

Unveiling the Silent Struggle: Exploring Intimate Partner Violence among Older African American Women: A Qualitative Interpretive Meta-Synthesis (QIMS)

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Abstract

Intimate Partner Violence (IPV) remains a pervasive and multifaceted social issue that affects individuals and communities worldwide [1]. Despite progress in addressing IPV, significant gaps remain in the literature, particularly concerning its impact on older African American women [2]. Furthermore, cultural norms and expectations within communities may exacerbate the problem, making it problematic for older women to disclose abuse or seek support.

This study utilized a qualitative interpretive meta-synthesis (QIMS) to understand the IPV experiences of this community [3]. The inclusion criteria for this study involved qualitative research of the experiences of older African American women aged 50 and above who have faced IPV. To our knowledge, this is the first QIMS of older African American women's experiences with IPV. The analysis process used to derive concepts from the data consisted of open, axial, and selective coding. Constant comparison was used to determine the studies' codes, categories, and themes. The researchers were mindful of their biases throughout the process to maintain reflexivity. Additionally, peer debriefing was conducted to validate the findings, ensuring the credibility of the analysis.

Findings from this QIMS study resulted in five themes: normalization of abuse, distrust in social support systems, impact of family dynamics and loyalty, coping mechanism and empowerment, and generational differences in response to abuse.

In conclusion, addressing the socio-cultural, economic, and systematic factors that impact older women's experiences is critical. Despite the intersecting forms of oppression, this community demonstrates internal resilience, resourcefulness, coping strategies, and capacity for survival through trauma and abuse [4]. Moreover, it is imperative to examine culturally sensitive supportive services to meet the needs of older African American women.

Keywords: Domestic Violence, Intimate Partner Violence, Older African American Women, Qualitative Interpretive Meta-synthesis.

Introduction

Domestic violence, also identified as intimate partner violence, involves physical, sexual, emotional, and economic abuse perpetrated by one partner to gain power and control within an intimate relationship. Approximately one in three women globally have experienced some form of sexual or physical violence within an intimate relationship [5]. A total of 42% of these women suffered immediate physical injuries, while 13% were fatally

injured. About 14% to 61% of women have experienced some form of physical violence by their partners in their lifetime, while 4% to 49% have experienced severe violence [6].

Although significant research has mainly focused on younger women, domestic violence among older women remains invisible and often ignored [7]. Older African American women face inimitable challenges due to intersecting factors of race, age, and

gender, which intensifies the effect of intimate partner violence. This literature review aims to provide an inclusive overview of intimate partner violence prevalence, risk factors, impacts, barriers to help-seeking, and interventions specifically concerning older African American women.

Literature Review

Statistics indicated African American women comprise 8% of the US population and reportedly account for 22% of domestic violence-related homicide victims [8]. Studies also indicated that African American women 50 and older experience higher rates physical and psychological abuse when compared to various races and ethnicities [9-13]. Additionally, intimate partner violence among older women is a significant yet often hidden issue and the prevalence rates vary due difference in study methodologies and definition of abuse. Many studies reported between 5% and 10% of older women experience some form of abuse annually, however, these figures are likely underestimated due to underreporting and lack of age-specific research [14-16].

There are multiple risk factors that contribute to the vulnerability of older African American women who endure intimate partner violence. These aspects include socioeconomic status, health disparities, cultural norms, and systemic racism. A study indicated financially reliance on the abuser, due to lower rates of retirement savings and employment opportunities, increases the risk and continues the cycle of abuse [17].

Cultural standards and family expectations can contribute to violence and abuse within the African American community. Older African American women often prioritize and protect the family cohesion, even at the risk of their health and safety [9, 18, 19]. Health disparities, such as higher rates of chronic illnesses, injuries, and exacerbation of pre-existing health related conditions in older women further compound the difficulties of leaving abusive relationships [20]. Additionally, experiences of systemic racism and historical mistrust of the criminal justice system and social service agencies discourage many older African American women to seeking support [21-23].

Unfortunately, older African American women face various barriers to accessing formal and informal support and can be attributed to values, beliefs, and experiences [2]. These barriers consist of lack of culturally competent and diverse programming, fear of retaliation, embarrassment and shame. Moreover, supportive services are not tailored to meet the demands or needs of older African American women or their community. Also, the lack of representation and understanding within these services can lead to feelings of isolation and mistrust [24]. A study indicated negative societal views as well as messages that minimize abuse contributes to underreporting and a reluctance to seek help for older African American women [25, 26].

Statement of Purpose

The purpose of this qualitative interpretive meta-synthesis (QIMS) is to understand the IPV experiences of older Black women. The goal of this is to bring awareness and improve interventions so they are more culturally sensitive and geared toward the needs of older Black women. To better understand and assist older Black women, research should consider exploring their lived experiences regarding domestic and intimate partner violence.

Method

Qualitative Interpretive Meta-Synthesis (QIMS) involves synthesizing themes from qualitative articles and translating these themes into a cohesive and comprehensive understanding of the studied phenomenon [27]. While qualitative meta-synthesis is typically recognized in the fields of nursing and social work, Aguirre and Bolton (2014) specifically adapted this approach for social work policy, practice, and research [27]. Qualitative research often features small sample sizes, which limit the generalizability of findings. To address this, QIMS expands qualitative sample sizes by considering the number of participants across studies rather than the number of studies alone. The QIMS methodology comprises four key components: (1) instrumentation, (2) literature sampling, (3) data extraction, and (4) the translation of data into a synergistic understanding of the phenomenon being studied.

Instrumentation

In qualitative research, authors commonly serve as the primary instruments of the study. Given this central role, it is essential to discuss potential biases that may influence the research. Therefore, we offer a brief overview of our credibility and qualifications in conducting this study.

First Author

As an African American woman with a Ph.D., I have dedicated over twenty years to working in violence prevention and interventions. Through this manuscript, I aim to share my insight and experiences, drawing on both my professional background and my personal journey as an aging African American woman. Although I never personally experienced domestic violence, my goal is to contribute to the ongoing dialogue with education to support this invisible population.

Second Author

As an African American woman born and raised in rural Mississippi, I witnessed and heard stories of the intimate partner violence my mother endured at the hands of my father. As a tenured associate professor, I have encountered students who share lived experiences of being survivors of intimate partner violence. I also have five published studies using the QIMS method.

Third Author

As a White woman born in a small town in Central Illinois, intimate partner violence was rarely discussed outside the home. It was common for the violence that took place to be ignored or considered to be the norm. It was not until I moved out of this small town to Nashville, Tennessee that I began to meet and interact with survivors. It was here that I began my educational path towards social work and joined a local organization that specialized in working with survivors of intimate partner violence. I spent three years working with this organization and continue my work with survivors to this day.

Fourth Author

As a White woman and MSW student at the University of Arkansas at Little Rock, I have been drawn to the ways in which the intersectionality of race and gender impact social work practice. I received my Bachelor of Arts degree in American Studies from The Evergreen State College in Olympia, WA where I conducted research on the way in which the words "Nature" and

“the Natural” evolved in chattel slavery and its impact on race narratives today. My research interests include the impact of historical race narratives on policies affecting food access, housing stability, and health services.

Although the method was first published relatively recently in 2013(a) by Aguirre & Bolton, it has since been utilized in numerous studies [27-32]. For this QIMS, only peer-reviewed studies containing qualitative descriptions of older Black women reporting their experiences of intimate partner violence were included in the final sample. Due to the scarcity of literature on this topic, one mixed-method study was included, with only its qualitative results considered for inclusion [33]. The studies selected had to sample older Black women aged 50 and above. Additionally, we reviewed literature reviews, systematic reviews, dissertations, and theses to identify potential studies. Any sample that included Black women younger than 50 was excluded. The four combined studies provided a sample of 29 older Black women, with ages ranging from 50 to 84.

Sample of the Literature

To locate scholarly articles for this QIMS, we searched Academic Search Complete, Google Scholar, and ProQuest Dissertations and Theses databases without date restrictions, using terms such as African American, Black, women, domestic violence, older, older adult, older women, older Black women, older African American women, intimate partner violence, qualitative, inter-

views, focus groups, lived experience, phenomenology, grounded theory, case study, ethnography, and narrative. For this study, we defined an older woman as someone aged 50 years and older, maintaining the terminology used by the original study authors included in this QIMS. A total of 882 studies were retrieved and assessed for inclusion. After removing 160 duplicates, 537 studies were excluded based on title scans, and another 62 studies were excluded after abstract reviews. Ultimately, 119 studies were excluded for one or more of the following reasons: they were quantitative studies, literature reviews, systematic reviews, included non-Black women, included Black women younger than 50, or did not separate findings by ethnic subgroups.

Although excluded from the QIMS sample, literature reviews and systematic reviews were used to identify additional potential studies. The final QIMS sample comprised four studies of older Black women who experienced intimate partner violence (IPV), yielding a participant sample of 29 women aged 50 to 84. Small sample sizes are common in qualitative research, which limits the generalizability of findings. To address this, QIMS expands qualitative sample sizes by considering the number of participants within studies rather than the number of studies alone. While a sample of four studies may seem small, other QIMS studies have been published with similarly sized samples, including three, four and five studies [30, 34, 32, 29 35, 36]. See Figure 1 for an overview of the literature search process.

Table 1 Provides A Detailed Description of The Demographics of Each Study.

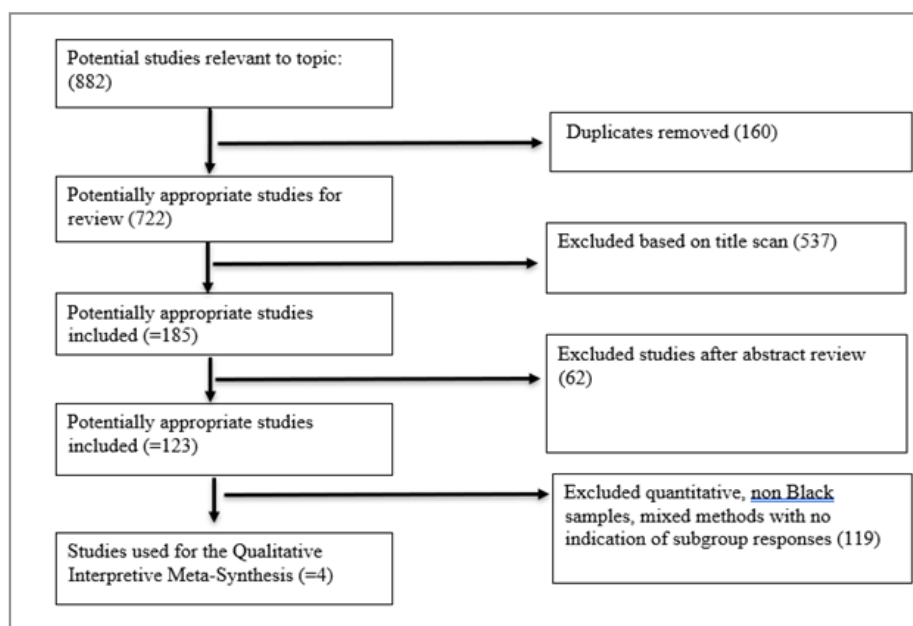


Figure 1: Quorum chart

Table 1: Demographics of Four Studies Included in QIMS

Author/Year	Age	Data Collection Strategy	N	Location
Burse et al. 2022	55 and older	Interviews	6	Texas
Helums 2021	50-69	Focus Groups	7	Texas
Lichtenstein et al. 2009	50-84	Interviews	15	Alabama
Waldron et al. 2021	50 and older	Interviews	1	Nova Scotia

Data Extraction

In this step, we extracted original themes from the four qualitative articles selected for the QIMS (see Table 2). To preserve the integrity of each study, we utilized the exact language used in the studies to represent the extracted themes. This approach ensured that the interpretations of the original researchers were accurately maintained as data for this QIMS.

Table 2: Theme Extraction

Authors	Original Theme	Sub-Theme
Burse et. al (2022)	Questioning the past	
	Acknowledging the Journey	
	Role of the church	
	Reclaiming and rebuilding life	
Helums 2021	Abuse is Normal in Relationships	
	Family Loyalty	Divorce is Not an Option
		Accommodate the Breadwinner Husband
		Portraying a Facade of a Perfect Marriage
		Hope that the Abuser Will Change
	Spiritual and Religious Influences	
	Secrecy, Fear of Stigmatization, and Shame	
	Responsiveness from Domestic Violence Programs and Community Resources	
	Barrier 1: Gender Roles: The Good and Faithful Wife	
	Barrier 2: Age Dependency	
Lichtenstein et al 2009	Barrier 3: Mistrust of Law Enforcement	
	Descriptions of the experiences of IPV for Black women	
	Strategies for coping with IPV	
	Strategies in supporting Black women experiencing IPV	
Waldron et al 2021	Barriers in accessing support	
	Challenges in the delivery of support	

Data Translation—Path to Synergistic Understanding

The next step involved synthesizing and translating the extracted themes into a new, synergistic understanding of IPV experiences among older Black women. This synthesis process included identifying similar themes and grouping them into relevant categories. After synthesizing the themes, we translated them to develop a comprehensive understanding of the phenomenon. This multiphasic process ensured accuracy through several triangulation methods, in addition to the triangulation inherent in the original studies: (a) utilizing studies from different disciplines (i.e., triangulation of sources) and (b) conducting weekly triangulation meetings for 32 non-consecutive weeks (i.e., triangulation of analysts). The first author extracted and translated the data, the second author replicated this process, and the third, fourth, and fifth authors reviewed the work to verify the accuracy of the translation and data extraction. This thorough process led to the emergence of new themes, resulting in a novel, synergistic understanding of older Black women who have experienced IPV.

Results

Synergistic Understanding

The purpose of this QIMS was to understand the experiences of older Black women and their experiences with DV and IPV. The themes identified in this study have implications for prac-

tice and research looking at the unique needs of this population. The QIMS generated five important themes: (a) normalization of abuse; (b) distrust of social support systems; (c) impact of family dynamics and loyalty; (d) coping mechanisms and empowerment; and (e) generational differences in response to abuse. Interpretive discussion of these themes follows.

Normalization of Abuse

The normalization of abuse emerged as a significant theme in the participants' narratives, reflecting how early exposure to abusive behaviors and environments shaped their perceptions of abuse as a standard part of intimate relationships. This theme underscores the pervasive impact of childhood experiences and societal influences on participants' tolerance and acceptance of abuse. Many participants described growing up in homes where abusive behaviors were commonplace, which ingrained in them a belief that such behaviors were normal. One participant shared, "When I grew up, I watched my mom be abused ... physically abused. So, to me ... to my family it was like that's normal ... what you do. He must love you. You know. ... It was a normal part of our upbringing because this is what we watched and this is what we witnessed" [38]. This sentiment highlights how witnessing abuse during formative years can normalize it to the extent that it becomes a perceived expression of love. Another participant shared:

I don't understand why I stayed that long in a marriage that did not honor or love me. I did all that I knew how to be a good wife to my husband. He was never satisfied; I mean never happy. I waited on him hand and foot. I cooked, cleaned, and made sure everything was perfect. So, I thought. I was living in denial for over twenty years. How did I waste my life (2)?

The impact of parental behavior on participants' understanding of abuse was also evident. One participant reflected on the verbal abuse from her father, noting, "I didn't realize what verbal abuse was. I, I could see where my dad was verbally abusive. I could see all these things but I'm still thinking at this age, I've never seen anything but dysfunction ... So, I've seen very unhealthy relationships. So, it's a part of my DNA, you know" [38]. This illustrates how ongoing exposure to dysfunctional relationships can embed a deep-seated acceptance of abusive dynamics. Participants often downplayed the severity of physical abuse in favor of emphasizing emotional or verbal abuse. One participant stated, "The abuse was emotional and the physical abuse was minimal", suggesting a hierarchy in the perceived severity of abuse types, where non-physical abuse is seen as less harmful despite its profound impact. Another participant said: [38] "My mom had been emotionally abused because my dad cheated on her a lot, and my brother and sister knew it, and so one thing that I know about me is that I basically lived out my mom's life, you know" [2].

Additionally, the progression of abuse over time was noted, particularly in long-term relationships. One participant recounted the escalation of her husband's abusive behavior as he aged: "You are thinking it's going to get better but it still gets worse. The older he gets the more domineering, and after a while, it's like you're scared to answer the phone because there's your man, and there's the beatings" [33]. This quote highlights the increasing control and fear experienced by the victim, further normalizing the abusive environment as an unchangeable aspect of life. Overall, these narratives reveal a deeply rooted normalization of abuse, influenced by early exposure and societal attitudes, which perpetuates a cycle of tolerance and acceptance in intimate relationships.

Distrust in Social Support Systems

Distrust in social support systems was a prevalent theme among participants, reflecting their lack of confidence in formal support structures such as the church, law enforcement, and community resources. This distrust stemmed from experiences of stigmatization, victim-blaming, and breaches of confidentiality, which discouraged participants from seeking help and reinforced their sense of isolation. Participants expressed significant distrust towards religious leaders and ministers, whom they felt were not reliable confidants for discussing personal issues, particularly domestic violence. One participant highlighted this distrust by stating, "Don't make it your minister. We don't trust him enough to talk to him about things like that" [33]. This lack of trust was further compounded by the fear that private matters shared with ministers would not remain confidential. Another participant noted, "All your business will be out on the street because the minister will let it out in the congregation", indicating a serious breach of privacy within their religious community [33].

The stigmatization and victim-blaming attitudes prevalent within the church community also contributed to the distrust in social

support systems. Participants described how they were judged and blamed for the abuse they suffered. One participant shared, "They will say that the men would not be abusive if the woman had not done this or that" [33]. This victim-blaming perspective not only minimized the abuser's responsibility but also placed undue burden and guilt on the victims, further alienating them from seeking support. Law enforcement was another area where participants experienced significant distrust. Many felt that calling the police would not result in meaningful help or protection. One participant recounted her frustration, stating, "If you call 911, they are gonna arrest both of you. They ain't going to believe you against him" [33]. This perception of unfair treatment and skepticism from the police discouraged participants from reporting abuse. Another participant echoed this sentiment, saying, "You can call 911 and they'd probably be the next day coming", highlighting the slow and inadequate response from law enforcement agencies [33]. Lack of assistance from law enforcement was echoed by another participant who said:

The police were called out to our home over thirty times. I know it's more but I feel they did not do anything. They would come, talk to my husband and then leave. Sometimes they would ask him to leave the house and take a walk. He would be right back and the beatings start all over again. To this day, I do not understand why they did not arrest him [3].

The overall lack of reliable and confidential support systems left many participants feeling that they had no one to turn to. One participant summarized this pervasive sense of isolation by saying, "So when we got a problem, we actually don't have anybody to turn to. We got no one to go to. And then you get more spaced out" [33]. This statement underscores the profound impact of distrust in social support systems, leading to increased isolation and despair among victims of domestic violence. These narratives illustrate the critical barriers faced by victims in seeking help from formal support systems, driven by experiences of betrayal, stigmatization, and inefficacy. Addressing these issues is essential to improving support mechanisms for individuals facing domestic violence.

Impact of Family Dynamics and Loyalty

The theme of family dynamics and loyalty emerged prominently in the participants' narratives, illustrating how familial relationships and obligations significantly influenced their responses to abuse. The desire to maintain family unity and secrecy often took precedence over personal safety, shaping their decisions to endure abusive situations. Participants frequently cited family loyalty as a key reason for staying in abusive relationships. The cultural and familial expectation to keep the family together, regardless of the circumstances, was a powerful motivator. One participant explained, "I had five kids when I married him. ... he provided for us financially. ... So, that was part of the reason I stayed. That was the majority of the reason I stayed" [37]. This sense of duty to the family unit often outweighed the need to escape the abuse, especially when the abuser was the primary breadwinner.

Secrecy and the maintenance of a facade of a perfect marriage were also crucial elements of family loyalty. Participants described efforts to conceal the abuse from the outside world to protect their family's image. One participant shared, "We look so

good together, we fit so well together ... people look at the relationship from the outside and they want to be like you. They get hope from the way they think you are" [37]. This needs to appear perfect to others contributed to the reluctance to seek help and disclose the abuse.

The pressure to uphold traditional family values and avoid divorce further reinforced the participants' decisions to stay in abusive relationships. One participant articulated this deeply ingrained belief: "In the Christian realm, I had raised my kids, home-schooled them and everything ... to believe that divorce was not an option" [37]. Another participant reflected on her upbringing and the impact of her parents' divorce on her views: "My parents divorced when I was, after 17 years of marriage. ... I knew how hard it was on me ... I didn't want that for my children" [37]. These narratives highlight how familial and cultural norms around marriage and divorce can perpetuate cycles of abuse.

In some cases, the responsibility to care for a large number of children without adequate support left participants feeling they had no choice but to stay. One participant noted, "Some of us had 10, 12, and 16 children and didn't have no way to take those kids. So, we pretty much had to put up with the abuse" [33]. This overwhelming responsibility and lack of viable alternatives reinforced their entrapment in abusive relationships. The fear of disrupting family life and causing harm to children was a recurring concern. Participants often endured abuse to avoid the potential trauma and instability that leaving could bring to their children. One participant remarked, "I just wanted that [STD's] to not have happened so I can go on with my marriage and go back up the triangle [cycle of abuse] ... and try to stay up there" [37]. This reflects the constant struggle to maintain a semblance of normalcy for the sake of their children. Overall, the impact of family dynamics and loyalty on participants' decisions to remain in abusive relationships is profound. The need to preserve family unity, uphold traditional values, and protect children from perceived harm perpetuates a cycle of secrecy and endurance, making it difficult for victims to seek help and break free from abusive environments.

Coping Mechanisms and Empowerment

Coping mechanisms and empowerment emerged as a significant theme, highlighting the various strategies participants employed to manage and eventually overcome their abusive situations. These strategies included self-reliance, hope for change, personal resilience, and the crucial role of faith and spirituality. One participant shared that although she has never sought assistance from women's centers or other resources to deal with her experiences of IPV, she has found other ways to cope, such as relying on her faith in God and helping others. She stated:

I put myself in Jesus and that's what kept me going, and working in the church, getting involved and doing a lot of things to live, that kept me...I get through with my frustrations by helping others. And, doing for the community. As long as I was busy doing for others, and seeing the results and the successes, it brought me a long way [38].

These mechanisms provided participants with a sense of agency and empowerment, even in the face of ongoing abuse. Participants

often relied on self-reliance and adaptation to cope with their abusive environments. Many developed personal strategies to manage their situations independently due to a lack of trust in formal support systems. One participant described her approach: "If I got a problem I just call Chief Martin. Yeah, he's good" [33]. Another participant emphasized her use of security measures to ensure her safety: "I have an alarm system if I fall" [33]. These examples illustrate how participants adapted to their circumstances by finding alternative ways to protect themselves and seek help. The hope for change was a recurring theme, where participants-maintained optimism that their abusers would eventually reform. This hope often sustained them through difficult times. One participant reflected, "I stayed in it because I was thinking, well maybe, you know, he'll get, he'll change. You know because like I say, he's not a bad person. I was just hoping that things got better" [37]. This enduring hope, despite repeated disappointments, was a crucial coping mechanism that helped participants persevere.

Faith and spirituality played a vital role in participants' coping and empowerment journeys. Many drew strength and resilience from their religious beliefs, which provided them with a sense of purpose and support. One participant shared, "My faith will give me the strength to get through it ... I always say as long as you don't put your hands on me, I'm ok. ... I prayed, prayed, prayed, and asked the Lord for strength" [38]. Another participant reflected on her religious upbringing: "I grew up in, in a very religious home and, and that's what I heard. For better, for worse, that's your husband. ... I would just pray, you know" [37]. These narratives highlight how faith served as a source of comfort and empowerment, helping participants endure and navigate their abusive situations.

Personal resilience and a strong sense of identity were also crucial in the participants' empowerment process. Many participants viewed themselves as strong individuals capable of overcoming adversity. One participant described this self-perception: "I'm a strong woman. My momma, my mother was a strong woman, and my mother was in an abusive relationship, and I watched, you know, uh, what she went through, and I don't know ... I seen my mom go through this and I guess that's why I'm strong" [37]. This sense of strength and resilience was integral to their ability to cope with and ultimately survive their abusive environments. Empowerment also came from reclaiming their lives and making decisions that prioritized their well-being. Participants discussed moments of realization and action where they took control of their situations. One participant noted, "You have to find things to do. You can't sit around moping. Do something. Every time you think about it... It's not going to happen in 1 day. It may take 4 or 5 months, but after a while, that thought is going to fade away" [2]. This proactive approach to reclaiming their lives and fostering a sense of empowerment was a critical step in their journey towards recovery. When reflecting on their past, for many, they look back and wonder how they survived. One participant said: When I allow my mind to wonder about my painful past, I think to myself, Dorothy, how did you make it through? I think about how my life could have ended with all the beatings my body endured. What I know for sure is that if it wasn't for all the people like church mothers, my son teacher, the domestic violence shelter lady. My goodness there were so many who got me through [2].

In summary, the coping mechanisms and empowerment strategies employed by participants were multifaceted and deeply personal. Self-reliance, hope for change, faith, and personal resilience provided them with the tools to endure and navigate their abusive situations. These strategies were essential in fostering a sense of empowerment and agency, enabling participants to reclaim control over their lives and work towards recovery.

Generational Differences in Response to Abuse

The theme of generational differences in response to abuse emerged as a significant finding, highlighting the distinct ways in which older and younger women perceive and react to domestic violence. These differences are shaped by varying social norms, cultural expectations, and personal experiences, which influence their strategies for coping with and addressing abuse. Older women often reported feeling more trapped and intimidated by their abusive situations compared to younger women. This sense of entrapment was frequently tied to long-term commitments and the accumulated fear of losing everything they had built over decades. One participant articulated this sentiment: "If you are older, you are trapped. I feel like the younger women could probably be ready to start over. But if you been with a man for 30 years and he's abusing you, you don't feel like you have anywhere to go" [33]. This reflects the deep-rooted sense of dependency and lack of viable options perceived by older women.

The fear of retaliation and increased control from their partners further exacerbated the sense of helplessness among older women. One participant noted, "You are thinking it's going to get better but it still gets worse. The older he gets the more domineering, and after a while, it's like you're scared to answer the phone because there's your man, and there's the beatings" [33]. This escalating control and abuse over time intensified the difficulty of leaving for older women. In contrast, younger women appeared more likely to seek help and take decisive action against abuse. They were described as being less afraid and more proactive in calling the police and seeking other forms of assistance. One participant observed, "A younger woman isn't as afraid as an older woman, and she is more likely to call the police. An older woman is more easily intimidated. It's the fear of him getting you, and it's the fear of losing everything" [33]. This generational contrast underscores the greater agency and willingness to confront abuse found among younger women.

The influence of family roles and responsibilities also played a crucial part in these generational differences. Older participants often had larger families and more traditional views on marriage, which reinforced their decisions to stay in abusive relationships. The overwhelming responsibility of caring for a large family without sufficient support made the prospect of leaving even more daunting. Younger women, on the other hand, were often head of households and more financially independent, which afforded them greater flexibility in addressing abuse. One participant noted, "The younger ones mostly be the head of households, but the older ones be married" [33]. This independence provided younger women with more resources and options for escaping abusive environments.

Overall, the generational differences in response to abuse highlight the varied challenges and strategies employed by different age groups. Older women faced significant barriers due to

long-term dependency, fear of losing everything, and traditional family responsibilities, which contributed to a sense of entrapment. In contrast, younger women, with their greater independence and proactive attitudes, were more likely to seek help and take action against abuse. These findings emphasize the need for tailored support and interventions that consider the unique circumstances and needs of different generational groups.

Discussion

Our QIMS reveals several critical themes in the experiences of older African American women facing domestic violence/intimate partner violence. These themes include the intersection of age, race, and gender in their lived experiences, the impact of community and social support, barriers to seeking help, and historical and cultural influences on their perception and responses to abuse. While the literature specifically focuses on African American women who experienced abuse, older women prevalence data highlights significant gaps within this demographic [2]. It also confirms what the literature suggest that older African American women face unique challenges and barriers that are not adequately captured by studies focused on younger women or diverse populations [39].

Cultural standards and societal expectations play a critical role and underscore the importance of considering all the various aspects of their experience [2]. From the patriarchal structures and gender roles that are predominant in many African American communities contribute to the normalization of abuse and the stigmatization on behalf of the survivor. The meta-synthesis also highlights significant barriers to seeking formal or informal support. Such as economic dependence on the perpetrator, lack of resources and education, and the use of religion [40, 39]. These barriers are exacerbated by age and cultural influence that underlines the importance of considering all facets of a survivors' lived experience [2]. Additionally, religion and spirituality often play an imperative role in whether a survivor of domestic violence stay or leave the abuse [20]. Finally, the role of religion and spirituality further captures the complexity of older women experiences and perspectives during their healing journey [2].

The implications of these findings are far reaching. African American women experience intimate partner violence at higher rates than any other group and yet there is a lack of research on older women's experiences and current interventions do not adequately address the various barriers they experience. By collecting and examining the narratives of older African American women experiencing IPV, we can provide resources, education, policies and support to address any challenges they are faced with. Continuing this research is vital to creating a substantial impact on the overall concern of older African American women and Intimate Partner Violence.

Limitations

The primary limitation for this study was the extreme lack of research results. Although the search terms originally used provided over 800 publications, upon conducting the meta-synthesis of the results, only two publications were applicable to the specific research question. Due to these limited results, the scope of the study had to be widened. The focus was originally to be limited to the experiences of older African American women in the United States who had experiences with intimate partner violence.

olence. In order to gain more research results the scope then had to be widened to include older Black women located in other countries around the globe. Even with the widening, only two more studies were found that fit the research demographics and answered the question being asked. In total, four publications were utilized for this research study.

As with all research studies, external variables or confounding factors that were uncontrolled could influence the interpretation of results. The external factors that may influence this study include author biases and experiences. Each author has very different life experiences and backgrounds that could impact how they view the results of the study. Additionally, the limited amount of research conducted provides a narrow scope of experiences lived by this community. The research found only skims the surface of the experiences of survivors, and therefore results are very limited.

The findings of this study provide an interesting insight into the experiences of older African American women who are survivors of intimate partner violence. Studies show that African Americans have a higher rate of experiencing intimate partner violence and therefore make up a large part of the overall intimate partner violence statistics. By studying this unique population, programs and resources can be developed to address the specific experiences of this community. In doing so, education around intimate partner violence will increase and ideally, the rate of abuse will decrease.

Further research to be conducted must focus specifically on Older African American women. As stated above, African Americans have the highest rates of intimate partner violence, yet the research done around this topic rarely focuses on the African American community. Refusing to address the abuse taking place within this community creates limitations on educational programs and supportive organizations for survivors overall. Future researchers should focus on the larger population of survivors and evaluate those experiences.

Conclusion

The purpose behind the qualitative interpretive meta-synthesis (QIMS) conducted in this research was to better understand the Intimate Partner Violence and Domestic Violence experiences of older Black women; to bring awareness to and improve interventions that are culturally sensitive and geared towards the needs of older Black women, and better assist older Black women through further exploration of their lived experiences. The findings of this QIMS study included five primary themes: (a) the normalization of abuse; (b) distrust of social support systems; (c) impact of family dynamics and loyalty; (d) coping mechanisms and empowerment; and (e) generational differences in response to abuse.

The primary themes highlight how abuse is perceived, the barriers to receiving support, and the resilience of older Black women. This study found that early exposure to abusive behaviors and environments shaped the participants' perceptions and level of tolerance of abuse as the standard within intimate relationships, perpetuating the cycle of abuse and stemming from stigmatization, victim-blaming, and breaches of confidentiality. The prevalence of mistrust and lack of confidence in formal support

structures is apparent; how obligations to the family influenced the participants' response to abuse putting loyalty of the family above personal safety. The strategies participants utilize to manage and overcome the abusive situation include self-reliance, hope for change, personal resilience, and the importance of faith and spirituality. Additionally, this research found that there are distinctive ways older and younger women perceive and respond to domestic violence as shaped by differences in social norms, cultural expectations, and personal experiences.

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