definitely am a lot more conscious and a lot less willing to commit…" Similarly, Overcomer discussed how being abused has caused her to 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… I mean… I don't want to hurt their feelings because I don't want anybody to hurt my feelings."

Black Women's Experience of Toxic Black Femininity

Four sub-themes articulated participants' experience of TBF and adherence to racial and gendered norms and stereotypes: (1) strength, (2) rationalizing the abuse, (3) advocating for your partner's needs but not your own, and (4) self-blame/ownership of the abuse.

Strength

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

> 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.

Participants' experiences further demonstrated TBF by highlighting how society expects that Back women's' 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.

Relatedly, Moe discussed 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… 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 because they felt it was important to portray an image of their partner that reflected 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 across generations. Further highlighting the intersectionality that Black women experience with PTSS, gender, and their race. Accordingly, 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 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. … 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… 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. For example, Sarina grappled with whether her partner could be held 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 participants discussed advocating for their partners to go to therapy (sometimes as a requirement for the maintenance of the relationship) but reported ambivalence about seeking out those same services themselves. For example, Danielle said:

> 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 that it highlights Black women's intergenerational expectation to protect and support the Black family and image (Kelly et al., 2020) without attending to their own needs.

Self-Blame

All participants discussed how they blamed themselves or considered their actions to be the reason violence occurred. Within a TBF & intersectional framework, this is conceptualized as Black women self-protecting through racist stereotypes while experiencing the role strain of having to defend the Black image (Kelly et al., 2020). For example, Tallulah felt the abuse she experienced was due to her lack of dating experience and 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… 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.

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]… 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."

Moe discussed using self-blame for violating gender norms 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.

Alternatively, Danielle highlighted 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

Five sub-themes articulated participants' experience of systemic racism and intimate partner violence: (1) systems that were automatically rejected, (2) white expectations of Blackness, (3) religious organizations, (4) unsupportive informal support systems, and (5) frustration with lack of resources turning into advocacy.

Systems that were Automatically Rejected

Each of the women discussed systems they automatically rejected when considering seeking services for the abuse they were experiencing. The few women who felt the level of violence they were experiencing could lead to police intervention avoided this option due to fear of systemic racism due to the intersection of their race and gender. For example, Sarina discussed not disclosing the 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 who sought 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 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. For example, Tallulah explained choosing a Black woman therapist:

That was very intentional…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 participants discussed how being Black and women impact their experiences in the world, specifically the narrative of white women as weak or damsels in distress while Black women are seen as the opposite (also reflected in the theme of *strength* discussed previously). The correlation of Blackness with strength results from racist narratives in white culture that highlight Black 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 … 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 highlighted how society uses Black girl magic to highlight the beauty and intersectionality of Black womanhood

but 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 that she experiences her intersectional identities differently because she is aware of the privileges she has as white 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. Specifically, the discrimination Danielle faced when trying to advocate for herself with her coaches as a college athlete who was ill and in a wheelchair resulted in her not to speaking 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….

Religious Organizations' Response to IPV

Two of the participants felt the church played a large role in their conceptualization of IPV. Specifically, that their relationship to their faith combined with their religious organization's narratives on relationships influenced how they made meaning of the abuse and reinforced their rationale for staying in their relationship. For example, 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 congregants might experience:

> I don't think the church talks enough 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…you have a lot of Black women in 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 during their abusive relationships, leading many of them to feel isolated and stay longer in their relationships. Tallulah, Moe, and Cam highlighted the invalidation, dismissal, and trivialization of their emotions and experiences of IPV from their informal supports. For example, Tallulah discussed finding out that some of her friends and teachers, despite knowing 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…But no one said anything. I think, if anything, [they] held it against me that I was bitter later….

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…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."… 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 how her family and friends' narratives about their own abusive relationships impacted her not 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 when they responded with shame and invalidation or ignored their 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, thus they felt stuck in their relationships:

Well, my cousin was in an abusive relationship…I knew, because I could see it. 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 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 for people in their communities. Two 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:

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 [if] two women or two men can hit each other, it's okay.

Similarly, Cam discussed how she uses the knowledge she has gained as a survivor to educate other women because she realized 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].

Additionally, 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:

> 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.

Discussion

Although studies consistently show that Black women, and those with the additional level of intersectionality of, sexual and gender minority identities experience IPV at a higher rate and severity than their majority peers (Black et al., 2011; Lacey et al., 2015; Smith et al., 2017; Walters et al., 2013), there has been little exploration of how systemic factors influence the experience of, and help-seeking for, IPV in these populations. The findings of this study highlight how the intersection of Blackness and gender directly impacted Black women's experiences with IPV, TBF, and help-seeking. First, participants used self-blame as a protective mechanism directly linked to TBF that impacted their decisions in the relationship and the meaning they made of IPV. Second, both formal and informal help-seeking were impacted by TBF and the intersectionality of Black and woman. Specifically, religion often reinforced TBF thus reducing the church as a source of support and the likelihood of participants seeking additional support elsewhere. Third, most participants identified as queer but reported violence only with male partners, further demonstrating the role TBF and the rigid heteronormative (i.e., societal ideas that everyone is/should be heterosexual) roles of Black women and men. These findings highlight how TBF, PTSS, and intersectionality uniquely influence the experiences of Black woman who have survived IPV.

The Impact of Intersectionality

Systemic racism has had a major impact on the psyche of the Black community (Crenshaw, 1991; DeGruy, 2017). The homogeneity of participants' experiences, despite their social locations or demographics, is noteworthy as participants discussed their internal struggle of wanting to be seen as strong and resilient while fearing this would confirm racist narratives that have been used to depict Black women (i.e., TBF). Specifically, when they seek out services or assistance, their painful and often desperate pleas to be seen, helped, and humanized by the dominant culture often failed since the stereotype is that Black women should be able to protect themselves (Crenshaw, 1991; DeGruy, 2017), resulting in feeling their pain and suffering would always been seen as less than a white woman's.

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 (DeGruy, 2017; Donovan & West, 2015; Kelly et al., 2020; Nelson et al., 2016). One important experience that was shared amongst all six participants was the internal narratives of self-blame which were often framed as "strength". If they were able to take blame or rationalize the abuse, then the narrative changed from them being a victim (often seen as weakness), to them being an equal participant in the violence, thus highlighting their strength (Harris, 1995). This demonstrates the role of TBF and PTSS in the identity formation of Black women and the impact intersectionality can have on IPV victimization. Accordingly, self-blame and rationalization of abuse may be more than not wanting to be seen as a victim or weak, but as a way to 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

In line with previous studies that Black women are the least likely to use formal services (e.g., Cho et al., 2020), none of the six participants utilized legal aid or the police with some citing that they felt that these services would result in racism or police brutality and further oppress their partners. Accordingly, although most participants went to therapy, many chose to disclose their abusive relationship *after* it had ended. 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 distress. Specifically, our results highlight how Black women's informal sources of support can reinforce intergenerational cultural narratives

of tolerance of IPV, often resulting in survivors experiencing shame, guilt, emotional hurt/abandonment, and further isolation.

Barriers to Equitable Mental Health

Of the five participants who reported their IPV experience impacted their mental health, 100% reported PTSD symptoms or diagnosis, aligning with research findings that the more marginalized identities a person has, the more likely their mental health will be impacted by IPV (e.g., Lagdon et al., 2014; Spencer et al., 2019). Further, all participants that utilized therapy discussed how they only felt safe with Black clinicians due to shared understandings of systemic racism and oppression and that when they had a white clinician, they felt judged, dismissed, pathologized, or boxed into stereotypical roles that aligned with TBF. Although we do not know how prevalent the preference for a Black clinician is for the larger population of Black women survivors of IPV, Michigan State's Behavioral Health Workforce Research Center (2016) found that 92% of licensed Marriage and Family Therapists (MFTs) were non-Hispanic White, potentially increasing the difficulty of accessing care for those who do prefer a Black clinician.

Religion's Role in IPV and Help-Seeking

Although religious organizations and leaders have been a source of strength and healing for Black survivors of IPV (Boyd-Franklin, 2010; Cho, 2020; Hays & Lincoln, 2017), an important finding in this study was participants' negative reactions to their religious communities' inaction and ignorance of IPV. 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 which further perpetuated messages of being strong, resilient, and self-reliant (all core principles of TBF) leading to remaining in the relationship and feeling shame, guilt, or embarrassment for seeking help. Religious leaders who 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) to address IPV may be counterproductive or dangerous to victims in their congregation (Gezinski et al., 2019).

Queer Identities as a Survivor

A vast majority of the literature examining IPV perpetration and victimization is done with heterosexual couples despite findings that IPV among queer couples is equal to or higher than that of heterosexual couples (Walters et al., 2013). Most of the participants in this study identified with a marginalized sexual identity, yet all participants reported on experiences with male perpetration. TBF in conjunction with heteronormativity may work to limit the normalization of 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). Accordingly, TBF and heteronormativity may strengthen each other by perpetuating beliefs that heterosexual relationships are superior and necessary in Black communities and 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 may remain.

Implications for Service Provision

Due to movements such as Black Lives Matter (aiming to call out systemic oppression within the United States), there has been a massive call for equitable services in mental health (Kelly et al., 2020; Kelly et al., 2022). For example, James (2019) interviewed senior Black MFT scholars and found that 80% reported they felt 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" (p.66). Given the majority of MFTs are white, it is important to incorporate sociocultural attunement and self-of-the-therapist training to challenge bias and assumptions therapists may have of Black women survivors of IPV. It is also essential that MFTs and accrediting bodies work to increase the number of clinicians of color and consult with leading diversity scholars in the field to improve diversity and inclusion curricula.

Further, when Black women who have experienced IPV do seek services, our findings suggest it may be important to assess for, and process, narratives of self-blame to deconstruct social norms influencing stay-leave decisions and recovery. Given stigma around IPV disclosure, therapists can overtly screen for IPV and clearly communicate their approach to reporting IPV in their intakes (i.e., that unless a minor or a dependent adult is involved, clinicians are not mandated to report) to increase likelihood of IPV disclosure. The decision to report IPV to the police should be made with the client, especially with Black clients due to systemic injustices that have led to mistrust of the police and legal systems. Additionally, religious leaders can openly discuss IPV within the Black community and seek professional training or referrals to IPV service specialists to better aid those that seek their spiritual guidance.

Limitations and Future Research

This study yielded new insights on Black women's experience of IPV and TBF, however there are several important limitations. First, although participants represented a variety of social locations and identities, these are the voices of only six Black women and further quantitative research with a larger representative sample of Black survivors of IPV is needed to understand the prevalence of the beliefs and experiences reported by the participants in the present study. Second, although participants were given the opportunity to read the study and modify their quotes, participants were all interviewed only once by one researcher. Future replication of this study could include more participants and have numerous researchers and follow-up interviews. Additionally, although participants held diverse sexual identities, there was limited gender diversity within populations assigned female at birth and all six participants experienced IPV in relationship with a man. Accordingly, studies are needed to explore the prevalence of the identified themes for diverse Black people assigned female at birth who experienced IPV from partners of diverse gender identities to further explore how TBF and heteronormativity interact to inform Black queer victimization. Further, it is important to hear from Black perpetrators of IPV to learn their perspectives on TBF and IPV. Finally, more research is needed to understand how religious leaders conceptualize TBF and their role in aiding Black women formally seek help.

Conclusion

Black women are suffering from IPV at an alarming rate that needs immediate attention and resolution. This hermeneutical phenomenological study was guided by Intersectionality, Post-Traumatic Slave Syndrome, and Toxic Black Femininity and outlines how the lasting ramifications of slavery influence how Black women make meaning of IPV and seeking help. These findings necessitate a change in the systems (e.g., mental health, police, religious) that can perpetuate oppression to increase safety and resources for Black women experiencing IPV.

Data Availability The data that support the findings of this study include sensitive information and are available from the authors upon request.

Declarations

Conflicts of Interest The authors have no conflicts of interest to disclose.

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