


Intimate Partner Violence and Its Resolution Among African American Women

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Deborah Finfgeld-Connett¹

Abstract

Intimate partner violence (IPV) is a significant problem that is difficult to overcome within African American communities. Thus, the purpose of this qualitative systematic review was to synthesize isolated qualitative findings relating to IPV among African American women to make them more meaningful and generalizable. A framework of IPV among African American women resulted from this work, and key elements include the following: ubiquitous and perpetual oppression and abuse contribute to the emergence of IPV, and personal and interpersonal forms of inspiration and support are generally inadequate to prevent or resolve it. Moreover, ambivalence of others, fear, mental health problems, and negative perceptions of helping services are barriers to change. Resolution of IPV is an emergent process that is enhanced by holistic Afrocentric services. Outcomes are safety with strings attached and personal growth for mothers and children. Research hypotheses are inferred from this framework along with implications for clinical practice.

Keywords

abuse, domestic; African Americans; systematic reviews; violence, against women; violence, domestic

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Intimate partner violence (IPV) is a significant public health concern, and African American women are particularly vulnerable. Based on percentages alone, IPV among African American heterosexual couples appears to differ from IPV among heterosexual Caucasian couples (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). In the United States, lifetime prevalence of IPV among Black women is estimated to be 29.1% compared with 24.8% among White women (Tjaden & Thoennes, 2000).

A number of theories have been proposed to explain the higher percentage of IPV among African Americans. Some theorists attribute it to poverty, and others blame racism, discrimination, and social disorganization within the African American community. Still others point to the hyper-masculine, anti-social, and promiscuous roles and stereotypes that have been attributed to Black men and women (Taft et al., 2009). Regardless of the cause, the deleterious effects of IPV among African American women are known to include post-traumatic stress disorder, depression, substance abuse, suicide, physical trauma, and death (National Center for Injury Prevention and Control, 2003; Taft et al., 2009).

Given the physical and emotional costs of IPV within African American communities, the need for context-based research has been recognized (Sokoloff & Dupont, 2005; Taft et al., 2009; Tjaden & Thoennes, 2000), and a substantive

number of qualitative investigations have been conducted (e.g., Gillum, 2009; Tubbs, 2010). Until now, however, results from these investigations have not been systematically collected, analyzed, and interpreted. Thus, the aim of this investigation was to synthesize isolated qualitative findings relating to IPV among African American women to make them more meaningful and generalizable for use in clinical practice and policy development (Finfgeld-Connett, 2010).

The following questions were posed at the outset of this investigation: What is the context and process of IPV among African American women, and what are the best strategies for helping African American women overcome IPV? Answers to these questions are important because African American women experience IPV in significant numbers, and there is currently no expeditious way to definitely prevent or resolve it. Isolated qualitative research findings that are brought together, analyzed, and synthesized have the potential to shed light on this intransigent problem.

¹University of Missouri, Columbia, Missouri, USA

Corresponding Author:

Deborah Finfgeld-Connett, S321 Sinclair School of Nursing, University of Missouri, Columbia, MO 65211, USA.
Email: finfgeld@missouri.edu



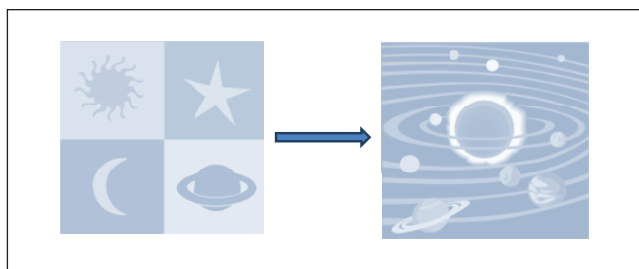


Figure 1. Isolated findings versus findings in relationship.

Method

Qualitative systematic review (QSR) was used to conduct this investigation, and it is underpinned by four assumptions. First, more is expected from a QSR than from a single qualitative investigation. Second, exhaustive re-saturation of existing findings is not a priority because findings that make up a QSR database have already been saturated within the study in which they originated. Third, a higher priority than exhaustive re-saturation is synthesis of findings and moving them into relationship. Fourth, when findings are placed into relationship they move from being isolated concepts to constituting a model or theoretical framework, and hypothesis generation is possible. An example of moving isolated concepts into relationship is illustrated in Figure 1 (Finfgeld-Connett, 2013, 2014a ;2014c, ; Finfgeld-Connett & Johnson, 2013).

Sample

Qualitative findings from existing research reports comprised the sample for this investigation. Databases that were searched included Cumulative Index to Nursing and Allied Health (CINAHL), GenderWatch, MEDLINE, PsycINFO, Social Services Abstracts, and Social Work Abstracts. Keyword searches were adapted to maximize the potential of each database and included terms such as intimate partner violence, domestic violence, and battered women. To preserve the integrity of the original primary research findings and to avoid reformulating the known, a historical cutoff date for searching the literature was not imposed (Morse, 2003). Searching ended in March 2014.

This broad search resulted in 3,274 citations, and this number was narrowed down by adding the qualifying terms Blacks or African American. In addition, articles that were off topic, not databased, and/or purely reports of quantitative research were excluded. Using these exclusion criteria, 56 citations were identified for consideration. These references, including abstracts, were carefully examined, and 42 were omitted for reasons such as the following: findings relating to African American women could not be separated from those relating to other groups of women, the sample included Black women living in countries other than the United States, and the subjects of interest were male or female perpetrators versus female victims of IPV.

Other attempts to locate research reports included the following. The reference list of each article that was confirmed for inclusion in this QSR was examined to identify qualifying reports. In addition, Scopus was used to identify reports in which articles that were already included in the sample were cited. Finally, key journal websites (e.g., *Journal of Interpersonal Violence*, *Violence Against Women*, and so forth) were programmed to provide current content lists until the study was completed. These latter efforts resulted in the identification of one additional article that met the study inclusion criteria and brought the final sample size to 15.

Data Extraction and Analysis

As articles were identified for inclusion in the sample, electronic copies were downloaded. Thereafter, they were carefully read and studied, and descriptive data relating to each investigation were extracted and entered into a table. Entries for each reference included the full citation, research purpose/questions, research theories (e.g., grounded theory, womanist theory), geographic location of the study, sample source, sample, and methods (Finfgeld-Connett, 2013).

While reading and studying each article, qualitative findings were highlighted and initial notes were made regarding potential codes. As descriptive codes and categories were identified, an organizing table was developed, and raw data (i.e., qualitative findings) were copied and pasted into corresponding cells. Throughout the data analysis process, codes were combined and categories were reflexively formulated. Over time, a coherent coding structure emerged, and detailed memos were developed to explicate substantive categories. As memoing ensued, relationships among categories were identified, and a framework of IPV among African American women was explicated (Finfgeld-Connett, 2014b 2014c.).

Validity

As noted previously, within the context of a QSR, all data (i.e., qualitative findings) are considered valid based on the primary qualitative investigation in which they were originally generated. Moreover, exhaustive re-saturation is not a priority. Thus, for purposes of this investigation, an important criterion of validity was fit, which was used to determine whether findings should be included or excluded. In keeping with Lincoln and Guba's (1985) ideas, the criterion of fit was met when findings interrelated such that meaning was enhanced. Validity of the resultant model is, ultimately, dependent on its external generalizability and transferability (Finfgeld-Connett, 2010).

Findings

Sample

Fifteen reports comprised the sample, including 14 peer-reviewed articles and 1 book chapter. Publication dates spanned from 2004 to 2010. In general, the purpose of these

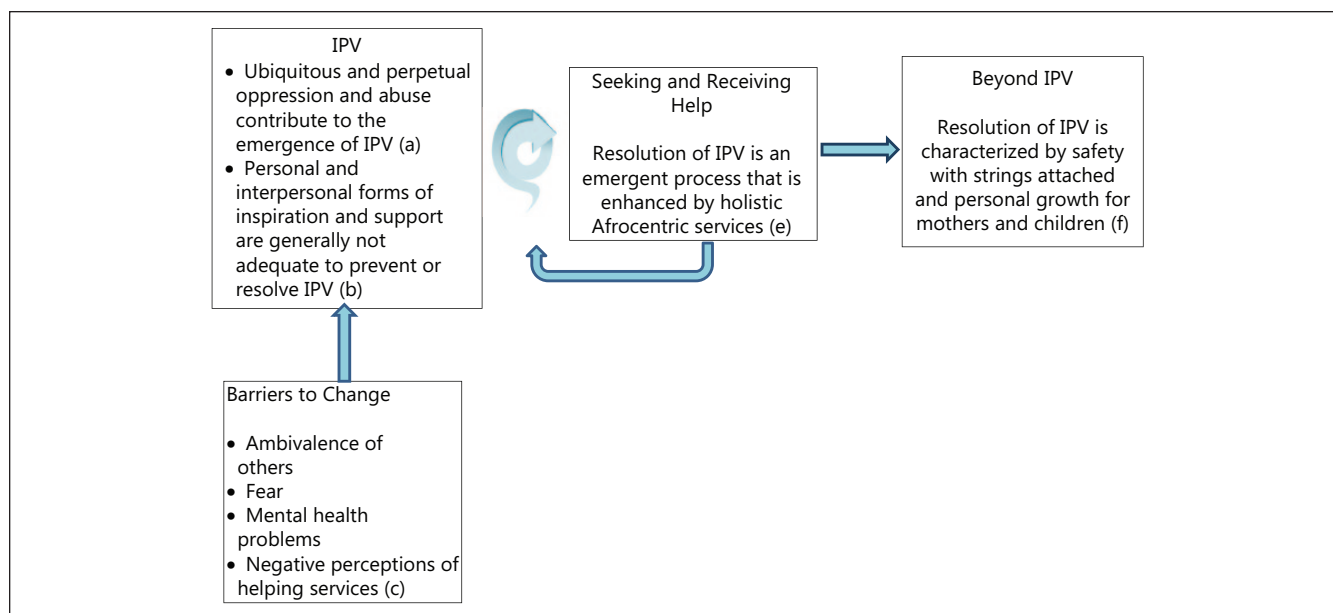


Figure 2. IPV and its resolution among African American women.
Note. IPV = intimate partner violence.

investigations was to learn more about the experience of IPV and its resolution among African American women. Research theoretical frameworks that were mentioned included grounded theory, phenomenology, feminism, womanism, life course perspective, human-ecological theory, and family systems theory. In four instances, a framework was not specified. Specific data collection methods included one-to-one interviews and focus groups. Thematic analysis and content analysis were commonly cited data analysis methods.

These investigations were conducted in urban and rural locations in the Northeast, Northwest, Southeast, and Midwest United States, and participants were recruited at social service agencies, health care facilities, shelters, criminal justice centers, and other public locales. At a minimum, 184 African American women who had knowledge of IPV participated in the original investigations. In addition, a minimum of 12 service providers also took part, and they included law enforcement and criminal justice personnel, case workers, shelter directors, and clergy. These numbers account for potential sample overlap across five of the original investigations (Gillum, 2008a, 2008b, 2009; Tubbs, 2010; Tubbs & Williams, 2007).

Overview of Framework

Among African American women, IPV emerges within the context of ubiquitous and perpetual oppression and abuse. Despite personal and interpersonal forms of inspiration and support, barriers to change provoke and sustain IPV. Barriers include the ambivalence of others, fear, mental health problems, and negative perceptions of helping services. Watershed

events incite fledging attempts to resolve crises, which initially result in circling the problem. To break this unproductive cycle, an emergent process unfolds, which can be enhanced by accessing holistic Afrocentric services. In the end, women hope for a safe environment where personal growth can take place; but this outcome often comes with strings attached. These findings are further explicated in Figure 2 and in the following paragraphs.

IPV

Ubiquitous and perpetual oppression and abuse. African American women perceive that gender-based oppression is pervasive. Starting within their families of origin (Few & Rosen, 2005; Laughon, 2007) and permeating throughout their religious institutions and communities-at-large (Lichtenstein & Johnson, 2009), inequities between men and women are the norm (Few & Rosen, 2005; Gillum, 2008b; Laughon, 2007; Taylor, 2005). Given this ubiquitous oppression, African American women tend to assume the role of subservient caretakers within their homes and communities (Few & Rosen, 2005; Lichtenstein & Johnson, 2009; Nash, 2005).

As stewards of their kith and kin, African American women sympathize with the plight of Black men. They empathize with their marginalization, discrimination, and disproportionate incarceration (Few & Rosen, 2005; Lichtenstein & Johnson, 2009; Nash, 2005), and they frequently defend and protect them against victimization and social stigma. In fact, the instinct to protect can be so pervasive that African American women refrain from reporting

their abusive partners to law enforcement (Nash, 2005). As a result, they inadvertently re-invest themselves in the gender-based inequities that prevail within African American communities, and they remain unwilling participants in their own oppression (Few & Rosen, 2005; Lichtenstein & Johnson, 2009; Nash, 2005).

As a part of this maladaptive dynamic, African American women become recipients of their partners' displaced frustration and anger. Thus, they face the paradoxical objective of supporting and promoting their abusive partners, while simultaneously protecting themselves and their children from these same individuals (Nash, 2005). In an effort to accomplish the latter, African American women are sometimes perceived to be too strong willed and abrasively outspoken, which can unintentionally fuel IPV (Taylor, 2005). In these instances, they are vulnerable to being accused of provoking their own abuse (Gillum, 2008b; Lichtenstein & Johnson, 2009; Morrison, Luchok, Richter, & Parra-Medina, 2006).

Sources of provocation aside, African American women are made to feel ashamed of their situations (Few, 2005; Lichtenstein & Johnson, 2009; Morrison et al., 2006), and they are urged to remain silent to avoid tarnishing the family's reputation (Bent-Goodley, 2004; Few & Rosen, 2005; Nash, 2005). At a minimum, leaving home is discouraged; at most, it is perceived as sinful (Gillum, 2008b).

Personal and interpersonal inspiration and support. Given the many challenges that abused African American women face, they identify a number of personal and interpersonal sources of inspiration and support (Laughon, 2007; Taylor, 2005; Tubbs, 2010). Although they do not always believe that religious leaders have their best interests in mind, they acknowledge that having a spiritual belief system helps them to manage distress and despair (Lichtenstein & Johnson, 2009; Nash, 2005; Reviere et al., 2007), and they sometimes find strength by participating in church-related activities (Gillum, 2008b). In addition, they read self-help literature, and listen to media-based counselors (Laughon, 2007).

African American women also turn to family and friends for support (Laughon, 2007; Taylor, 2005; Tubbs, 2010). They depend on close associates when they need to talk, and they seek help from these same individuals when they face health care challenges such as detoxifying from alcohol and drugs at home (Laughon, 2007). They also reach out to them for tangible support, such as transportation, child care, and shelter (Few, 2005; Morrison et al., 2006). At watershed moments, they have been known to turn to family and friends for information about shelters and other support services (Few, 2005).

Barriers to Change

Ambivalence of others. Although African American women acknowledge that help from family and friends can be salutary, they also admit that this is not always the case. As

suggested earlier, close associates might be reluctant to help because they adhere to conservative value systems, and they believe that the family should remain intact, despite IPV. They also might be reluctant to help because they feel loyal to both individuals involved, or they fear retaliation from abusers (Morrison et al., 2006).

Fear. Unsurprisingly, fear obfuscates victims' attempts to alter IPV (Epperson et al., 2009). Size and strength aside, overt physical action is unlikely because women run the risk of being perceived as instigators of violence rather than victims (Gillum, 2008b). Instead of taking direct action, African American women tend to placate, accommodate, and negotiate with their partners to stay safe and promote their well-being (Reviere et al., 2007). For example, in an effort to avoid pregnancy and/or the spread of sexually transmitted diseases, African American women are likely to negotiate with their partners to use condoms rather than risk abuse by insisting on sexual abstinence (Laughon, 2007).

Mental health problems. Mental health problems, such as substance abuse and depression, can also impede efforts to resolve IPV. African American women are known to engage in recreational substance use with their abusers, and thereafter, they are subject to using the same drugs to cope with the depression that accompanies substance abuse and IPV. Over time, the physical and mental toll of this perpetual cycle can escalate, and women become less able to cope with the challenges of daily living, including the care of their children (Laughon, 2007; Tubbs, 2010).

Under dire circumstances, they sometimes turn to self-injurious or even suicidal behavior for relief. This is especially true for women who do not have strong links to friends and family. Unfortunately in these instances, they run the risk of being labeled unstable and in need of self-protection rather than requiring protection from their abusive partners (Reviere et al., 2007).

Negative perceptions of helping services. Despite protracted periods of IPV, African American women are reluctant to access helping services. In their own communities, they doubt that church leaders will sympathize with their situations, and they fear that clergy will reveal their personal information to outsiders. They also worry that religious leaders will not be able to make appropriate referrals (Lichtenstein & Johnson, 2009).

Moving beyond local religious leaders, they perceive that secular-based services are also lacking (Bent-Goodley, 2004; Nash, 2005; Taylor, 2005). This is especially true in the case of agencies that do not employ African Americans. African American women do not perceive that non-African Americans understand their culture (Few, 2005), and they do not believe that racially diverse staff are fully aware of the challenges that they face (Gillum, 2008b, 2009; Laughon, 2007).

They view law enforcement personnel as untrustworthy and unwilling to protect them from abuse (Gillum, 2008b; Lichtenstein & Johnson, 2009), and they fear that service providers will indiscriminately disclose their confidential information, especially in small communities (Laughon, 2007). They are not convinced that holistic support and services are available (Gillum, 2009), and child welfare personnel are seen as negatively influenced by race and class (Bent-Goodley, 2004). Child welfare workers are also perceived to be overly controlling (Laughon, 2007) and too eager to separate mothers from their children (Bent-Goodley, 2004).

Finally, even when appropriate services are available, they do not perceive that they are always accessible. Capacity issues, wait times, fragmented care, geographic distance, lack of transportation, and inadequate child care are identified as barriers to existing services (Bent-Goodley, 2004; Laughon, 2007; Lichtenstein & Johnson, 2009).

Seeking and Receiving Help

Circling the problem. Despite barriers, some African American women experience watershed moments when they feel compelled to get help (Gillum, 2008b; Laughon, 2007), but they do not always know what services are available or whom to contact (Bent-Goodley, 2004; Few, 2005). Confused, they might seek assistance for IPV, indirectly. For example, they are likely to ask for assistance with problems such as substance abuse, depression, post-traumatic stress disorder, or sexually transmitted diseases (Laughon, 2007).

In instances where IPV is suspected but not overtly named, service providers are encouraged to ask African American women to more fully describe their experiences rather than directly asking them about abuse. Alternatively, service providers are urged to talk about hypothetical IPV scenarios, which might inspire reticent women to share information about their own experiences (Bent-Goodley, 2004).

Afrocentric is best. When available, African American women prefer support services that are local and that are staffed by African Americans who have similar backgrounds and experiences (Few, 2005; Gillum, 2008a, 2009). When these types of settings and situations are not available, they believe that, with effort, it is possible to construct therapeutic bonds with non-African Americans (Few, 2005). In these instances, staff are encouraged to establish empathic links by displaying Afrocentric décor and by distributing materials that include culturally congruent designs and language (Gillum, 2008a). In shelters, staff are encouraged to supply ethnic hair care products and food (Gillum, 2008b).

Emergent holistic process. To sustain therapeutic relationships with African American women, service providers are urged to understand that leaving an abusive partner involves a

temporal process that women work through at their own pace. To accommodate them throughout this process, service providers are encouraged to project a sense of openness and availability, engage in nonjudgmental conversations, provide relevant information (e.g., age-appropriate), and ensure personal safety (Bent-Goodley, 2004; Gillum, 2008a, 2008b, 2009).

In addition, a range of holistic services are recommended such as transportation, spiritual support, substance abuse treatment, children's programming, and sex education (Gillum, 2008a, 2009; Laughon, 2007). Group therapy might be helpful; however, providers are reminded that African American women are reluctant to disclose personal information in culturally diverse groups. As such, it is important to establish trust among group members by identifying commonalities despite differences (Few, 2005).

Beyond IPV

Safety with strings attached. In the end, a key objective for abused women is to keep themselves and their children physically and emotionally safe (Tubbs, 2010; Tubbs & Williams, 2007). Sometimes this means that a permanent breach is created between fathers and children (Tubbs, 2010). In other instances, women facilitate supervised father-child contact to diminish hostility and/or to ensure financial support. Still others feel duty-bound to maintain filial relationships and to optimize child development and well-being (Tubbs & Williams, 2007).

Regardless of custodial and visitation arrangements, children sometimes resent their mothers' efforts to distance and protect them from their fathers, and this can lead to mother-child conflicts. Some women find it necessary to be entirely transparent about past abusive episodes so that maturing children understand current safeguards and family schisms. Ideally, as mothers and children work through IPV and its aftermath, personal growth is possible for both parties (Tubbs, 2010).

Discussion

Summary of IPV and Its Resolution Among African American Women

Despite personal and interpersonal sources of inspiration and support, ubiquitous and perpetual oppression and abuse appear to incite and exacerbate IPV. African American women feel trapped by gender- and religion-based norms within their homes and communities, and outside of their immediate environments, they perceive that escape from IPV is thwarted by gender bias and racism.

Ambivalence among family and friends, fear, mental health problems, and negative perceptions of helping services make change difficult. Given these barriers, African American women work to keep their relationships intact for

as long as possible; however, change is inevitable because of escalating crises and exhausting efforts to minimize threats. Initial attempts to secure help are often indirect, and service providers are encouraged to develop expert interviewing and assessment skills to recognize telltale signs of IPV.

In service settings, African American women prefer Afrocentric surroundings and providers who share their racial and cultural backgrounds. When this is not possible, agency personnel are urged to establish trust and offer holistic services in a nonjudgmental manner.

In the end, women hope for a safe environment and personal growth for themselves and their children. Aside from these achievements, conflict can arise between mothers and children as the latter work to understand and cope with the partial or complete loss of their flawed fathers.

Implications for Research

A number of qualitative systematic review methods exist (Grant & Booth, 2009); however, a hallmark of the one used to conduct this investigation is that the findings have been moved into relationship to create a model or theoretical framework. Based on the model that resulted from this QSR, a number of research hypotheses can be articulated in relationship to IPV among African American women. For purposes of clarity, the following hypotheses correlate directly with the lettered components in Figure 2.

- a. Ubiquitous and perpetual oppression and abuse contribute to the emergence of IPV.
- b. Personal and interpersonal forms of inspiration and support are generally not adequate to prevent or overcome IPV.
- c. Change is challenging because of the ambivalence of others, fear, mental health problems, and negative perceptions of helping services.
- d. Prior to definitively resolving IPV, victims repeatedly make attempts to resolve the problem.
- e. Resolution of IPV is an emergent process that is enhanced by the use of holistic Afrocentric services.
- f. Resolution of IPV is characterized by safety with strings attached and personal growth for mothers and children.

It is notable that based on the primary qualitative research studies that comprised the sample for this QSR, poverty was not identified as a distinct antecedent to IPV or as a discrete obstacle to accessing or receiving help. It is hypothesized that research participants who participated in the original qualitative investigations and/or the researchers who analyzed their responses considered poverty to be a component of oppression, and thus categorized it accordingly.

Although some quantitative researchers argue that poverty alone might explain the increased prevalence of IPV among African Americans (Taft et al., 2009), results from

this QSR suggest that poverty might simply be an indicator of multiple stressors within the African American community. Thus, to gain greater insight into the context of IPV and its resolution among this group, a more thorough understanding of the stressors that accompany poverty (e.g., micro-aggressions) is needed.

Implications for Practice

Based on the proposed meta-narrative, a number of additional practice implications can be inferred. First, service providers are urged to be aware of the socio-cultural factors that appear to potentiate IPV, including omnipresent oppression and suppression of women. Although these factors are beyond the ability of any one health care provider to alter, as a group, nurses have the power to bring social inequities and injustices to the foreground and to advocate for change (Kelly, 2011).

Also of note is the fact that prior contact with institutional racism, which could be entirely unrelated to IPV services, has the potential to discourage abused African American women from seeking assistance. Ambient racism within helping agencies is known to include micro-aggressions (subtle slights or insults), or worse, outright exclusion, dehumanization, or substandard care (Hall & Fields, 2013). As such, nurses are urged to promote culturally sensitive assistance across all health care settings and encounters.

Despite obvious barriers, nurses are also encouraged to recognize that, even in the midst of abusive relationships, African American women possess notable strengths and resources to help them withstand abuse and promote well-being. When opportunities arise, nurses are urged to help the African American women capitalize on these strengths and resources such as forthright communication skills and interpersonal support networks. They are also encouraged to promote the use of spiritual belief systems that have the potential to fortify efforts to change and overcome barriers (Kelly, 2011).

Despite the imperative to practice based on evidence-based frameworks, nurses are cautioned against using frameworks, such as the one generated from this QSR, in un-customized ways. Instead, they are urged to reflexively juxtapose meta-narratives with particularized circumstances to identify individual patient needs and to deliver high-quality care (Sturmberg & Martin, 2014; Thorne & Sawatzky, 2014).

Limitations

Of interest is the fact that nurses were not participants in any of the original qualitative investigations that comprised the sample for this investigation. A sizable number of nurses assist abused women; thus, in the future, qualitative researchers are encouraged to garner insights from these individuals regarding the prevention and treatment of IPV.

In a limited number of instances, it appears that researchers reported findings that were generated from overlapping samples (i.e., Gillum, 2008a, 2008b, 2009; Tubbs, 2010; Tubbs & Williams, 2007). Although this has the potential to diminish the generalizability of the findings from this QSR, this limitation is minimized by the fact that findings from 15 research reports were triangulated, and this number of reports exceeds the median sample size of 14 for investigations of this type (Finfgeld-Connett, 2014b).

Conclusion

Robust elements of this QSR include oppressive intra- and inter-cultural norms that provoke and sustain IPV, watershed crises that signal a need for change, ubiquitous barriers that extend time-intensive change efforts, and attempts to resolve IPV that are enhanced by enlightened, astute, and empathic support persons and service providers. Researchers are encouraged to continue to develop and validate this framework of IPV among African American women and, at the same time, adapt interventions to optimize care.

Declaration of Conflicting Interests

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Author Biography

Deborah Finfgeld-Connett, RN, PhD, FAAN, is a professor at the University of Missouri Sinclair School of Nursing in Columbia, Missouri, USA.