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SPECIAL SECTION ON HIV, HEALTH, AND BLACK CANADIAN COMMUNITIES: ORIGINAL ARTICLE

Integrating Afrocentric praxis in intimate partner violence and HIV care for African, Caribbean, and Black women: Navigating disclosure and access to services

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Abstract

Objectives This study aims to explore the intersection of intimate partner violence (IPV) and human immunodeficiency virus (HIV) among African, Caribbean, and Black women in the Greater Toronto Area (GTA). It investigates the barriers African, Caribbean, and Black women face in accessing services and examines the effectiveness of Afrocentric praxis in providing culturally informed services.

Methods Participants included African, Caribbean, and Black women aged 18–64, IPV survivors who had experience with healthcare and social services in the GTA, and healthcare professionals and social service providers knowledgeable about IPV and HIV in African, Caribbean, and Black communities. Convenience and snowball sampling were used to recruit participants through social media, and community organizations. Six talking circles and 18 semi-structured interviews were conducted. Content analysis was applied to identify key themes and patterns related to IPV, HIV, Afrocentric approaches, and service access. Ethical guidelines, including informed consent and confidentiality, were followed.

Results Analysis revealed several themes: systemic barriers to accessing IPV and HIV services, fear of disclosure and stigmatization, and the impact of the "Strong Black Woman" schema. The study highlighted the importance of inclusive, safe spaces and the protective role of spirituality and culturally informed therapy. Afrocentric praxis emerged as essential for effective support, emphasizing community engagement, cultural context, and collective responsibility (Ujima) in addressing IPV and HIV.

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Conclusion Addressing the intersection of IPV and HIV among African, Caribbean, and Black women requires culturally informed and empowering approaches. Integrating Afrocentric values and perspectives into care is crucial for creating supportive environments that recognize and address the unique challenges faced by African, Caribbean, and Black women.

Résumé

Objectifs Cette étude vise à explorer l'intersection de la violence entre partenaires intimes (VPI) et le virus de l'immunodéficience humaine (VIH) parmi les femmes africaines, caribéennes et noires dans la Région du Grand Toronto (RGT). Elle étudie les obstacles auxquels les femmes africaines, caribéennes et noires font faces pour accéder aux services et examine l'efficacité de la pratique afrocentrique dans la fourniture de services culturellement informés.

Méthodes Les participantes incluent les femmes africaines, caribéennes et noires âgées de 18 à 64 ans, des survivantes de VPI ayant une expérience des services de santé et sociaux dans la RGT, ainsi que des professionnelles de la santé et des prestataires de services sociaux bien informées sur la VPI et le VIH dans les communautés africaines, caribéennes et noires. L'échantillonnage de convenance et en boule de neige ont été utilisés pour recruter les participantes à travers les médias sociaux et les organisations communautaires. Six cercles de discussion et 18 entretiens semi-structurés ont été menés. Une analyse de contenu a été faite pour identifier les thèmes et les motifs clés liées à la VPI, au VIH, aux approches afrocentriques et à l'accès aux services. Les principes éthiques, y compris le consentement éclairé et la confidentialité, ont été suivis.

Résultats L'analyse a révélé plusieurs thèmes: les obstacles systémiques à l'accès aux services pour la VPI et le VIH, la peur de la divulgation et de la stigmatisation et l'impact du schéma de la «femme noire forte». L'étude a souligné l'importance d'espaces inclusifs et sûrs, ainsi que le rôle protecteur de la spiritualité et de la thérapie culturellement informée. La pratique afrocentrique a apparu comme essentielle pour un soutien efficace, mettant l'accent sur l'engagement communautaire, le contexte culturel et la responsabilité collective (Ujima) dans la lutte contre la VPI et le VIH.

Conclusion Pour aborder l'intersection entre la VPI et le VIH chez les femmes africaines, caribéennes et noires, il faut adopter des approches culturellement informées et responsabilisantes. L'intégration des valeurs et des perspectives afrocentriques dans les soins est essentielle pour créer des environnements favorables qui reconnaissent et répondent aux défis uniques auxquels font face les femmes africaines, caribéennes et noires.

Keywords Afrocentric praxis · Intimate partner violence (IPV) · Human immunodeficiency virus (HIV) · Intersectionality · African, Caribbean, and Black women · Systemic barriers

Mots-clés Pratique afrocentrique · Violence entre partenaires intimes (VPI) · Virus de l'immunodéficience humaine (VIH) · Intersectionnalité · Femmes africaines, caribéennes et noires · Obstacles systémiques

Introduction

Intimate partner violence (IPV) is a pervasive violation of human rights affecting millions of women and girls worldwide. It encompasses physical, emotional, psychological, and sexual abuse by a current or former partner (Meskele et al., 2021). Over the past two decades, research has highlighted a connection between IPV and human immunodeficiency virus (HIV) infection, with implications for public health, clinical practice, policy development, and research (Campbell et al., 2008). In Canada and the United States, studies estimate a high prevalence of IPV among HIV-positive women, underscoring the magnitude of this intersection (Fseifes & Etowa, 2023). In Canada, police-reported IPV rates have been rising, with 117,093 victims in 2022, and 8 in 10 victims were women and girls (Statistics Canada, 2023). The true rates are higher due to underreporting (Moreau, 2022).

African, Caribbean, and Black women face higher rates of IPV and HIV due to socio-economic and racial risk factors, including poverty, gender inequality, and rigid cultural norms (Fseifes & Etowa, 2023). Systemic gender and racial inequalities contribute to economic dependence, which increases vulnerability to both IPV and HIV (Logie et al., 2013). Economic reliance on abusive partners limits access to healthcare, perpetuating cycles of disadvantage.

The Greater Toronto Area (GTA), home to a large African, Caribbean, and Black population, faces unique challenges in addressing IPV and HIV within these communities (Etowa et al., 2022b; Mbuagbaw et al., 2020). African, Caribbean, and Black women experience disproportionately high rates of IPV, which increases their vulnerability to HIV (Logie et al., 2013). Structural barriers make it difficult for survivors to access timely and culturally sensitive healthcare (Odhiambo et al., 2023).

The feminization of poverty, driven by gender and racial inequalities, confines African, Caribbean, and Black women to economic dependency, increasing vulnerability to IPV and HIV (Logie et al., 2013). The intersectionality framework, developed by Crenshaw (1991), reveals the

compounded barriers African, Caribbean, and Black women face, including racism, sexism, and HIV stigma, which complicate access to support services (Etowa et al., 2022a; Waldron et al., 2021). Intersecting stigmas of race, gender, and HIV heighten African, Caribbean, and Black women's marginalization and HIV vulnerability (Logie et al., 2013). Many African, Caribbean, and Black women fear IPV repercussions and are reluctant to disclose their HIV status due to stigma, illustrating the complex relationship between IPV and HIV (Etowa et al., 2022a).

Our approach is grounded in Black feminist thought, emphasizing the intersectionality of race, gender, and social factors in shaping experiences of violence and health (Collins, 2002). Centering Black feminist perspectives allows for culturally responsive IPV and HIV interventions that address structural inequalities (Etowa et al., 2022a). Integrating IPV-prevention strategies within HIV programs creates a holistic approach to supporting African, Caribbean, and Black women. Utilizing community-based research is critical for understanding the impact of systemic racism on HIV vulnerability among African, Caribbean, and Black women (Etowa et al., 2022a, 2022b).

The Water Carrier concept: A framework for collective healing

The Water Carrier concept (Gichuki, 2023) draws on the traditional role of water carriers in African and Caribbean communities, symbolizing essential, unseen support and the emotional labour that sustains communities. In the context of IPV, it represents empathy, collective responsibility, and mutual support, offering a culturally rooted approach to survivor care. This concept guides the study's Afrocentric approach to IPV support, using healing circles based on Ujima (collective responsibility), allowing African, Caribbean, and Black women to share their stories and draw strength from one another.

Study aim

This study examines how systemic oppression, socio-economic challenges, and intersecting gender and racial inequalities contribute to the heightened vulnerability of African, Caribbean, and Black women in the GTA to IPV and HIV. Guided by Afrocentric and Black feminist frameworks, the paper presents insights from healthcare professionals, social service providers, and IPV survivors. It highlights how an Afrocentric praxis approach can address perceived barriers to healthcare access. It underscores the importance of culturally responsive, community-focused interventions that foster collective responsibility, empathy, and equitable access to health services for African, Caribbean, and Black women.

Theoretical frameworks

Our study on IPV within African, Caribbean, and Black communities drew on Afrocentric theory, Black feminist thought, endarkened feminism, and intersectionality, providing a nuanced understanding of IPV's complexities.

Afrocentric theory Our study used Afrocentric theory, which centers on the experiences, cultures, and histories of people of African descent (Asante, 2003; Gebremikael et al., 2022). It frames IPV as rooted in historical and systemic factors, advocating for community-driven solutions that empower African, Caribbean, and Black individuals to reshape narratives around violence.

Black feminist thought Our study applied Black feminist thought to critique systemic racism and patriarchy, examining how intersecting oppressions uniquely affected African, Caribbean, and Black women (Collins, 2002). This framework emphasizes the devaluation of their experiences and advocates for policies and services addressing their specific challenges (Duhaney, 2021). It aimed to elevate African, Caribbean, and Black women's voices in IPV discourse and inform culturally responsive support models.

Endarkened feminism Our study utilized endarkened feminism as a decolonizing framework, centering the lived experiences of African, Caribbean, and Black women as vital knowledge sources (Chilisa, 2020). It critiques traditional feminist approaches that marginalize women of colour and emphasizes the role of community and relationality in empowering these women to address IPV through collective healing.

Intersectionality Our study applied Crenshaw's (1991) intersectionality framework to show how intersecting identities like race, gender, and socio-economic status shape discrimination, highlighting the need for culturally responsive IPV services for African, Caribbean, and Black women.

Together these approaches offered a holistic understanding of IPV, guiding recommendations for culturally informed service models, and systemic change that honour African, Caribbean, and Black survivors' experiences.

Methods

This study employed a community-based research (CBR) approach (Etowa et al., 2022b) with a culturally immersive, Afrocentric framework that emphasized community values, power-sharing, and active participation from survivors and stakeholders involved in IPV support. By centering the

experiences of African, Caribbean, and Black women, the research aimed to explore their complex realities through values of respect, reciprocity, and harmony, thus enhancing representation in research (Chilisa, 2020).

Community Advisory Board

The study involved a Community Advisory Board (CAB) consisting of 12 members, including survivors, social service providers, elders, healthcare professionals, researchers, and individuals with intersecting identities. The CAB played a critical role in ensuring the study adhered to community-based principles and remained aligned with community needs and values.

Participant recruitment and sampling

The study employed both convenience and snowball sampling to capture a diverse range of perspectives. Convenience sampling was used to recruit participants based on availability and familiarity with the issues, while snowball sampling helped reach marginalized populations (Browne, 2005; Luciani et al., 2019). Recruitment occurred through social media linked to local shelters, HIV and AIDS networks, and African, Caribbean, and Black–focused online forums. Flyers were distributed in shelters and healthcare facilities, and partnerships with organizations like Women's Health in Women's Hands Community Health Centre and Roots Community Services Inc. expanded outreach and trust. Of the 80 recruited participants, 74 were included in the analysis after excluding 5 non-African, Caribbean, and Black individuals and 1 from outside the GTA.

Data collection

Data collection was conducted in partnership with the CAB and local community organizations, ensuring a respectful and compassionate process. The study used qualitative methods, including talking circles and in-depth interviews, to explore IPV, the Afrocentric paradigm, and anti-Black racism.

Talking circles Rooted in African traditions, six talking circles were held in the GTA with 10–12 participants each, consisting of African, Caribbean, and Black IPV survivors, elders, healthcare professionals, and social service providers. These circles facilitated open, communal dialogue, promoting collective storytelling, a critical aspect of understanding IPV in a communal context (Mkabela, 2015). The circles integrated Afrocentric principles like Ubuntu (humanity), Kujichagulia (self-determination), and Ujima to create a supportive and respectful space. Psychotherapists were present during each session to offer immediate emotional support, ensuring participants did not leave with unresolved issues.

In-depth interviews Complementing the talking circles, in-depth interviews were conducted with 18 African, Caribbean, and Black women, including IPV survivors, elders, healthcare professionals, and social service providers. The interviews emphasized rapport-building to establish trust, utilizing culturally humble practices to acknowledge participants' unique backgrounds. This approach encouraged openness and ensured that participants felt validated in their narratives. Interviews included an explanation of symbols to facilitate engagement, and a check-out process at the end allowed participants to process their emotions and ensure emotional safety.

Active engagement and cultural responsiveness

A key aspect of the methodology was the active engagement of participants as co-researchers. At the start of each talking circle, the elder and co-researcher explained the symbols (see Fig. 1) used in the process, ensuring participants understood their cultural significance. For those who did not align with the use of medicine or smudging, the option to step out during this part of the ceremony was provided, honouring individual beliefs and preferences. This approach fostered a sense of ownership and empowerment, in line with the Afrocentric principle of Kujichagulia. Participants were invited to select meaningful identifiers instead of being

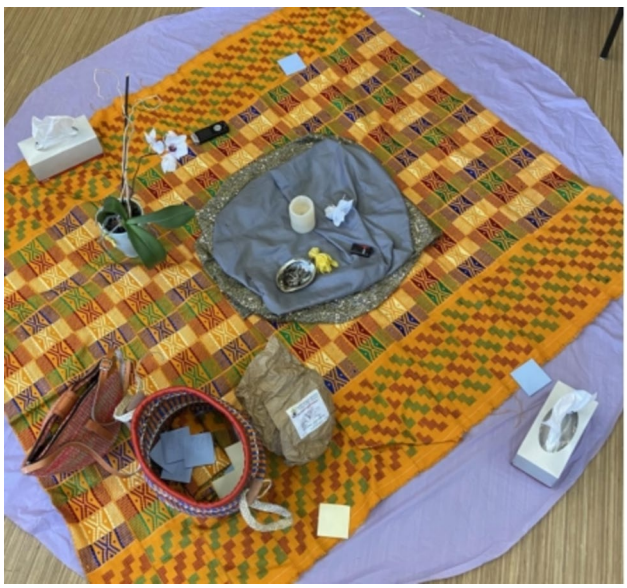

Fig. 1 A picture taken in one of the talking circles depicting the elements used in the symbolism of the circle, which include basket (Kiondo), grey cloth, gold cloth, candle, flower, medicine, and Kente cloth (representing diversity of people of African descent) (Gichuki, 2023)

assigned numbers, with some choosing names that felt personally grounding or adding adjectives that resonated with their identities. This participatory and culturally responsive methodology not only empowered participants but also countered the historical marginalization of African, Caribbean, and Black women's voices in IPV research, ensuring their experiences were authentically represented (Mkabela, 2015).

Each talking circle created a supportive atmosphere, starting with an explanation of symbolic items like the Kente cloth and Kiondo basket. The Kente cloth represented the diversity and interconnectedness of African, Caribbean, and Black communities, highlighting both shared and unique experiences. This fostered a space for acknowledging the risks to community cohesion posed by unaddressed violence and HIV. Participants likened these issues to the Kente cloth unravelling, emphasizing the need for collective action to rebuild community resilience through Ujima.

The Kiondo (see Fig. 1) served as a centering point of reference for women, embodying the Water Carrier concept as a metaphorical well where women gathered. Deeply rooted in Afrocentric cultures and resonating with many participants, it symbolized the emotional burdens carried by African, Caribbean, and Black women and created a sacred space for participants to release their struggles and find validation within their community (Gichuki, 2023). Women were invited to place any burdens they wished to release into the basket, fostering empathy and solidarity among participants. Additionally, they could print the names of survivors and those lost to femicide, HIV, and AIDS, imbuing the basket with remembrance and resilience, thereby enhancing shared healing. The Kiondo also provided a space for women to leave uplifting messages or quotes for others to take home, serving as a reminder of the sisterhood they shared.

Guided by Elder Choosing Chris, a CAB member and co-researcher with extensive experience supporting individuals affected by HIV, the healing circles included two symbolic cloths: grey, representing the challenges faced by African, Caribbean, and Black women, such as IPV, HIV, racism, and trauma; and gold, symbolizing hope and transformation. The elder's role grounded the study in Ubuntu principles of ethical reciprocity, underscoring the critical role of intergenerational wisdom within Afrocentric approaches that values elders as custodians of wisdom. Her lived experiences and insights enriched the research, fostering a space where knowledge flowed across generations, strengthening the study's commitment to community-centered research.

Participants engaged with the symbolic cloths to reflect on their healing journeys, resonating deeply with Ubuntu's philosophy of interconnected healing, as described by Archbishop Desmond Tutu. This approach encouraged an "I/we" perspective (Chilisa, 2020), viewing healing as a shared journey. Echoing Maya Angelou's sentiment, "As soon as healing takes place, go out and heal somebody else" (Angelou, 2008), participants were inspired to extend their healing to others, fostering resilience and mutual support within their communities.

A talking circle for social service providers and healthcare professionals highlighted the intersections of IPV, HIV, and service provision, acknowledging the high levels of vicarious trauma they often experience. Led by an Afrocentric healer, the circle introduced trauma-informed tools to help providers manage the cumulative impact of supporting survivors, while some participants also navigated their own experiences with IPV and HIV. Emphasizing holistic care and community cohesion, the circle fostered self-care and cultural grounding techniques, enhancing participants' resilience and capacity for compassionate care. Social service providers and healthcare professionals were encouraged to refer clients to essential services, reinforcing the ongoing support network within the community.

> Created by Carrie, a CAB member and survivor of IPV, the Kiondo Basket is shown with shadowed ancestral hands encircling it, symbolizing collective support, ancestral guidance, and the unburdening of struggles among African, Caribbean, and Black women. This culturally significant artifact serves as a sacred space for participants to release personal burdens, fostering empathy, remembrance, and resilience within the community. (Carrie, IPV Survivor, CAB)

The research used content analysis based on Hsieh and Shannon's (2005) approach, categorizing, and interpreting textual data to extract themes and insights. This method minimized researcher bias and ensured objective interpretation by focusing on both explicit and implicit participant expressions, thus allowing reciprocity (Chilisa, 2020). The open coding phase involved collaborative analysis with the CAB using Miro (Elo & Kyngäs, 2008), an interactive tool, ensuring a transparent, community-centered process. CAB members' involvement enriched the analysis by aligning interpretations with the lived realities of African, Caribbean, and Black women. As part of the data analysis, the Kiondo – Basket of Wellness (see Fig. 2), created by Carrie, a CAB member and IPV survivor, was incorporated as a symbolic reference to inform the interpretation of key themes. This artwork, which represents unburdening and collective support, was used to explore how women release their struggles and find validation within their community. The ancestral hands encircling the basket, symbolizing guidance and resilience, resonated with the themes emerging from the data, particularly the importance of community and the collective healing process in the experiences of IPV survivors.

A key theme identified was the intersection of IPV and HIV, where HIV stigma exacerbates the challenges of IPV and seeking support. This highlighted the need for integrated

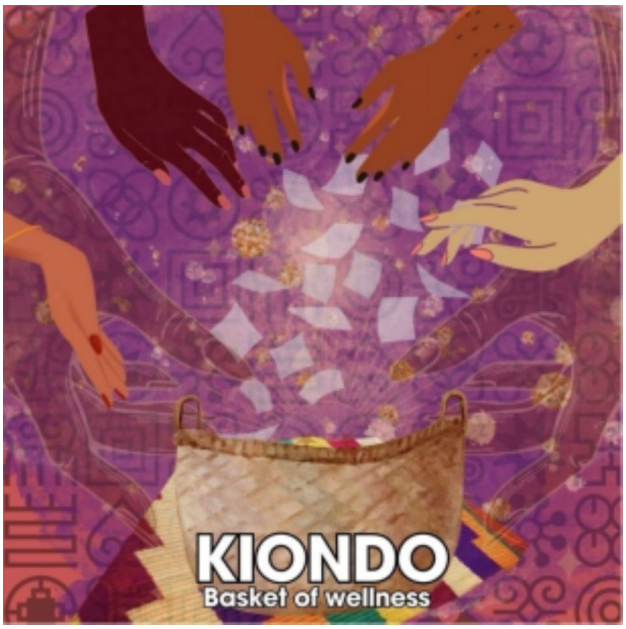

Fig. 2 The Kiondo – Basket of Wellness artwork by Carrie

services that address both IPV and HIV, advocating for culturally responsive, intersectional approaches to support African, Caribbean, and Black women.

Ethical considerations

Ethical considerations were paramount in the research design, emphasizing respect, confidentiality, and informed consent to ensure participants felt safe and valued throughout the process. This commitment to ethical engagement aligns with Afrocentric principles of community well-being and underscores the importance of trust (Mkabela, 2015). To uphold these standards, ethical approval was sought from the Hamilton Integrated Research Ethics Board (HiREB) at McMaster University and the Community Research Ethics Office (CREO) based in Waterloo, Ontario. The research approach considered power dynamics and emphasized the social value of the study (CIHR, 2012).

Rigour

The methodological rigour of this study on IPV among African, Caribbean, and Black women was established through various strategies aimed at enhancing dependability, transferability, and confirmability. Employing stepwise replication, diverse sampling, and methodological triangulation ensured that the findings authentically reflected the multiple realities of participants. These rigorous procedures align with qualitative research principles articulated by Chilisa (2020), ensuring that the findings contribute meaningfully to understanding IPV within the African, Caribbean, and Black community.

Inclusion and exclusion criteria

The study focused on self-identified African, Caribbean, and Black individuals in the GTA, including healthcare professionals, social service providers, and IPV survivors aged 18–64 who had experience accessing healthcare and social services. Exclusion criteria included individuals outside the specified age range; those not self-identifying as African, Caribbean, or Black; and those without relevant IPV or service utilization experience. These criteria ensured the study captured insights specific to the African, Caribbean, and Black community, contributing meaningfully to the discourse on IPV and culturally competent services.

Results

The study highlighted key themes revealing the intricate factors affecting access to IPV-related services among African, Caribbean, and Black women living with HIV.

Systemic barriers

A major theme was systemic barriers, including the fear of disclosure and the stigmatization and criminalization that accompany it. Women living with HIV who experience IPV face compounded stigma and societal pressures, despite advancements like the "Undetectable = Untransmittable" (U = U) message (Colombini et al., 2016). The intersection of IPV and HIV complicates their ability to access support, as women fear judgement, discrimination, and legal consequences. Peace's experience illustrates how abusers exploit these fears to maintain control.

> I didn't want to go to the police because he said he would tell them I am spreading AIDS…He brings me peace, but I know I can never go to the police with this, I would end up in jail and who will watch after my baby? (Peace, Survivor)

Many participants hesitated to involve the police due to concerns about being believed and receiving adequate protection, and fears of facing further harm or death. This reflects a lack of trust in law enforcement's ability to ensure safety and justice for African, Caribbean, and Black women IPV survivors.

Marvelous Mudiwa highlights the isolation faced by women living with HIV and IPV, who are often abandoned by friends and family due to fear or misunderstanding. This lack of support heightens survivors' challenges in navigating the legal system, accessing resources, and finding emotional solace.

> People don't really get it because they don't really know. They don't get how exhausting this diagnosis is. He called the cops on me you know; I was in and out of court for over six months...There was no one for me to get a lawyer. No one wanted to get involved. I was just by myself, lots of things to do. (Mudiwa, Survivor)

Lack of housing

Another significant barrier for IPV survivors is the lack of safe housing. The system often fails to meet their immediate needs, with complex bureaucracy and long waiting periods adding to the challenges. Participants noted that the absence of tangible proof of abuse, due to abuser control and surveillance, further complicates their ability to access support.

> One of the things that really infuriates me is because I didn't call the police and have a formal police report. A lot of services denied me access; some places I reached out to said, 'Okay, well send us the police report, and then we'll move forward from that.' They just didn't want to believe the woman with a narrative like this happened to me. They would say, 'Well, what's your proof?' I didn't have bruises on me because all my bruises were internal. (Gem, IPV Survivor)

Participants underscored the layered challenges African, Caribbean, and Black women face when seeking support as IPV survivors, particularly within systems that require tangible evidence to access services. The lack of immediate safe housing and the complex bureaucratic processes surrounding it further exacerbate survivors' vulnerability, often leaving them without secure, accessible shelter during critical times.

Stigma and reproductive health

Moreover, Charismatic Channel underlines the pervasive stigma surrounding HIV, leading to social exclusion, discrimination, and misinformation. Her partner's tactic of blaming miscarriages on HIV medications reflects how societal stigma perpetuates misconceptions about the virus.

> So many medications, and you know these medications, what they do to us, we don't know. I'm trying to have a baby; I was so in love with this man, but every time I got pregnant, he would beat me until I had a miscarriage; then he would tell people it was the medication. (Charismatic Channel, IPV Survivor)

Lola's story exemplifies reproductive coercion within the context of IPV. Her experience of depression and suicidal ideation following the birth of her child underscores the significant impact of IPV and HIV on maternal mental health.

> When I got pregnant, he wanted me to get rid of it. I told him the baby will not be poz; he kicked me and my boy out, and we went to the shelter. When the girl came, I was so depressed I wanted to kill myself…I offered her to welfare, but they said she was not being abused. I did not have the heart to harm her. (Lola, IPV Survivor)

Participants also highlighted the emotional toll of disclosure without consent. Seeking support from trusted figures, like a pastor, women often feel vulnerable and betrayed when confidentiality is breached. In turn, this violates their privacy and exposes them to potential discrimination and stigma within their community.

The "Strong Black Woman" schema

The "Strong Black Woman" (SBW) schema was a significant theme that emerged consistently throughout the study. This cultural stereotype, which portrays African, Caribbean, and Black women as resilient and self-reliant to the point of negating vulnerability, impacts women's willingness and ability to seek help.

> One day, as we were talking, I decided to bring up the issue…That's when he apologized, admitting he didn't know how to broach the subject. However, despite his apology, I didn't find peace. I was filled with anger, yet I hesitated to show it. Throughout the entire process, everyone perceived me as brave. I continued with my life, not allowing myself to break down. I carried on, even though deep down, I struggled to express the full range of my emotions. (Siponono, IPV Survivor)

The creation of inclusive, safe spaces for African, Caribbean, and Black women to express themselves freely was emphasized. Aligned with the principle of Nia (purpose), these spaces foster trust and community, helping survivors break the cycles of shame and secrecy imposed by abusers. Sunny Yan highlights how fear and shame can silence survivors, making these spaces essential for healing.

> I think verbalizing what you're feeling like there's not many spaces where you can talk about how you felt, right…it's not, you know, for not believing and not being able to open up and share like, um, it's the fear of how people are going to perceive me, how people are going to see me sometimes also holds us back into sharing. And then you are thinking that now it's my fault, it's not your fault, but then the manipulation and abuse, like, I don't know, is fine-tuned in and making sure that you feel the shame. (Sunny Yan, IPV Survivor)

Participants highlighted that these safe spaces for women to express emotions and share stories foster belonging and mutual support. Nurture Nat's mention of the Kiondo basket resonates, adding meaning and creating a sense of unity (Umoja) among participants.

> Thanks once again for creating a space where women from our community felt safe to share their experiences. I feel fortunate to have been a part of this initiative. I really enjoyed the symbolism of the basket you brought and the analogy you give behind it…so beautiful. (Nurture Nat, IPV Survivor)

Participants' gratitude underscores the healing power of community and connection. Laughing, learning, and crying together allowed women to process their experiences in a supportive environment, helping to alleviate the isolation often felt by those facing IPV and HIV.

Importance of culturally informed support

Spirituality emerged as a significant protective factor and coping strategy many participants shared. However, they expressed a disconnect between conventional therapy practices and the spiritual needs of African, Caribbean, and Black women. Many therapists may not fully understand or integrate the spiritual dimensions that their clients consider essential.

> And we talk about someone I'm sitting there looking for therapy because I feel like I need to pray today. Just pray; some providers be confused, like, hold on, this is not in line with me. What are you talking about? I'm just like because I need to see a sign. No way that they are not understanding. I need a sign in there. Like you already done all these things, and now you need a sign. Yes, but I need a sign. I'm waiting for that sign. So, does that believe in God? Belief in our sense of spirituality? I think that should be manifested in how we feel, in how we are seeking therapy, how we are seeking support. And for Black women, a lot of those places are not there when you go, and you're like, oh, I saw this woman, she let me be free, I should be fine. And she'll either pray with me, but she's just been listening. (Nana-Ama, IPV Survivor)

Providers incorporating Afrocentric praxis proved essential in addressing the intersectionality of IPV, HIV, and cultural values. Social service provider Toni tailored programming based on participant demographics, creating exclusive safe spaces where African, Caribbean, and Black women could share experiences and find solidarity.

> I integrate a comprehensive analysis of organizational data, particularly focusing on demographics. If there's a shift, like increased participation of women, I promptly consider tailored programming, creating safe spaces for them…This may involve creating safe spaces exclusively for ACB women, fostering an environment where they can come together and share experiences. (Toni, Social Service Provider)

Participants like Yeukai highlighted the retraumatizing effect when providers lack cultural awareness, leading to a role reversal where survivors end up consoling unprepared providers.

> Every time she has to navigate the complex healthcare system based on her HIV status, it triggers her. Sometimes, when she shares her story with a service provider lacking cultural sensitivity or awareness of the impact of intimate partner violence, the roles reverse. The service provider becomes the one in need of support. After the encounter, they may feel frustrated, as they sought help but end up consoling the service provider who was shocked and surprised by the woman's resilience. (Yeukai, Healthcare Professional)

Divine Dee discussed the inconsistent use of culturally informed practices within shelters, emphasizing that sector-wide integration is necessary to address these issues effectively:

> In the context of this work, I think it provides support in the services that centres women's Blackness and bringing that to the forefront. I think like in the shelter system, how stigma starts from the intake forms, to how intake and screening is done asking women's status and holding women's medications. It's only when you find someone like me that works from that approach that you are gonna get it, it shouldn't be that way but should be culturally informed across the sector. (Divine Dee, Social Service Provider)

The findings underscore the need for culturally responsive practices and systemic change to create safe, accessible, and affirming support for African, Caribbean, and Black women affected by IPV and HIV.

Discussion

This research underscores the complex challenges faced by African, Caribbean, and Black women at the intersection of IPV and HIV, drawing on Black feminist thought, intersectionality, endarkened feminism, and Afrocentric principles like Kujichagulia, Nia, Ubuntu, and Ujima. These frameworks illuminate how African, Caribbean, and Black women's experiences are shaped by intersecting identities, particularly race, gender, and health status, and the systemic

inequalities they face (Duhaney, 2021; Waldron et al., 2021). Intersectionality reveals how overlapping identities exacerbate challenges in accessing help, with fear of stigma and legal consequences hindering disclosure and support-seeking (Logie et al., 2013; Odhiambo et al., 2023).

Endarkened feminism challenges colonial and patriarchal norms, prioritizing African, Caribbean, and Black women's lived experiences and advocating for service models that respect their cultural, emotional, and spiritual needs (Chilisa, 2020). The SBW schema further discourages seeking help by promoting resilience over vulnerability (West et al., 2016).

Our findings highlight the importance of culturally informed care, rooted in Afrocentric principles, for supporting African, Caribbean, and Black women facing IPV and HIV (Bent-Goodley, 2005). The integration of Kujichagulia empowers women to reclaim agency over their healing journeys, fostering collaborative relationships with service providers. Providers emphasized the need for cultural awareness, with Toni advocating for safe spaces for African, Caribbean, and Black women to share experiences without judgement, and Yeukai warning that a lack of cultural competence can lead to re-traumatization. Divine Dee voiced concerns about inconsistent applications of culturally informed practices in shelters, calling for structural changes to center African, Caribbean, and Black women's experiences across the sector.

Nia is key in creating spaces for African, Caribbean, and Black women to process trauma and build community. This principle aligns with the need for inclusive, non-judgemental spaces that allow women to draw strength from shared experiences, reinforcing that healing is a collective journey (Bent-Goodley, 2005). The Kiondo basket, a symbol of unity, exemplified how culturally meaningful symbols foster trust and solidarity. This sense of community is crucial for IPV and HIV care, where women benefit from integrated services that address both issues concurrently.

Additionally, our study highlights the role of spirituality in coping, which is often overlooked in conventional therapeutic settings. Participants, like Nana-Ama, expressed the importance of spirituality in their healing but felt that healthcare providers dismissed it. Recognizing spirituality and cultural values can enhance care and reduce re-traumatization, as evidenced by participant accounts of cultural insensitivity (Watlington & Murphy, 2006).

Finally, the principles of Ubuntu and Ujima are vital for fostering community-centered care for African, Caribbean, and Black women. Ubuntu emphasizes interconnectedness and collective well-being (Ngomane, 2019), while Ujima stresses collective responsibility in creating supportive environments (Karenga, 2016). By integrating these principles, care becomes more holistic, ensuring that interventions are both effective and culturally sensitive, allowing African, Caribbean, and Black women to heal, thrive, and lead within their communities.

This study calls for a transformative shift in IPV and HIV interventions, prioritizing self-determination, collective action, and cultural responsiveness. Afrocentric frameworks ensure that care aligns with the lived experiences and values of African, Caribbean, and Black women, creating spaces where they can reclaim agency, rebuild resilience, and contribute to collective well-being.

Strengths and limitations

The study examines IPV and HIV intersections among African, Caribbean, and Black women, integrating Afrocentric care practices. Community engagement and diverse survivor and service provider perspectives offer tailored insights into the unique challenges. By emphasizing cultural relevance and safe spaces, the study advocates for holistic approaches that address the multifaceted impacts of IPV and HIV.

Limitations of the study include the reliance on self-reported data, which may be subject to recall bias. Additionally, using convenience and snowball sampling may limit the generalizability of the findings.

Conclusion

A comprehensive approach that integrates Afrocentric methodologies to address IPV and considers the unique challenges faced by African, Caribbean, and Black women is essential for effective HIV prevention and support services. By respecting cultural contexts, challenging stigmas, and centering the voices of African, Caribbean, and Black women, interventions can be tailored to enhance their well-being and promote positive health outcomes.

Contributions to knowledge

What does this study add to existing knowledge?

- Demonstrates the effectiveness of Afrocentric praxis in addressing the unique intersection of IPV and HIV among African, Caribbean, and Black women.
- Highlights the critical role of cultural relevance and community engagement in providing supportive care.
- Provides insights into the experiences and challenges faced by African, Caribbean, and Black women, both survivors and service providers, enriching the understanding of their needs.
- Offers practical recommendations for service providers to improve cultural sensitivity and care practices.

What are the key implications for public health interventions, practice, or policy?

- Emphasizes the need for culturally informed and community-engaged approaches in public health interventions addressing IPV and HIV.
- Suggests the creation of safe spaces and supportive environments tailored to the specific needs of African, Caribbean, and Black women.
- Advocates for policy changes that integrate Afrocentric values and practices in healthcare and social services.
- Calls for comprehensive community-wide education and collective responsibility to reduce stigma and enhance support for African, Caribbean, and Black women facing IPV and HIV.

Acknowledgements This article is part of a dissertation study conducted to fulfill the requirements for a graduate degree. The research aims to contribute to the academic discourse by providing valuable insights into the intersection of intimate partner violence and HIV among African, Caribbean, and Black women, with a focus on integrating Afrocentric praxis into care and support services. The findings and recommendations are intended to inform both scholarly work and practical interventions in the field.

Author contributions WG wrote the first two versions of the manuscript; A-BM, DJohnson, and MM reviewed several versions of the manuscript; AJ, MC, and IW supervised the study and reviewed a version of the manuscript; CL and DJ supported and co-facilitated the data collection; AD, DJoyette, TB, TJ, CC, LS, WT, and SJ developed and facilitated the data collection process, and reviewed the content analysis and a draft of the manuscript. All authors read and approved the final manuscript.

Availability of data and materials The data and materials used in this study are available from the corresponding author upon reasonable request.

Code availability Not applicable.

Declarations

Ethics approval The Afrocentric praxis: new insight into healthcare and social service responses to intimate partner violence among African, Caribbean, and Black women in Ontario, Canada. The study was approved by the following affiliated institutional Research Ethics Boards (REBs): McMaster University Hamilton Integrated Research Ethics Board (HiREB), and Centre for Community Based Research Community Research Ethics Office — CREO. All methods were carried out following relevant guidelines and regulations.

Consent to participate Informed consent was obtained from all participants before their involvement in the study. Participants were provided with detailed information about the research objectives, procedures, potential risks, and benefits. They were assured of their right to withdraw from the study at any point without any negative consequences. Confidentiality and anonymity were guaranteed, and participants were informed about how their data would be used and stored. All questions and concerns were addressed to ensure that participants fully understood what their participation entailed before they provided their consent.

Consent for publication All participants provided explicit consent for the publication of the study findings. They were informed that their contributions would be anonymized, and that no identifying information would be disclosed in any reports or publications. Participants were made aware that the results of the study could be disseminated through academic journals, conferences, and other scholarly platforms. They were also allowed to review and approve any direct quotes or excerpts from their interviews that might be included in the publication. This process ensured that participants were fully aware of and in agreement with how their information would be shared publicly.

Conflict of interest The authors declare no competing interests.

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