"I Have to Fight to Get Out": African American Women Intimate Partner Violence Survivors' Construction of Agency

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Abstract

African American women survivors of intimate partner violence are disproportionately murdered and help-seeking is a critical variable to examine as it relates to it. There is an urgent need to develop culturally salient interventions that center African American women's ways of knowing. An initial step to doing so is identifying how they employ their sense of individual agency during help-seeking. This paper reflects findings from a study designed to do just that. We conducted 30 in-depth, semi-structured interviews with women who self-identified as African American. Constructivist grounded theory methodology was employed. Constructed agency emerged from the data. This nascent theory explicates four phases of African American women survivors' help-seeking: resistance, persistence, rejection, and resignation. Constructed agency provides practitioners and researchers with a theoretical model to examine African American women's nuanced help-seeking efforts when seeking informal supports and interventions from formal providers.

Keywords

domestic violence and cultural contexts; homicide; battered women; disclosure of domestic violence; intervention/treatment

Introduction

African American women are disproportionately murdered by their intimate partners and help-seeking is an important variable to understand as it relates to it. According to homicide trend data between 2003 and 2014, African American women are more likely to be murdered by their partner than women of other racial and ethnic groups (Petrosky et al., 2017). In fact, African American women are more than twice as likely than white women to be killed by an intimate partner (Violence Policy Center, 2021). The average age they are murdered is 36, which is 6 years younger than the national average (Violence Policy Center, 2021). Yet, African American survivors often delay their help-seeking efforts. They do not

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generally engage with the criminal legal system or other formal systems of support until the abuse is at a peak lethality level largely because of anticipatory discrimination resulting from lived experiences with racism and discriminatory treatment (Bent-Goodley, 2013; Waller et al., 2021). There is an urgent need to develop culturally salient interventions that center African American women's ways of knowing, particularly since they are at a high risk of experiencing intimate partner violence (IPV) (Bent-Goodley, 2021). Fundamental to doing so is identifying how they employ their sense of individual agency while navigating psychosocial barriers resulting from their intersectionality during their IPV help-seeking. Using constructivist grounded theory (CGT), this study sought to ascertain what informed African American women's IPV help-seeking.

An Overview IPV Help-Seeking

IPV help-seeking is often fraught with internal and external barriers that affect survivors' efforts. Help-seeking is a process that begins with problem identification and awareness prior to women deciding to disclose their abuse, and pursuing a pathway for intervention (Lelaurain et al., 2017). Women tend to initially disclose their abuse to secure informal assistance from their kinship network (McCart et al., 2010). However, most survivors grapple with feelings of shame, which affects the immediacy of their efforts (Overstreet & Quinn, 2013). Survivors who receive positive support from their kinship network more readily escalate their efforts and formally report the abuse to providers within the domestic violence service provision system, namely the criminal legal, shelter, as well as healthcare and mental healthcare systems (McCart et al., 2010). Mixed and/or negative responses from family and friends often result in women forgoing formally reporting their abusive partner (Cho et al., 2020; Monterrosa, 2019). Furthermore, survivors generally contend with anticipatory stigma and fear retribution from their intimate partner which may also preclude their IPV help-seeking (Waller et al., 2021). A confluence of these barriers is exacerbated among women whose marginalized identities may further disconnect them from traditional services, often leading to more deleterious outcomes (Bent-Goodley, 2012; Lacey et al., 2016; Waller et al., 2021).

African American Women's IPV Help-Seeking

African American women IPV survivors' help-seeking experiences are qualitatively different from white women. In addition to the barriers that most survivors experience, African American women additionally contend with hindrances to securing timely assistance resulting from intersections around their race, class, and gender (Crenshaw, 1991; Waller et al., 2021). They often experience racism and racial discrimination from providers during their IPV help-seeking (Waller et al., 2021). The scholarly literature is replete with studies documenting the ways that providers often mistreat and otherwise neglect to fully meet the needs of African American women survivors (Bent-Goodley, 2013; Few, 2005; Nnawulezi & Sullivan, 2014; Richie, 2012; Waller et al., 2021). One African American woman's adverse experience with engaging local law enforcement amid the violence she was experiencing is an example of a survivor's story (Few, 2005). Rather than providing immediate help, responding officers waited for 30 minutes outside of the woman's home while her husband continued to abuse her. Police officers neglected to intervene until after she crawled her battered body outside of the home. Delayed response times from

law enforcement have been discussed as a significant life-threatening issue in the African American community (Bent-Goodley & Smith, 2017). Another study reports African American women being turned away from shelter for being stereotypically perceived as "the angry Black woman" or "the strong Black woman" that does not deserve or require services (Bent-Goodley, 2004). These egregious encounters not only impact the survivor but also serve as a deterrent to others in the community who might seek help. While these encounters may occur in other communities, there are considerable times where such incidences occur in African American communities both connected and not connected to IPV (Bent-Goodley & Smith, 2017; Richie, 2012; St. Vil et al., 2017). Discriminatory treatment and neglect of community needs creates a reality and perception that those charged with providing care either do not care or are ill-equipped to help because of persistent systemic bias, racism, and inequity (Rawls & Duck, 2020).

African American women must also navigate cultural norms during help-seeking. They are bound by stated and unspoken expectations that reinforce the idea of racial loyalty which is when African American women are called to put their safety and pain aside to protect African American men from either experienced or perceived discrimination and racism within the criminal legal system (Bent-Goodley, 2001; Nash, 2005). Further, help-seeking within this community is also heavily reliant upon religious resources and the Black Church has been the hub (Stennis et al., 2015). The Black Church has a history and is deeply rooted in the Black community and is culturally known as resource and place of refuge, peace, and strength (Martin & Martin, 2003). It is known for its social service provision, networking, and community connection-building functions, and as a social justice gatekeeper. The Black Church can be useful in addressing IPV but, too often, it encourages the survivor to stay in the relationship and forgive or endure the violence in the name of demonstrating faith (Bent-Goodley et al. 2012). As a result, African American women have often employed more creative strategies and developed their own culturally specific solutions to either resolving the abuse or navigating the additional sociocultural barriers. Developing a better understanding of how African American women negotiate these sociocultural barriers as part of help-seeking and resolution is important to understand and is the basis of the current study.

Methods

This qualitative study employed CGT methodology (Charmaz, 2014). CGT was well-suited for this study for three reasons. First, a methodological review found that the literature is replete with studies that conducted either a phenomenological or thematic analysis to understand African American women's IPV help-seeking experiences (Few, 2005; Gillum, 2008a, 2008b, 2009; Nicolaidis et al., 2010; Nnawulezi & Sullivan, 2014; Paranjape et al., 2007; Taylor, 2005). Yet, there is an immediate need to develop culturally appropriate interventions and the initial step is to develop a theory that explains their help-seeking. Second, the field currently lacks a theoretical framework that explains this population's help-seeking (Waller et al., in press). Moreover, grounded theory requires tabula rasa or "blank slate" whereas CGT allows us to incorporate clinical and scholarly knowledge into analysis (Charmaz, 2014). Both authors are African American women scholars who are licensed clinicians that centralize the needs of Black women IPV survivors. The second

author is a senior scholar within the field of IPV research and culturally based intervention development.

Participant Recruitment

Thirty women who self-identified as African American women survivors of IPV were recruited from community-based domestic violence agencies serving an urban, mostly Black demographic, colocated with the local family court, as well as domestic violence ministries within churches, and Black Greek-letter sororities (See Table 1). Since African American women prefer privacy and are more receptive to being referred for help by someone they know and trust (Nicolaidis et al., 2010), theoretical and snowball sampling were utilized to recruit participants to the study. After obtaining University approval, announcements were made, and flyers were distributed to domestic violence service providers and church ministry leaders. To further ensure participants were included across socioeconomic status, the study was also announced during monthly sorority membership meetings. To include members who were not in attendance, recruitment materials were additionally distributed via email. Flyers were also displayed in hair salons and bodegas where African American women are known to frequent (Woods-Giscombé, 2010).

Data Generation

CGT dictates that data collection and analysis are conducted concurrently. Between July and October 2019, women within heterosexual relationships between the ages of 19 and 64 years old who self-identified as African American (Brondolo et al., 2009; Johnson, 2008) and were help-seeking after experiencing at least one violent episode with their intimate partner were purposively recruited to participate in the study. A violent episode is any form of physical, sexual, psychological, financial abuse or stalking and may include controlling behaviors (Breiding et al., 2015). Purposive theoretical sampling allowed for inclusion of a wide variety of help-seeking experiences across pathways: criminal legal, shelter, healthcare, and mental healthcare systems, as well as community agencies and the Black Church. Theoretical sampling allowed us to additionally include women who were employing nontraditional pathways, namely hair salons, Black sororities, and bodegas.

Data analysis began with open coding, which allows documentation of ideas, followed by focused and axial coding and theoretical coding by the lead researcher and the research team reviewing (Charmaz, 2014). The constant comparative method was used to assist with testing developing categories and comparing categories across the data. Once categories were identified, an iterative process was used to determine the themes across the categories.

Rigor

Eight techniques of rigor were used to ensure trustworthiness of the findings (Lincoln & Guba, 1985). Prolonged engagement and persistent observation were achieved by the team immersing within the community agency's staff, attending morning team meetings that included a discussion of cases. Prolonged engagement allowed us to easily identify any distortions in data and understand participants as insiders (Barusch et al, 2011). Our informal interactions with staff throughout the duration of the study increased trust between providers and the study team, resulted in increased referrals. Data was triangulated via the

demographic and semi-structured interviews and field notes. There were routine debriefings with faculty colleagues to include the additional senior IPV researcher. The first author kept a methodological journal to document decisions, in addition to process notes. Since IPV survivors typically experience housing insecurity and tend to be transient (Baker et al., 2010), member checking occurred at the end of each interview. Respondents clarified parts of the interview which may have been misunderstood. The first author also journaled reflexively, documenting impressions and reflections about each participant. Finally, a negative case analysis was conducted to determine which parts of the data were not supported by the proposed theoretical model. Upon completion of this process, we were able to identify four major constructs from the data. Participants' responses are reported via a pseudonym to protect confidentiality.

Findings

Constructed agency emerged from the data (Figure 1). This emergent theory postulates that African American women's sense of individual agency diminishes over time after contending with a series of sociocultural barriers to their IPV help-seeking. Constructed agency includes four constructs that were generated from the interviews: (1) *resistance*, which identifies the ways that survivors rely upon their kinship networks and divine intervention to empower them to navigate the hindrances to their help-seeking; (2) *persistence*, describes ways that survivors remain relentless in their help-seeking efforts despite encountering barriers; (3) *rejection*, elucidates how survivors stopped relying upon the domestic violence service provision system and instead found their own ways to secure necessary assistance; and (4) *resignation*, which illuminates survivors' diminished hope that they will secure critical interventions after contending with a series of impediments during help-seeking.

Resistance

Survivors employed creative mechanisms to actively resist and privately navigate the sociocultural barriers to their IPV help-seeking, namely elevating the perpetrator's needs over their need for safety. These women noted they were not ready to publicly acknowledge their need for domestic violence services; yet they knew that they needed to be empowered to continue to advocate for critical services and interventions. Survivors noted that their sense of agency was depleted because of the abuse they experienced. When they encountered hindrances that precluded their ability to immediately secure assistance, the women felt pressured to remain quiet because of the need to protect African American men who were their perpetrators. Several of the survivors stated that they covertly secured the strength they needed through their kinship networks while others privately prayed to God for divine intervention. Regardless of the pathway they employed, many of the survivors shared that they had trouble obtaining services and felt resistance within themselves, within the community, and from formal providers. Rather than relent and abort their help-seeking efforts, they garnered strength from their social networks and/or faith-based connections to secure what they needed. In some instances, survivors noted that their family members advocated on their behalf. To that end, Ebony said:

We did have to ask for the rape kit. We had to even ask to go in the back, because they just wanted me to sit in the front and file a report and then leave. So, my sister took me in to have a rape kit done and blood work to check to see if I had anything, if I got anything from him. So, it was like they didn't offer that stuff, we had to say it.

This 21-year-old respondent stated that she had an overwhelming sense of shame and felt "guilty reporting" that she was raped because she believed it was her responsibility to protect her then-boyfriend. After finally sharing her abuse, the male detectives were dismissive and neglected to administer a rape kit. She also acknowledged that she planned to forgo the vaginal exam portion of the report. However, her older sister intervened and advocated for her to ensure her sexual assault was thoroughly investigated. Ebony also shared how she felt during her interactions with service providers. She said:

I just feel like nobody wants to listen. Everybody that was supposed to help me, they didn't. I don't want to say it, but I think it was because I'm African American. That's what I feel like because they were all white males and the other a [white] female. I would say it's either because of my skin color or because I was a female in a Black [low-income housing] development.

Ebony noted that she lives in a community where African American people's voices are generally dismissed by the mostly white officers who patrol it. She feared that she would be disbelieved when she reported the rape and that is exactly what happened. Had her sister not accompanied her forcefully advocated on her behalf, she does not believe the crime would have been investigated.

Some of the survivors stated they were strengthened through prayer. The women who relied upon divine intervention through prayer were religiously observant and believed that God would send help. Keishan is a pastor's wife who felt trapped in her abusive relationship. She noted that the patriarchal stance of her church made it difficult to secure assistance from leaders within their church organization. After reporting the abuse, she became an outcast and was ostracized by the other pastors' wives. After losing consciousness following an abusive incident, she told God she was unsure how much longer she would be able to take it. She credits God with sending responding officers to her home who did not readily align with her husband. Instead, she was able to receive a temporary order of protection which gave her the opportunity to safely leave. Keishan said:

I pray all the time. I'm walking down the street and talking to a stranger. I'm still praying within myself. I pray all the time for any and everything because it's the only thing that's keeping me alive and is allowing me to get through. And there's times if I don't pray at the moment or say that I get so busy throughout the day and I'm not mentally praying, I feel convicted. I'm like, "Oh! My God, I didn't pray, let me pray." I pray all the time anytime and in English and tongues, quiet, loud. I pray all the time because that's my weapon.

These women shared they were unsure how to navigate the domestic violence service provision system, so they shared with their kinship networks and/or prayed to garner the

strength they needed to persist to obtain the necessary interventions. They felt fortified by relying upon God, as well as their family and friends to empower them.

Persistence

Some of the women experienced several hindrances while interacting with providers within the domestic violence service provision system; yet they were determined to persist. Survivors believed that providers failed to give them with immediate assistance while they were in the midst of the crisis. Many of these women lived in low-income neighborhoods mostly populated by Black people where providers were known to minimize and disavow their cries for help. Still, they were inspired by their children and those around them to keep trying until they received the help they needed. To this end, Talaya shared that she made several frantic calls to 911 during a violent episode. She feared for her life. Her husband was shattering glass statues, slamming around furniture, and attempting to break down their bedroom door, while spewing threats of what he was going to do to her once he was able to get to her. Emergency dispatchers informed her that officers were en route to her home. More than an hour later, she was still waiting for them to arrive. Talaya said:

> When I called the police. . .I called them like around 6 o'clock and they never come till probably after 7 o'clock. But I'm saying if he were supposed to kill me, I would have died, because I called over and over and over. They said, "They're coming, they're coming." I don't understand that because I live close to the precinct. The precinct is like two blocks from me. I could have lost my life. I felt so bad. I go over the phone again and I call them again and I say the street. I tell them my address and they keep on saying somebody is coming. I can say, "How could somebody be coming, and the precinct is right there? It doesn't take nothing for police to go in the car and just come around the block." The precinct is right there, and they took so long to come. I was thinking he would kill me in front of my child because my child was home. And the police never come until minutes after 7:00.

Many survivors stated "*I ain't giving up.*" Although they experienced setbacks, they were determined to keep pushing, as well as asking and seeking help until they obtained the interventions they needed. Some of the women believed that providers gave them the runaround rather than immediately provide critical services. To that end, Evette said:

> There's just so much you've got to go through to make it happen. The numbers are there, the names of the places are there. But it's so much you have to go through to actually get the assistance.

She also shared that she requested a "move," because her perpetrator was scheduled to be released in another 3 weeks. Her requests were ignored, and no one heeded her warnings. Three weeks after the interview, she called asking to speak with the first author because her life was in danger, and she was the "only one who believes me." The first author was a member of the study team who is a woman of color and culturally competent. This participant appreciated those connections and, when in need, asked the agency to find the researcher to get assistance because she did not trust agency staff to understand her situation and know-how to respond. Center workers provided her with an emergency relocation, name, and identity change so that her abusive partner would be unable to track her down.

Many of the survivors shared stories of providers offering either inadequate or untimely resources at best and denying critical interventions at worse. These women believed they were forced to navigate additional barriers because of their ethnicity and socioeconomic status. Some of the women shared they had of a deep, foreboding fear of their own mortality because of providers calloused and apathetic responses. Several women believed the relationship was going to be their "death sentence" because they said "nobody believes" them. When workers within the formal systems of support do believe them, "they don't do nothing." Many women perceived the workers' diminished action as apathy. Most women noted that when help is offered, they often receive what they described as the "runaround" from providers. To that end, Sheila said:

> It's like you have to keep going over mad hurdles. I have to fight to get out. I have to do whatever I have to do to get out at this point. Because and I would say my sanity is on the line.

Several survivors noted that African American women have a difficult enough time navigating services outside of the domestic violence service provision system and they believed that providers should be cognizant of their experiences and more responsive for them to receive critical aid.

Rejection

Most of the respondents became so frustrated after encountering multiple difficulties in various pathways of the domestic violence service provision system that too often resulted from the intersections of racism, sexism, and classism, they began rejecting the system. Survivors became exasperated after dealing with unhelpful police officers, court-appointed attorneys, and judges who they believe erected additional barriers rather than providing them with more urgent aid. The women in this phase of help-seeking noted they were tired of working within a system that they believed was neither designed to assist nor fully support them as African American women IPV survivors. As a result, some of the women relied upon "street justice" to exact the nature and level of retribution they believe their perpetrator deserved.

Cynthia described resorting to "*street justice.*" When asked to describe it, she said, "*Well, street justice is if somebody's beating you up, a family member will retaliate, or someone will retaliate or either you could plan and then do something yourself.*" She noted that the African American community has had to largely rely upon "*street justice*" considering the many ways that she believes the criminal legal system has historically failed to provide critical, culturally salient services to the community. Monique had similar experiences. She said:

> They will tell you, "You better go get so-and-so from down the block ago, to go beat him with a bat." But remember, that's what stopped him. It wasn't the cop; it wasn't the ACS case. It wasn't the stabbing. It was me being with the guy. When he knew that, he stopped. That alpha male. That's what stopped him. That's how we deal with violence. You got to go and get somebody with your cousin or with your brother.

This respondent described the shortfalls of law enforcement and child protective services, particularly as it relates to its neglect to fully support African American survivors. She noted that her perpetrator was savvy and knew the gaps in the system, so he knew what he could do to work around the system and continue to abuse her without repercussion. The only thing that deterred him was exacting "*street justice.*"

Still, other respondents shared that they neglected to fully engage with their medical and/or mental health provider. A few of the survivors rejected the healthcare system, and instead, relied upon home remedies to nurse themselves back to health. Other respondents decided to disengage with their mental health providers because they did not believe the provider understood their nuanced needs, specifically regarding their cultural preferences to forgo taking medication. To that end Jordyn said:

> The first thing they want to offer you is some type of relaxer. I don't want that. I don't need to walk around like a zombie. What's that going to do for me? If you can help me, help me get the right sources. I don't want nobody's medicine.

Another respondent described feeling that the officers were negligent with how they handled her case after she filed a formal report against her former husband. Rather than providing support, they disregarded her claims and aligned with her husband. She feared that their decision was going to cost her, and she was going to pay for it with her life. Anna said:

> Eventually I put my hands on my chest and I just said to them, "Well, you sending me back into my grave." I said because it's a death sentence for you to send me back in the house and him knowing that I called the police now.

This respondent returned from food shopping to find her husband of over three decades years cleaning out and loading bullets into his shotgun. She noted that she had not seen the weapon in several years and became suspicious after he threatened to kill her during a violent tirade just days before. Anna also said:

> I saw the bullets on the floor, and said, "No, that doesn't look right." I knew it was time to get that out of the house. So, I took it to the gun trader. The police and the ADA felt that he might have been planning a murder suicide.

Resignation

Survivors were mentally and physically exhausted from constantly navigating barriers that precluded their help-seeking. These women noted that they were depleted and questioned whether they had enough strength to continue to persist. These respondents experienced what they believe were additional barriers erected against them within the domestic violence service provision system resulting from their intersectional position of race, class, and gender. These hindrances made it more difficult for them to receive the critical interventions and supports that they desperately needed. Survivors acknowledged that they generally felt disempowered when they commenced their help-seeking. Their sense of self and self-efficacy was already severely damaged by the constant emotional, physical, sexual, and/or financial abuse they experienced from their partner. Simone said:

> You are taken advantage of all the time. It's like we don't have a voice and nobody really cares to listen. They didn't give me a voice. They really didn't want to hear

what I had to say. So, I say, "However it goes, it goes and it's going. There is nothing you can do."

Many of the women also shared that they felt an overwhelming sense of helplessness. These women attempted to secure adequate interventions, but to no avail. Salient to many of these survivors' experiences were their difficulties during their interactions with members of law enforcement. These women stated that they contacted the police because they thought the officers would be helpful; however, when they arrived many of the women shared stories that described interactions that left the women questioning would anyone be able to help them. Sandra said:

It's been hell. And domestic violence is serious. It's not just abuse. It's your whole life. It changes your whole life from mental, emotional, verbal, health, homeless, it changes everything. I feel like being a Black woman you need more help. We need more resources. We need more. We don't get enough. We don't get enough leniency. We the ones that be tormented and get all the bulls—. It's just too much in one.

This respondent stated that she was tired of getting the runaround and not being fully supported while also experiencing systemic racism and racial discrimination that often left her and other members of the African American community without equitable resources and services.

Some of the women experienced a sense of helplessness after their savvy perpetrator manipulated and weaponized the court system against them. One survivor noted that her perpetrator, who is 15 years her senior, took out an order of protection against her before she could secure one against him. She stated that because he was an accountant who was always donned a suit and a tie, and appeared to be a kind, mild-mannered, and upstanding citizen, members of law enforcement believed that she was abusing him. Layla said:

They didn't give me a voice. They really didn't want to hear what I had was to say. Just the fact that he took a restraining order against me? They really didn't want to hear nothing I had to say. And they keep telling me he took out an order against me. So, like there's nothing that I can do. I don't understand.

A few of the survivors believed that officers were weary from constantly intervening at their home without any significant changes. Their partner remained abusive, and they were too financially dependent upon them to terminate the relationship. As a result, these women stated that responding officers provided minimal support or advice. The respondents described feeling bereft of help, believing that no one would be able to help them. To that end, Cynthia said, "*in the beginning officers were helpful. But now, I feel helpless. I feel, I don't even know the words to describe how I feel anymore. I really don't but helplessness is the main one.*"

Survivors felt they exhausted all their options without obtaining the assistance they needed. They no longer had the strength to either be frustrated with the system or providers within the system. Their strength was depleted, and they felt deflated. Respondents no longer believed that they were going to receive adequate intervention. They lost hope that their

abusive partners were going to change. Many of the women did not try to leave their abusive partner because they lacked the financial means to do so and were resolute that they were not going to rely upon the emergency shelter system. Instead, these survivors generally aborted their help-seeking efforts. Nia said, "*There is no help. You're [providers within the domestic violence service provision system] just leaving people out there to be raped, and to get killed.*"

Discussion

African American women wrestle with significant barriers to obtaining help for IPV. The multiple layers of the advocacy, social service, and justice systems make it difficult to access support and obtain help when in crisis or in need for any survivor; however, African American survivors are also forced to reconcile systemic racism, discriminatory treatment, negative stereotypes, and bias (Rawls & Duck, 2020), and within group cultural pressures and expectations. Constructed agency is a framework that elucidates the ways that the survivors in this study employ their power to secure requisite interventions and supports and provides a framework to consider in discussion of the findings (See Figure 1).

Constructed agency is a nascent, phase-oriented theory that extends the conceptualization of individual agency (Mahmood, 2001; Mannell & Jackson, 2014; Montaño & Kasprzyk, 2015). Unlike learned helplessness, which is a psychological theory that employs a deficit-based lens and is commonly used to examine IPV survivors (Maier & Seligman, 1976; Walker, 2016), constructed agency uses a strengths-based perspective to illuminate how survivors use their power to intentionally assess and act upon resources and supports readily available to them despite their marginalized identities. Survivors may enter or exit during any phase and cycle through the model, depending on their help-seeking experiences. The phases are nonsequential, so survivors may not advance consecutively through the phases as they are presented, or they may not move through multiple phases. The phases also speak to the challenges presented by the participants as they navigate their sociopolitical and sociocultural context and resulting barriers.

As part of resistance to reaching out to formal providers, friends, family, and faith are viewed as primary sources of support but even that requires persistence. Even though these survivors reached out to family and friends reluctantly, there is a willingness to do so especially as violence escalates and/or they are unsure of what else to do. Family members were helpful as advocates within systems when survivors were persisting to get support. In addition, the desire to protect and keep children in the family is a primary motivation to seek help for IPV. Therefore, finding a way to manage the protection of their children and their own safety is profoundly complicated. They must determine whether to formally report the perpetrator and protect themselves or protect their partner and endure continued abuse. Too often, and to their detriment, survivors defer their engagement with the domestic violence service provision system. This is largely due to messaging within the community that informs women it is their responsibility to protect African American men from criminal legal system involvement because of the potential deleterious consequences (Richie, 2012; Saperstein et al., 2014). And it is with just cause. African American men are largely overcriminalized and disproportionately experience fatalities during their interactions with

the police (Alexander, 2010; Saperstein et al., 2014). Yet, the children continue to be a motivation to find safety.

The level of resistance and persistence to get help is even more challenged when the survivor is financially dependent on the perpetrator and unsure of how to support a family without sufficient income. One cannot disconnect this economic reality from seeking support to keep the family safe. Finally, the use of faith among this group of women was not synonymous with a religious community (Bent-Goodley & Fowler, 2006). These women utilized prayer and their belief in a higher power to try to find peace and comfort when they could not find help. Recognizing the use of faith and spirituality as its own form of intervention is important. In the meantime, women delay their need for formal services, interventions, and supports until they believe their victimization is at peak lethality (Waller et al. 2021). This has resulted in overwhelmingly high rates of IPV-related homicide evidenced among this population (Petrosky et al., 2017).

To the point of having to be persistent in navigating services, the participants shared that there are often many people to go through to receive services making it cumbersome to obtain support. Instead of being referred to a specific person or perhaps organization, one of the participants shared that she was given a one-page list of organizations to contact on her own and many of these organizations were no longer in service or accepting referrals. This way of referring someone in need or crisis is ineffective and negates efforts to resist violence and seek help. Further, these systems can also be overwhelming and burdensome. The participants shared that the services are inconsistent and often dependent on the provider. This lack of consistency makes it difficult for African American women to feel that they can rely on the services especially when in crisis. This issue is especially true when law enforcement has to go to the survivor's home for repeated calls for service. In these situations, it appears that officers may shift how they provide support and that can create further challenges with seeking help. In addition to long wait times and inconsistent responses, the systems are often demoralizing (Waller et al., 2021). This sense of rejection and resignation makes it less likely that the survivor will choose to access formal provider systems despite the need or safety risk. This debacle leaves many African American women survivors feeling a sense of hopelessness and helplessness and results in them feeling rejected, delaying help-seeking, or rejecting help within formal provider systems.

Feeling rejected by these systems leads to the use of "street justice" as a perceived option for the participants as both a form of resistance and resignation to intervene when there is IPV. Consistent with existing literature (Anyikwa, 2015), participants talked about reaching out to family members or friends to intervene with perpetrators while also acknowledging the risks for family and friends when they do respond. They do not want to reach out to family and friends in these situations but when left with no options they feel like this is their only way to stop the violence. While this help-seeking strategy poses risks for carceral intervention and the potential harm of others outside of the relationship, it is viewed as a help-seeking strategy and one that is important to address.

It is also challenging when African American women go to service systems, and they cannot help. This is often when resignation occurs because of feelings of hopelessness that systems

will be able to help them. This phenomenon was evident in a systematic review of the literature that examined the barriers that African American women experience resulting from racist, sexist systems of support (Waller et al., 2021). This issue is especially relevant when there are threats reported. The participants noted seeking help from law enforcement when the perpetrator threatened to kill them or significantly hurt them and law enforcement was able to help because the threat alone was not enough to intervene. The message for survivors is that formal systems cannot and/or do not want to help them. Consequently, when violence is at high risk and potentially lethal levels, these systems are not viewed as viable options for help-seeking.

Implications

The systems that serve communities must be held accountable for providing consistent, transparent, and effective services that are not cumbersome to attain nor reliant on survivors having to persist to receive care. Survivors should know what will happen when they seek support. Without that level of knowledge, these systems will continue to be viewed as a last resort or no option at all. In an emergency, being given multiple steps and numerous persons to access or receiving a slow or unpredictable response results in a lack of trust in the system and a mistrust in the system's interest to help. Providing the survivors with a list of resources to access on their own should not be an appropriate referral process at any point in the helping process. Providers should ensure that their list of referral sources are up-to-date and should make a warm referral or, at minimum, contact the referral source to inform them that the survivor will contact them for services. Having a referral process that honors the risks in help-seeking is a necessity for the service provider community. While persistence is a notable strength, survivors should not have to be forced to navigate services due to unnecessary barriers.

In addition, systems providing care, such as law enforcement, must not only receive training on how to address IPV but also should be held accountable for offering services that are culturally responsive and that address the lived experiences of African American women. These service providers are crucial resources within formal systems of care. Yet, they too often lack the awareness and ability to respond effectively for African American women IPV survivors. Finding ways for this system to be a resource and not an obstacle is key to addressing the needs of survivors. Coupled with the reality of financial dependence on the perpetrator, it is vital to offer more services that help support the economic independence and viability of survivors. Developing more services that meet the needs of the survivor, her children and her financial stability can be helpful with offering holistic interventions that can create more opportunities for help-seeking. In addition, providing anti-racist and womanist practices within organizations is critical to address the barriers erected from racism and discriminatory treatment and negative stereotyping and bias in services. This is crucial so that African American survivors can focus more on getting care and less on trying to persist through systemic barriers.

Acknowledging resistance strategies of these survivors, there is a need to develop more interventions that are faith-based and not religious-based. Often interventions are developed that involve the faith community, and it is still important to develop and implement

education and intervention development within religious communities. However, there are still some in the African American faith community that continue to erect barriers in offering help for IPV. While there should still be focused attention on engaging this community of potential helpers, it is equally important to develop interventions around faith that individual survivors can use to better support and help them.

Finding additional ways to engage family and friends to intervene in IPV situations is critical. These participants were able to share how family members were advocates and helped to ensure accountability of systems with responding to the survivor. This type of intervention emphasizes that the African American community wants to do something about IPV and, when given more information, can be a significant positive support in the helping process. Family and friends being engaged in street justice, however, has the potential to lead to more violence and more lethality. Providing survivors with other options on how to engage family and friends to help is an important form of intervention. For example, bystander education that is culturally based and developed for family and friends can identify red flags for high-risk IPV, help build language on how to discuss IPV with the survivor, provide options on how to respond and what resources are available, and how to help survivors hold these systems accountable when something goes wrong. Developing more of these types of interventions has the potential to reduce the need for street justice and reduce feelings of rejection and eventual hopelessness and resignation.

Conclusion

This study reinforces the point that many African American women survivors do seek help for IPV and that they have developed nuanced ways of determining how to do it. Systems that are supposed to be available for their care often complicate and reduce the help-seeking process which is something that necessitates the attention of these systems and advocates to help in the prevention of IPV and intimate partner homicide. In addition, there is a community of support that continues to be available to African American women in the form of family and friends who may be ill-prepared to respond but will try to find a way to be helpful in the ways they know-how. Recognizing this, there are opportunities both within systems and within the African American community to respond to partner violence and find ways to eliminate the ways that both have frustrated and further endangered rather than supported African American women in dire need of culturally salient interventions and support.

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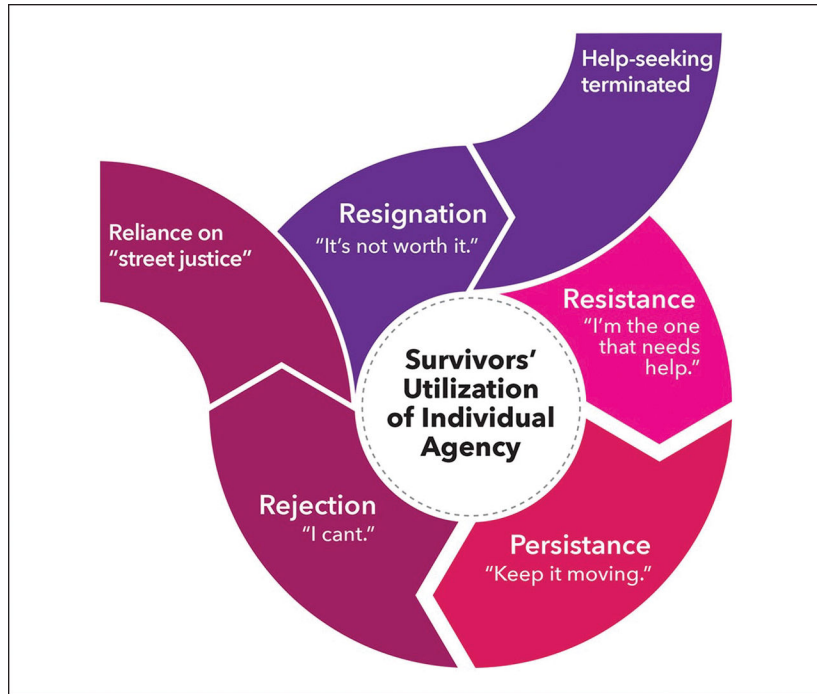
Figure 1.
Constructed agency

Table 1.

Participant Demographics.

Descriptive	Number	Percent
Age (M = 40 years, SD = 10.48)		
20–29	4	13
30–39	10	34
40–49	9	30
50–59	4	13
60–64	3	10
Marital status		
Single	17	57
Married	4	13
Separated	5	17
Divorced	3	10
Cohabitating	1	3
Duration of Relationship (M = 9.38 years, SD = 8.63)		
0–4 years	10	34
5–9 years	8	27
10–14 years	6	20
15–19 years	1	3
20–24 years	3	10
25+ years	2	6