



From Girls to Women, and older Adulthood: Exploring the Church Response to Intimate Partner Violence in the South

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Abstract

Response of the Church

Domestic Violence (DV), also acknowledged as Intimate Partner Violence (IPV), is a critical public health concern experienced by 1 in 4 women and 1 in 10 men in the United States [1]. Statistics report 80% of the U.S. population acknowledging a religious affiliation, the church or religious establishments which is considered a primary source for intervention and support for survivors [2]. This study explores the experiences of 24 women in Arkansas who have encountered intimate partner violence (IPV) and examines the response of the church across different life stages, focusing on girls, adult women, and older women. Through in-depth interviews, the research aims to understand the role of religious institutions in providing support, resources, and guidance to survivors of IPV. The participants shared their personal experiences, highlighting both the positive and negative aspects of their interactions with the church and social support systems. Key themes that emerged included types of abuse, barriers to seeking help, response of the church and collaboration with formal supportive services. The findings suggest that while some churches provide significant emotional and practical support, others may inadvertently perpetuate stigma and hinder the recovery process. This study underscores the importance of tailored, survivor-centered approaches within religious settings and calls for enhanced training and awareness among church leaders to effectively address IPV. Future research should focus on developing specific interventions and educational programs for religious communities to better support IPV survivors.

Keywords: Church, Intimate Partner Violence, Girls, Women, Older Women, Prevention, Intervention

Introduction

Intimate partner violence remains a prevalent issue affecting millions of girls, adult women and older women as they age universally. This form of abuse, which includes physical, emotional, psychological, and sexual harm, often occurs within intimate relationships. The impact of domestic violence is profound, leading to long-term physical injuries, mental health challenges, and even loss of life. For many survivors, the road to recovery is arduous, requiring comprehensive informal and formal support. Fortunately, religion imparts a major influence in the lives of many individuals, families, and communities and has been shown to greatly impact their values, beliefs, and behavior [3,4]. Historically, in this context, the role of the church and faith-based organizations have been pillars of community support, offering solace and guidance to those in need [5]. The church, with its foundational principles of empathy, righteousness, and love, is uniquely positioned to address the scourge of intimate partner violence in various communities. By providing safe spaces, counseling, and advocacy, the church can play a vital role in both prevention and intervention globally.

Though, the church's response to IPV has been varied, sometimes hindered by stigma, lack of awareness, or doctrinal mis-

conceptions [6]. It is imperative for faith communities to recognize the severity of intimate partner violence and respond efficiently. This includes educating congregations, training leaders, and collaborating with secular organizations to offer comprehensive support to survivors. By doing so, the church can fulfill its mission of promoting healing, dignity, and respect for all individuals, particularly those who are impacted by intimate partner violence.

Review of Literature

Intimate Partner Violence (IPV) is a significant public health issue that affects individuals across the lifespan, including girls, women, and older women. IPV encompasses physical, emotional, psychological, and sexual abuse by a current or former partner. The impact of IPV is profound, leading to a range of physical injuries, mental health issues, and social consequences [1]. This literature review aims to explore the prevalence, impact, and unique challenges of IPV across different age groups, with a focus on girls, women, and older women and the response of the church.

Some of the earliest studies examining the intersection of religion and partner violence dealt primarily with the ways in which

religious belief and involvement influenced marital relationship quality and the responses of clergy to victims of family violence [7]. In recent years, considerably more research has begun to examine the potential causal role(s) that religiousness may play in both the perpetration and prevention of relationship violence [7]. Outside of the scientific context, this issue received early lay attention as well, primarily as a means to bring attention to the phenomenon of abuse within Christian families [7]. One challenge for research into this area is that religiousness encompasses both beliefs and behaviors, and is in and of itself representative of the many ways in which individuals may outwardly profess their beliefs, cognitively internalize those beliefs, engage in actions related to those beliefs, justify their actions as a function of their belief systems and socially interact with others [7].

IPV Among Adolescent Girls

Adolescent girls are particularly vulnerable to IPV due to their developmental stage and the dynamics of young relationships. Research indicates that IPV in adolescence is often characterized by emotional and psychological abuse, which can have long-lasting effects on mental health and future relationship patterns [8]. Additionally, the lack of experience and understanding of healthy relationship norms can exacerbate the impact of IPV in this age group.

IPV Among Adult Women

Among adult women, IPV is a well-documented issue with extensive research highlighting its prevalence and consequences. According to the World Health Organization [9] approximately 30% of women globally have experienced physical and/or sexual IPV in their lifetime. Adult women face unique challenges, such as economic dependence on their abusers, societal stigma, and the complexities of leaving an abusive relationship [10]. The physical and mental health consequences of IPV in adult women are severe, often leading to chronic health conditions, depression, and post-traumatic stress disorder (PTSD).

IPV Among Older Women

Older women represent a growing demographic experiencing IPV, yet this group has historically been underrepresented in IPV research. Studies suggest that older women may experience IPV differently than younger women, with a higher likelihood of experiencing psychological and emotional abuse [11]. Additionally, older women may face unique barriers to seeking help, such as generational attitudes towards marriage, physical limitations, and a lack of age-appropriate services [12]. The intersection of ageism and IPV adds complexity to the experiences of older women, necessitating tailored interventions and support systems.

The Church and IPV

The Black church continues to be a pillar of strength to Black families and communities [13]. However, the role of the Black church in responding to domestic violence has been inconsistent and, at times, limited [13]. The Black Church has not been proactively involved when it comes to responding to domestic violence. This is problematic because African American women are more likely to suffer serious or lethal injury as a result of

domestic violence compared to all other groups of women [13]. African American women are more likely to suffer from chronic illness and mental health issues as a result of domestic violence [13]. Compared to other groups of women, African American women are more likely to turn to their faith community and extended family first before reaching out to formal providers, such as social workers, law enforcement, and health professionals [13]. Clergy have received little training in the area of domestic violence and are often ill-equipped to respond. Clergy have received little training in the area of domestic violence and are often ill-equipped to respond [14]. The church has often put the responsibility for the abuse on the woman by encouraging her to pray, honor her sacred obligation to marriage, and forgive her partner [14]. The church has often put the responsibility for the abuse on the woman by encouraging her to pray, honor her sacred obligation to marriage, and forgive her partner [14].

There is a lengthy record of African American clergy's involvement in advocacy initiatives, and a growing record of their involvement in domestic violence intervention and association with advocacy-oriented organizations like the Black Church Against Domestic Violence [14]. The engagement of clergy in domestic violence-related initiatives, particularly those within faith communities, also present some challenges, such as secrecy related to domestic violence and limited knowledge regarding domestic violence information and resources [14]. When clergy do become aware of a domestic violence occurrence in their faith community, some have engaged in practices that are not effective in addressing domestic violence [14]. Some of these practices include providing counseling using inadequate, simplistic responses, presenting limited and rigid interpretations of Scripture, not believing the survivor's story, or providing biased perceptions that are shaped by gender-biased theological beliefs [14].

Clergy are often first responders to victims of abuse. A national survey of 1,000 battered women found that one in three of them received assistance from pastors, and clergy counseled one in 10 of their battering husbands [15]. However, research and similar studies also show that most spiritual leaders are seriously unprepared and ineffective when dealing with domestic violence [15]. Untrained in how to respond to domestic violence, African American pastors have often misguided African American woman and advised them to work harder at being a better wife, to pray for strength, or to submit to their husband [15].

The silence of the church regarding the abuse of women is a conspiracy against the total liberation of the African American community [15]. Domestic violence is a tragedy that impacts millions of American victims. In regard to female victims, battering is the greatest cause of injury, more than rape, mugging and car accidents combined [16]. Society has provided victims with several options which may help them escape from domestic violence, including criminal and civil actions against the batterer and safety planning for the victim [16]. Unfortunately, sometimes when victims seek counsel regarding their danger, the listener does not help, often due to ignorance [16]. This is especially tragic when the unhelpful counselor is a member of the clergy

[16]. Clergy who provides misinformed advice are not assisting the victim's safety, which can leave the victim and children who witness the abuse exposed to additional harm [16]. It should be kept in mind that clergy liability is not desirable unless it is necessary [16]. If clergy are held liable for ignorant advice, it is not because they ought to be punished, but because they might then feel the incentive to educate themselves [16]. Educated clergy correctly counseling victims is the goal, not clergy who are well-insured [16].

Some victims of domestic violence report that individual spiritual practices and religious communities provide strength, hope, support, increased self-esteem, the power to forgive, and validation [17]. Not only can churches provide counseling and emotional support, they can also offer physical space and volunteers as resources for community agencies, coupled with a community-based mission to help the oppressed and those in need [17]. If social workers educate clergy on the dynamics of family violence and opportunities for congregations to partner with community resources, clergy may be more likely to collaborate with outside helping agencies [17]. Many victims of abuse attend church and seek ministerial help for safety, financial support, future plans for the family, community resources, spiritual and emotional support, and community [17]. However, many victims report their clergy are ineffective in responding to family violence [17]. Nason-Clark (1996) discovered that 60% out of 200 women belonging to various churches consulted their clergy concerning abuse [18].

Church leaders often use scripture about a woman maintaining her wedding vows in an attempt to lure the woman into staying. This leads to feelings of guilt in the victim about disclosing the abuse or about wanting to leave [19]. Many churches do not

promote gender equity in their sermons, which can reinforce the abuser's argument for power and control. These churches often perpetuate intimate partner violence in "overt and covert" ways by not holding the perpetrator accountable [20].

Studies of Black clergy have found that they believe that the church should be involved in intervention and prevention but are concerned about their preparedness. The church's inability to provide helpful responses to victims may increase risk: when women go to their houses of worship for support in addressing domestic violence and get a lukewarm response, the delay in getting meaningful help may result in higher rates of serious injury or death [21]. The Black church has historically played a pivotal role in the political, economic, social, and cultural life of the Black community [21]. Given its resources, activist history, ability to touch large numbers of individuals and credibility for many people, there is tremendous potential within the Black church to address domestic violence at the individual and community levels, for prevention and intervention [21].

Despite the differences in experiences and challenges faced by girls, women, and older women, common themes emerge in the literature. All age groups experience significant mental health impacts, including anxiety, depression, and PTSD [22]. Furthermore, economic dependence and societal stigma are pervasive barriers that hinder access to support and resources across all age group [23]. Effective intervention strategies must consider these commonalities while also addressing the unique needs of each age group. Churches often have a preconceived responsibility to intervene and guide domestic relationships however, they do not have proper training to support survivors of intimate partner violence intervention and prevention services [5].

Table 1: Demographics of each Participant.

Name	Age	Race	Type of Abuse	Religious Affiliation
JoAnn	53	AA	Physical/verbal/Financial	COGIC
Tammy	56	AA	Physical/verbal/Sexual	Non-Denominational
Anita	62	AA	Physical/Emotional	COGIC
Helen	64	AA	Physical/verbal/Sexual/Financial	Non-Denominational
Ira Jean	68	AA	Emotional/physical/sexual	Baptist
Louise	70	AA	Physical/verbal/Financial	Baptist
Betty Mae	73	AA	Emotional	Non-Denominational
Anne	53	Caucasian	Physical/verbal/Financial	Baptist
Emily	56	Caucasian	Emotional/sexual	Baptist
Olivia	61	Caucasian	Physical/emotional	Baptist
Clara	63	Caucasian	Physical/verbal/Financial	Baptist
Edith	65	Caucasian	Emotional/financial	Baptist
Agnes	67	Caucasian	Physical/verbal	Non-Religious
Michelle	19	AA	Physical/emotional/financial	Non-Denominational
April	45	AA	Physical/verbal/Financial	Non-Religious
Kelly	26	AA	Physical/sexual	Baptist

Lisa	33	AA	Physical	Non-Denominational
Amber	29	AA	Physical/verbal/Financial	Baptist
Koko	45	Native American	Emotional/verbal/emotional	Catholic
Nina	38	African	Physical/emotional/sexual	Muslim
Zola	43	African	Physical/verbal/Financial	Muslim
Susan	20	Caucasian	Physical	Baptist
Mary Lou	27	Caucasian	Physical/emotional/verbal	Baptist
Ruth	45	Caucasian	Emotional	Baptist

*Pseudo Names Were Used to Protect the Confidentiality of Each Participant in The Study

Table 2: Theme

Original Themes
Types of Abuse
Barriers to seeking help
Response of the Church
Formal Supportive Services

Methods

Study Design

This study employed a qualitative research design to explore the experiences of intimate partner violence (IPV) among women who experiences intimate partner violence at some point in their lives. The qualitative approach was chosen to gain in-depth insights into the personal lived experiences of the participants through semi-structured interviews conducted to collect detailed narratives of their experiences.

Participants

A total of 24 women participated in this study. The participants were selected using purposive sampling to ensure a diverse representation of ages, backgrounds, and experiences with IPV from various domestic violence service providers throughout the state of Arkansas. Inclusion criteria were as follows: Women aged 18 and above, self-identified as having experienced IPV at some point in their lives, and the willingness to share their experiences in a confidential interview setting.

Data Collection

Data were collected through semi-structured interviews conducted between October, 2021 and May, 2022. Each interview lasted between 60 to 90 minutes and was conducted in a private and safe environment to ensure the comfort and confidentiality of the participants. The interview guide included open-ended questions designed to explore the nature, context, and impact of IPV on the participants' lives. All interviews were audio-recorded with the participants' consent and subsequently transcribed verbatim for analysis.

The main Research Question was:

Can You Describe Your Experiences with Intimate Partner Violence?

Ethical Considerations

Ethical approval for this study was obtained from the University of Arkansas at Little Rock Institutional Review Board. Informed consent was obtained from all participants prior to their involvement in the study. Participants were assured of the confidentiality of their responses and their right to withdraw from the study at any time without any consequences as well as a \$25 gift cards were provided to each participant. To protect the identities of the participants, pseudonyms were used in all transcripts and reports.

Data Analysis

Thematic analysis was employed to analyze the interview data, following the six-phase approach outlined by Braun and Clarke [24]: Familiarization with the data: Transcripts were read and re-read to become fully immersed in the data. Generation of initial codes: Initial codes were identified based on recurring patterns and significant statements. Searching for themes: Codes were grouped into potential themes that captured important aspects of the data. Reviewing themes[24]. Themes were reviewed and refined to ensure they accurately represented the data. Defining and naming themes: Themes were clearly defined and named to reflect their essence. Producing the report: The final report was produced, integrating thematic findings with illustrative quotes from the participants [24].

Reliability and Validity

To ensure the reliability and validity of the findings, several strategies were employed: Triangulation: Data from different participants were compared and contrasted to identify common themes and divergent experiences. Reflexivity: The research team that consisted of two social work interns and co-investigator engaged in reflexive practices, acknowledging their own biases and ensuring they did not influence the data analysis. The methods outlined above were designed to ensure a rigorous and ethical approach to understanding the experiences of IPV among women. By using semi-structured interviews and thematic analysis, this study aimed to provide a comprehensive and nuanced understanding of the impact of IPV on women's lives in Arkansas.

Results

This study explored the reflective experiences of intimate partner violence (IPV) among girls, adult women, and older women, as they examined the role of the church in providing support-

ing counseling, support and resources. Thematic analysis of the interviews revealed several key themes across different age groups, highlighting both commonalities and unique challenges such as types of abuse, barriers to seeking help, response of the church and formal supportive services.

Types of Abuse

Many participants reported that emotional and psychological abuse was the most prevalent form of IPV reflecting back to what their mother experienced during their childhood or from long-term partners. This included controlling behaviors, verbal abuse, and isolation from friends and family, belittling, threats, and manipulation. The abuse had a significant impact on their mental health, leading to feelings of hopelessness and despair.

"He would always tell my mom that she was worthless and didn't deserve to be happy. No one will ever want her. It took a long time for me to believe otherwise." – JoAnn

"My mom suffered so much hurt and pain due to the cussing and arguing. I would watch her cry and beg him to stay but he would always leave and left her in shambles. I hurt for her. Years later I ended up in abusive relationships." – Agnes

"I remember watching mother boyfriend mistreat her. He would get drunk and taunt her for days. At least that's what it felt like. For a child to watch was heartbreaking." – Clara

"My biggest wish was for my mother to leave my father. I understood she did not want to be alone but the mind games and attacks she faced, Oh lord. why did she stay and have me watch?" – Betty Mae

"He would constantly belittle me, telling me I was useless and no one would ever want me." – Betty Mae

"I didn't realize it was abuse because I thought it was normal for someone to be jealous and controlling." – Michelle

In addition to the verbal and psychological violence these participants endure, they also experienced bouts of physical and sexual violence. The abuse often resulted in serious injuries and chronic health issues. Participants highlighted the fear and control exerted by their partners, which made it difficult to seek help. Some of the older participants shared how they faced unique barriers in seeking help, including physical limitations, generational attitudes towards marriage, and a lack of age-appropriate services as well as their hesitation to disclose the abuse due to shame and fear of not being believed [6].

"He would hit me, choke me, push me and then apologize, saying it was my fault. I was too scared to tell anyone, even at church." – Tammy

"I will never forget my husband attempted to run me over with my car after he assaulted me while driving home from church one Sunday. Something he did not like about what I said about the sermon. It was a blur." – Louise

"One day my boyfriend at the time forced me perform oral sex in the bathroom at this party we attended. I was humiliated afterwards. The abuse continued" – Susan

"Each time he hit me, it felt like a piece of me was breaking. The physical pain was unbearable, but the emotional scars ran even deeper."-Olivia

"He used sex as a weapon to control me. The trauma of those nights still haunts me, making it hard to trust anyone again."-Clara

"I learned to hide the bruises and cuts, making excuses for my injuries. The shame and fear kept me silent for so long."-Zola

Barriers to Seeking Help

Some participants shared how economic dependence on their abusers as well as social isolation were significant barriers in leaving abusive relationships. Many women described how their partners controlled their finances and restricted their social interactions, making it difficult to escape the abuse.

"He did not allow me to work so I had no money of my own and no support due to the isolation. I felt like leaving him would never happen." – Ruth

"My husband was so controlling and manipulative that I lost all of my friends and the few family members I had stopped coming around." – Zola

"I had no safe place to go. Not even the church since he was with me at every step." – Koko

"He made me feel like I was crazy and no one liked me. That's what happens when you are isolated" - Lisa

"If I could turn back the hands of time, I would have listened to my friends and family. He isolated me from all my support." – Nina

"I was embarrassed to admit what was happening. I thought people would judge me for staying with him all these years." - Agnes

Response of the Church

The church played a critical role in the lives of these women experiencing IPV. Some women found solace and support through sermons, counseling and women's groups [6]. However, others reported negative experiences, such as being advised to stay in abusive marriages or facing judgment from church members and leaders. Some older women found the church to be a critical source of support while others felt that the church did not fully understand their needs and failed to offer appropriate support. The church's response to IPV was inconsistent, with some participants receiving substantial support while others felt neglected or judged. The need for comprehensive training and awareness within the church was evident.

My faith community stood by me. The pastor and church members offered emotional support and resources, which were critical during my darkest times."-Edith

"The church helped me find the strength to leave and provided me with the support I needed." - Amber

"I was told to pray more and be a better wife. It made me feel even more trapped." – Lisa

"The church was a lifeline for me, offering both spiritual and practical help." - Participant I "I felt the church didn't know how to help someone my age. The support seemed geared towards younger women." – Helen

"The anxiety never goes away. The church's counseling helped, but it wasn't enough." – Emily

"Without the church's help, I wouldn't have had the resources to leave." -Clara

"Some people at church were incredibly supportive, but others made me feel like it was my fault." – Olivia

Formal Support

Participants hares the importance of a careful and sensitive approach to ensure the safety, well-being, and comfort for survivors of intimate partner violence. Formal support and services play a crucial role in this process as they often carry deep emotional and psychological scars. Formal support services, such as counseling and mental health care, are essential in helping them process their experiences and provide a safe space for participants to express their feelings and thoughts, ensuring they are embarking on a journey of healing. Some participants shared.

"The counseling sessions gave me the strength to see my situation clearly. My counselor helped me understand that I deserved to live without fear and abuse."-Michelle

"Talking to a professional helped me process my trauma. It was the first time I felt truly heard and understood."-Mary Lou

"The shelter was a lifeline. It gave me a safe place to stay while I figured out my next steps. The support from the staff and other women there was incredible."-Nina

"Having someone to guide me through the legal process made all the difference. They helped me navigate the court system and supported me every step of the way."-Amber

"The support group was a place where I didn't feel alone. Hearing other women's stories and sharing my own gave me hope and strength."-Zola

The findings highlight the diverse experiences of IPV among girls, adult women, and older women, and underscore the significant yet varied role the church plays in supporting survivors. While the church can provide critical support through counseling, safe spaces, and advocacy, there is a clear need for improved training, awareness, and tailored services to effectively address the unique needs of each age group. IPV survivors across different age groups and the church's role in their support.

Discussion

This study explored the reflective experiences of intimate partner violence (IPV) among girls, adult women, and older women, highlighting the unique challenges each group faces and the critical role the church can play in addressing these issues. The findings reveal significant insights into how the church can support survivors across different age groups, promote healing, and advocate for broader societal change.

The experiences of girls and women with IPV often involve emotional and psychological abuse, which can have lasting impacts on their mental health and future relationships. The church, with its foundational principles of love and care, is uniquely positioned to offer early intervention and prevention programs. Educational initiatives within the church can focus on promoting healthy relationship norms and equipping young women with the tools to recognize and resist abusive behaviors. Youth groups and pastoral counseling can provide safe spaces for girls to discuss their experiences and receive support. Additionally, church-led community outreach programs can work to raise awareness about IPV among adolescents and their families, fostering a culture of respect and non-violence from an early age.

Adult women often face severe physical, emotional, and psychological consequences of IPV, compounded by factors such as economic dependence and societal stigma [13]. The church can serve as a critical support system by offering comprehensive services that address both the immediate and long-term needs of IPV survivors. This includes crisis intervention, safe shelters, and access to legal and financial assistance. The church can also provide ongoing support through counseling, support groups, and vocational training programs, helping women regain independence and rebuild their lives. Theological education and pastoral training are essential in ensuring that church leaders can respond effectively to IPV, providing both spiritual and practical support [6]. Moreover, the church can advocate for systemic changes that address the root causes of IPV, such as gender inequality and economic disenfranchisement.

Older women experiencing IPV face unique challenges, including physical limitations, generational attitudes towards marriage, and a lack of age-appropriate services [25]. The church can address these challenges by developing tailored support programs that recognize the specific needs of older women. This includes ensuring accessibility to all services, providing age-specific counseling and support groups, and collaborating with healthcare providers to offer comprehensive care. The church can also work to raise awareness about IPV among older women, challenging ageist attitudes and promoting a culture of respect and dignity for all ages. By validating the experiences of older women and offering robust support systems, the church can help mitigate the isolation and vulnerability often faced by this group.

Despite the differences in experiences and needs among girls, adult women, and older women, common themes such as the profound mental health impacts of IPV, economic dependence, and societal stigma emerge across all age groups [5]. The church has a unique opportunity to address these commonalities through

a holistic approach that combines spiritual care with practical support. By fostering inclusive and supportive communities, providing comprehensive services, and advocating for justice and equality, the church can play a pivotal role in preventing and addressing IPV.

The church's response to IPV must be multifaceted and proactive, involving education, advocacy, and direct support [5]. Educational programs can help dismantle harmful stereotypes and promote healthy relationships, while advocacy efforts can push for broader societal changes to address the root causes of IPV. Direct support services, including counseling, safe housing, and economic assistance, are crucial in helping survivors recover and rebuild their lives.

Implications for Future Research and Practice

This study highlights the need for ongoing research to explore the intersection of IPV and the church's response, particularly focusing on developing evidence-based interventions tailored to different age groups. Longitudinal studies can provide deeper insights into the long-term effectiveness of church-led initiatives in supporting IPV survivors. Additionally, future research should consider the role of cultural, racial, and socioeconomic factors in shaping the experiences of IPV survivors and the church's response. In practice, churches must continue to build capacity for addressing IPV through training, resource allocation, and community partnerships [5]. By doing so, they can better support survivors, promote healing, and work towards a future where IPV is eradicated.

Limitation

While this study provides valuable insights into the reflective experiences of intimate partner violence (IPV) among girls, adult women, and older women, and the role of the church in addressing these issues, several limitations must be acknowledged. The study involved a relatively small sample size of 24 participants. Although purposive sampling was used to ensure a diverse representation of ages, backgrounds, and experiences, the findings may not be generalizable to all survivors of IPV. The limited number of participants also restricts the ability to capture the full range of experiences and perspectives within each age group. Future studies with larger and more diverse samples are needed to validate and extend these findings.

The study was conducted within a specific geographic and cultural context, which may influence the experiences of IPV and the church's response. Cultural norms, religious practices, and community dynamics can vary significantly across different regions and faith communities [6]. As a result, the findings may not be applicable to other contexts. Comparative studies in different geographic and cultural settings are necessary to understand the broader applicability of the results.

The study relied on self-reported data from participants, which can be subject to recall bias and social desirability bias. Participants may have difficulty recalling specific details of their experiences or may underreport certain aspects due to shame, fear, or stigma. Additionally, the sensitive nature of IPV may lead some

participants to withhold information. Triangulating self-reported data with other data sources, such as medical records or reports from support services, could enhance the reliability of the findings. While the focus on the church's role in addressing IPV provides important insights, it also limits the scope of the study. IPV is a multifaceted issue that involves various societal, legal, and healthcare systems. The church is one of many institutions that can play a role in supporting survivors and preventing IPV. Future research should consider the interactions between the church and other support systems to provide a more comprehensive understanding of how to address IPV effectively. Churches vary widely in their theology, resources, and approaches to IPV. This study did not account for these differences, which could influence the support and interventions provided to survivors. Some churches may have well-developed IPV programs, while others may lack the awareness or resources to respond effectively. Future research should explore the diversity of church responses to IPV and identify best practices that can be shared across faith communities. The study provides a snapshot of the experiences of IPV survivors at a specific point in time. However, IPV and its impacts can evolve over time, and the effectiveness of church interventions may change as survivors' needs and circumstances change. Longitudinal studies are needed to track the long-term outcomes of church-led interventions and the ongoing needs of IPV survivors.

Conclusion

Despite these limitations, this study contributes to the understanding of IPV across different age groups and highlights the potential role of the church in addressing this pervasive issue. Acknowledging these limitations can help guide future research and practice, ensuring more comprehensive and effective support for IPV survivors. This limitations section addresses the key constraints of your study and suggests directions for future research to build on these findings. The pervasive issue of intimate partner violence (IPV) affects girls, adult women, and older women in distinct and profound ways, presenting unique challenges and necessitating tailored support and interventions. This study underscores the critical role the church can play in addressing IPV across these different age groups. For girls and adolescent women, IPV often manifests in emotional and psychological forms, leaving deep scars that can influence their future relationships and mental health. The church can play a vital role by fostering environments that promote healthy relationship norms and providing educational programs that raise awareness about IPV from a young age. By offering support groups and counseling services specifically tailored to the needs of young women, the church can help mitigate the long-term impact of early experiences with IPV. Adult women frequently face severe physical, emotional, and psychological consequences of IPV.

Economic dependence, societal stigma, and complex relationship dynamics often hinder their ability to seek help. The church, with its emphasis on community and compassion, can serve as a sanctuary for these women. By providing safe spaces, crisis intervention services, and economic support initiatives, the church can empower women to break free from abusive relationships and rebuild their lives. Moreover, theological education and pas-

toral training can equip church leaders to respond effectively to IPV, offering spiritual and practical support to survivors. Older women experiencing IPV encounter additional barriers, including ageism, physical limitations, and a lack of appropriate services.

The church can address these unique challenges by developing age-specific support programs and ensuring accessibility to all services. By recognizing and validating the experiences of older women, the church can help dismantle the silence and stigma surrounding IPV in this demographic. Furthermore, the church can collaborate with healthcare providers and social services to create comprehensive support networks for older survivors of IPV. Across all age groups, common themes such as mental health impacts, economic dependence, and societal stigma emerge. The church is uniquely positioned to address these issues through a multifaceted approach that combines spiritual care with practical support. By advocating for justice, providing education, and fostering inclusive communities, the church can play a pivotal role in the prevention and intervention of IPV.

The findings of this study highlight the need for the church to engage proactively in addressing IPV. This involves not only providing direct support to survivors but also advocating for broader societal change to challenge the norms and structures that perpetuate violence. By doing so, the church can fulfill its mission of promoting healing, dignity, and justice for all individuals, particularly those most vulnerable to IPV.

Future research should continue to explore the intersection of IPV and the church's response, with a focus on developing evidence-based interventions tailored to different age groups. Additionally, longitudinal studies can provide deeper insights into the long-term effectiveness of church-led initiatives in supporting IPV survivors. By continuing to shine a light on this critical issue, researchers and faith communities can work together to create a world where all individuals are free from the threat of intimate partner violence.

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