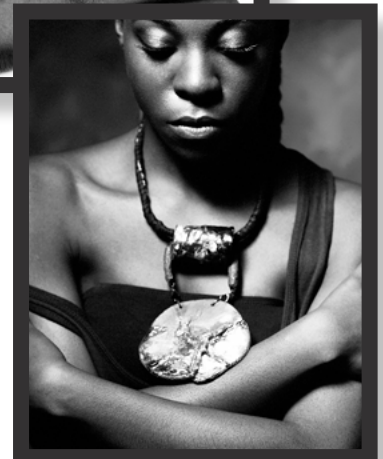
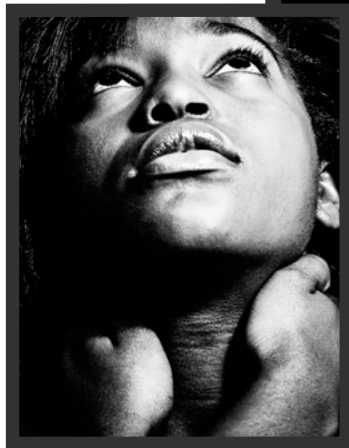
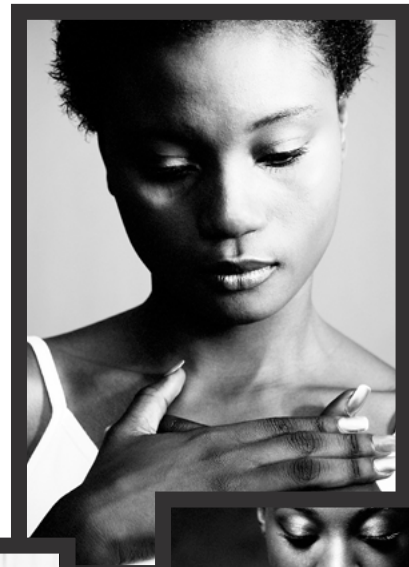
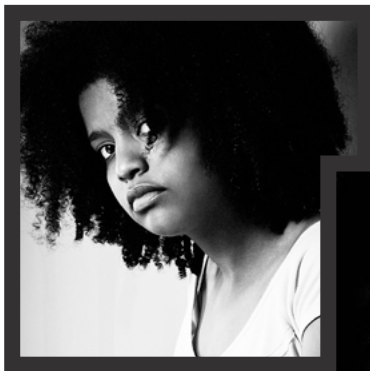
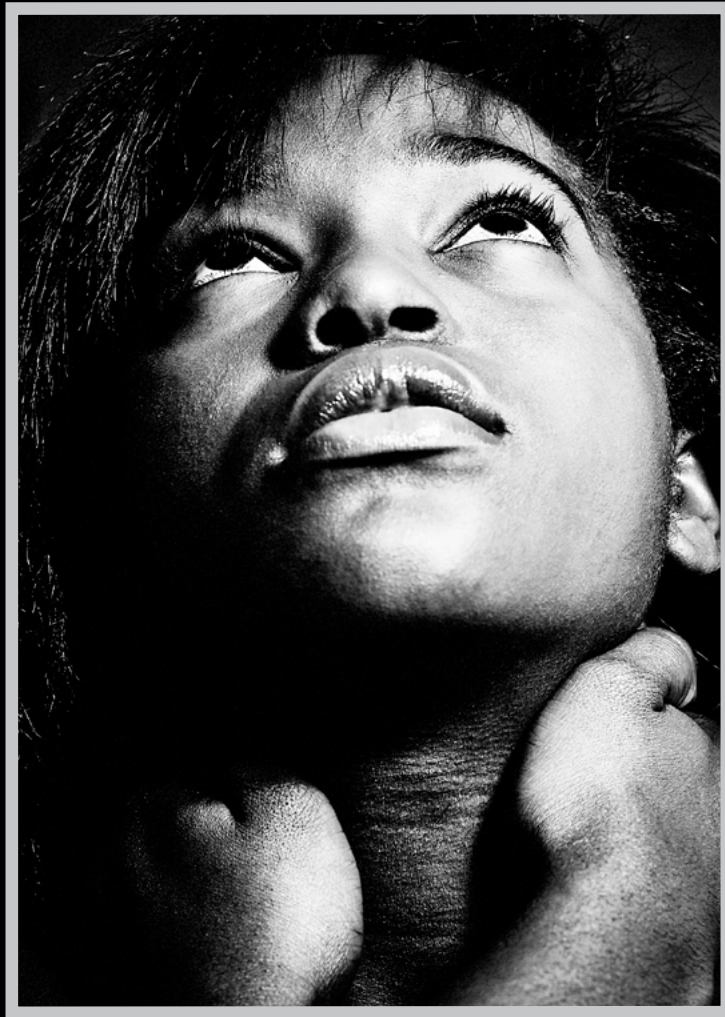


FACTS ABOUT DOMESTIC VIOLENCE & AFRICAN AMERICAN WOMEN





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Institute on Domestic Violence in The African American Community

Enhancing society's ability to end violence in the African American community

<http://www.idvaac.org>

University of Minnesota, School of Social Work, 290 Peters Hall,, 1404 Gortner Avenue, St. Paul, MN 55108-6142

Produced by IDVAAC Steering Committee members Dr. Robert Hampton, Ms. Joyce Thomas, R.N., Dr. Trisha Bent-Goodley, and Dr. Tameka Gillum. Product requested by Ms. Shelia Hankins.

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REALITIES OF BLACK WOMEN'S LIVES: SOCIAL DETERMINANTS OF DOMESTIC VIOLENCE

BY MS. JOYCE THOMAS, R.N.

INTRODUCTION:

The public health consequences of intimate partner violence of African American women in the USA are significant. In addition, emotional and physical trauma can result in depression, anxiety, suicide, post-traumatic stress disorder, and even homicide. Many Black women experience lost productivity due to feelings of shame, difficulty focusing, eating disorders, inability to care for their children, engaging in high risk behaviors, substance abuse, and developing chronic health problems. There are feelings of isolation and distrust of others, and this often impacts a woman's ability for seeking help.

Statistics from the American Bar Association's Commission on Domestic Violence found that Black females experienced intimate partner violence at a rate 35% higher than that of White females, and about 22 times the rate of women of other races (Rennison & Welchans, 2000). The ABA Commission also found that African-American women experience more domestic violence than White women in the age group of 20-24 years old. African American women who are marginalized, such as low-income dating teens, pregnant women, and older adult women are at tremendous risk for victimization by an intimate partner. The data on racial disparities in intimate partner violence, including femicide, have remained fairly consistent for more than a decade. It is for these reasons that this series of fact sheets will focus on: ***Realities of Black Women's Lives: Social Determinants of Domestic Violence.***

Our intent is to provide fact sheets including quantitative data and research findings about the impact of domestic violence on Black Women. We are seeking to document current factual trends and highlight the voices of African American victims on various intersections of domestic violence. Specific components will focus on: trauma, homicide, health factors, child maltreatment, teen dating violence, HIV/AIDS, and returning home from incarceration or parole. It is well documented that race or ethnicity, sex, sexual orientation, gender identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's vulnerability to be a victim of all forms of violence. It is important to recognize the impact that these social determinants can have to produce negative outcomes for African American women, children and teens. In other words, health disparities often adversely affect groups of people who have experienced greater obstacles to achieving healthy outcomes.

An important first step is to have an understanding and awareness of the problem. The Centers for Disease Control (CDC) and Prevention defines domestic violence as a pattern of behavior which involves violence or other abuse by one person against another in a domestic status, such as being in an intimate partner relationship. This could involve couples that are heterosexual or in same sex relationships. The violence can be physical, emotional, verbal, economic or sexual abuse, which can range from subtle, coercive forms to marital rape and to violent physical abuse that results in disfigurement or death. The term domestic violence is interchangeable with domestic abuse, spousal abuse, battering, family violence and intimate partner violence.

Steering Committee members of the Institute on Domestic Violence in the African American Community (IDVAAC) are committed to the prevention of violence against women and are responsible for the development of this series of fact sheets. Intersection topics include:

Tameka L. Gillum, PhD, Associate Professor, Community Health Education, School of Public Health and Health Sciences, University of Massachusetts Amherst prepared fact sheet (1) on the ***Intersection of Violence against Women and Trauma.*** Dr. Gillum identifies that trauma produces a serious health disparity for African American women, and calls for immediate attention needed to address this problem.

Joyce N. Thomas, RN, MPH, PNP, FAAN, President/CEO of Center for Child Protection and Family Support, Washington, DC addresses fact sheet (2) on the ***Intersection of Domestic Violence and Child Maltreatment***. Ms. Thomas points out how family stress and situations relating to parental well-being, such as mental illness, single parenthood, substance abuse, and domestic violence, all contribute to increased reports of child maltreatment. Researchers have documented the co-occurrence of domestic violence and child maltreatment can result in Black children being over represented in the child welfare system. Ms. Thomas also prepared fact sheet (3) on ***Associations between teen dating violence, unintended pregnancy, and intimate partner violence among African American girls***. About 50-80% of teen moms are in violent, abusive, or coercive relationships just before, during and after their pregnancy. Intimate personal violence often causes enormous emotional and physical pain for both mothers and babies.

Robert Hampton, PhD, Professor of Sociology, Social Work, and Urban Professionals, Tennessee State University and Robyn Hampton, an independent consultant, developed fact sheet (4) on ***Domestic Violence and Homicide***. Startling statistics about gun violence further places clouds over the realities experienced by African American women, and it is clear that domestic violence and guns are a deadly combination. The murder rate of Black women at the hands of Black men is more than two and a half times higher than White females. Dr. Robert Hampton also developed fact sheet (5) on the ***Health Implications of Intimate Partner Violence***. The Adverse Childhood Experience study documents that individuals who were abused, neglected or raised in a home where they witnessed domestic violence are far more likely to suffer in adulthood from cancer, heart disease, chronic lung disease, diabetes, obesity, partner abuse, mental illness, substance abuse and sexually transmitted diseases (Anda & Felitti, 2002). Dr. Hampton also points out that intimate partner violence has health implications for women and their children during pregnancy and the birth year.

Tricia B. Bent-Goodley, PhD, LICSW, is Professor, School of Social Work & Chair of Community, Administration & Policy Practice Sequence at Howard University, Washington, DC. Dr. Bent-Goodley developed fact sheet (6) ***Intersection of Domestic Violence and HIV/AIDS***, to document the connections between domestic violence and HIV. Dr. Bent-Goodley points out the risk factors associated with situations of forced, unprotected sexual experiences, substance abuse, and multiple sexual partners that increase the risks in the transmission of the human immune virus.

This is not an exhaustive review; basically, the format of each fact sheet is to provide an introduction/overview, followed by a few facts. When possible, a narrative is presented to acknowledge the voices of victims and/or to provide a picture, photograph, or chart that helps tell a story beyond the usual statistics. Recommendations are provided in each fact sheet, to identify potential policy, prevention, intervention, and research strategies that should be considered.



DOMESTIC VIOLENCE AND HOMICIDE OF BLACK WOMEN IN THE UNITED STATES

BY DR. ROBERT HAMPTON

Black homicide in the United States remains at an alarming level. Black femicide, the homicide of Black women, is the leading cause of death among young Black women age 15 to 34 and is one of the leading causes of premature death among Black women overall. Government reports as well as scholarly research have substantiated that African Americans experience disproportionate homicide victimization; as compared with their White counterparts, Black women are three times more likely to be murdered (Langley & Sugarman, 2014). Black women are three times more likely to die at the hands of a partner or ex-partner than members of other racial groups. In the majority of cases, their perpetrators were intimate partners.

The contextual aspects of Black female homicide victimization are important. For Black female homicides (in which there was sufficient law enforcement reporting about the victim-offender relationship and about the circumstances surrounding the fatality) most perpetrators were intimate partners or ex-partners. A history of prior physical abuse, especially near-fatal assaults, is the primary risk factor for intimate partner femicide (Nicolaidis, 2003). Femicide is also highly correlated with coercive controlling violence, defined as a pattern of emotionally abusive intimidation, manipulation, coercion and control that may not necessarily involve physical harm (Kelly & Johnson, 2008). Black femicide often occurs in the context of an argument or around the time of a significant relationship change (e.g., pregnancy, separation).

According to data from the Centers for Disease Control (CDC) and Prevention's National Violent Death Reporting System, expectant mothers are more likely to die from homicide than from obstetric-related causes (Cheng & Horon, 2010). The CDC reports that the probability of being murdered while pregnant or within the year after childbirth is 11 times higher for Black women ages 25-29 than their White counterparts (Palladino et al., 2011). Despite this alarming statistic, cases of maternal homicide involving minority women are underreported and underpublicized (CBSNEWS, CBS April 11, 2008, and 11:44 AM). With respect to maternal homicide in the context of domestic violence, the mass media often sensationalizes the murder of White expectant mothers, as in the high profile case of Laci Peterson. Meanwhile, the media pays little attention to similar cases involving Black victims – which are far more prevalent.

The Federal Bureau of Investigation reports that 6,410 women were murdered by an intimate partner using a gun, between 2001 and 2012. The prevalence of firearms in the United States has key implications for the Black community. Most Black murder victims, regardless of sex, are killed with guns. Many women obtain guns for safety reasons; unfortunately, female homicide victims are often killed with the guns that they possess for protection.

According to law enforcement statistics for 2012, Blacks – who comprise only 15 percent of the U.S. Population – represent 51 percent of murder victims (Langley & Sugarman, 2014). This crime is predominantly intraracial. The murder rate for Black males is 6 times higher than that for Black females. Nonetheless, the murder rate of Black females is significantly higher than that of White females. The homicide victimization of Black women often involves three characteristics:

1. The perpetrator is not a stranger: he is known to the victim, is an intimate partner, or is former partner
2. The murder occurs in the context of a domestic dispute
3. The most common murder weapon is a firearm

In order for law enforcement groups, policymakers, and service providers to develop effective violence prevention and intervention initiatives, they will need to consider this reality.

NARRATIVE

Charlene was an attractive woman in her mid-twenties. She worked in the food service industry and had a modest income. Her less fortunate boyfriend Henry, who was often either underemployed or unemployed, frequently relied on her for financial support. Charlene confided with a close friend about Henry's episodic violent outbursts. She was concerned that his violent behavior had become more frequent and more intense. Nonetheless, Charlene remained in this volatile relationship for a variety of reasons: hope that Henry would change, shame, and fear of retaliation. Like many women, she did not realize how dangerous her situation had become. Charlene belatedly

decided to leave Henry. One Friday evening, as she was fleeing her home with suitcase in hand, Henry confronted her. That was Charlene's last night in our community.

Her story is a familiar story. Why do abused women stay? Black women remain in abusive relationships for a variety of complex reasons:

- Emotional attachment
- Fear of batterer (retaliation, stalking)
- Financial dependence
- Child custody issues
- Shame
- Anxiety about family and community responses (stigmatization, marginalization)

The absence of effective support systems that might facilitate their leaving as well as limited knowledge of or access to community resources are other important factors.

FACTS

- According to a report from the Violence Policy Center (Langley & Sugarman, 2014:1), in 2011, the homicide rate for Black female victims (4.54 per 100,000) was more than three times higher than the homicide rate for White female victims. (1.45 per 100,000).
- In 2012, for "homicides in which the victim to offender relationship could be identified, 93 percent of female victims (1,487 out of 1,594) were murdered by a male they knew" (Violence Policy Center, 2014: 3).
- The CDC's Pregnancy Mortality Surveillance System (PMSS) shows a significant racial disparity in pregnancy-associated homicides during the 1990s. Comparing the homicides of pregnant White and Black women, the likelihood of being murdered was five times greater for Black women who are younger than 20 years and eleven times greater for Black women who are in the 25 to 29 age bracket (Chang et al., 2005).
- Firearms increase the lethality risk in domestic violence situations. From 1980 to 2008, guns were used to commit two-thirds of intimate partner homicides (Cooper & Smith, 2011). Intimate partner femicide is much more likely to occur in homes where a gun is present.

RECOMMENDATIONS:

1) Build on Best Practices: Risk Assessment and Fatality Review

The Lethality Assessment Program (LAP)

Evaluating the threat posed by situations and individuals has emerged as an important practice for public safety and public health. Lethality Assessment Programs/Protocols (LAPs) are risk assessment tools that provide a simple, consistent measure of a victim's level of danger in a situation. Administered by law enforcement and other first responders, LAPs are designed to prevent the escalation of the intimate partner abuse and encourage help-seeking behavior by the victim. LAPs involve partnerships with law enforcement, domestic violence service agencies, and community-based organizations. In addition to gauging threat levels, these programs provide victims with the counseling and resources needed to formulate safety plans and to evaluate alternatives to staying with abusive partners.

As of 2013, jurisdictions in 31 states have implemented LAPs.

Domestic Violence Fatality Review Teams (DVFRT)

Domestic Violence Fatality Review Teams (DVFRT) are multidisciplinary, interprofessional groups that critique domestic violence homicide cases. DVFRT members usually have expertise in the following areas: public health, public safety, social service delivery, policymaking, and education. Although their structure and procedures may vary significantly, DVFRTs seek to better understand:

- the causes of intimate partner violence
- the personal, situational, and environmental factors that heighten or mitigate the risk for injury and death
- the relative effectiveness of specific prevention measures

Increasing the cultural competence of DVFRTs is essential for these groups to understand issues that are unique to communities of color and to accurately evaluate Black femicide cases.

2) Review and Modify Policies: “Protect and Serve” or Persecute?

With respect to domestic violence, law enforcement and the judicial system have a two-fold responsibility: protect the victims and punish the perpetrators. Unfortunately, lack of coordination between law enforcement entities (e.g., local police and federal authorities) and legal loopholes often allow perpetrators to manipulate systems and victims. Black communities tend to be suspicious of both the police and courts. This distrust is rooted in historic injustices (i.e., segregation,

attacks by police during the civil rights movement) and fueled by contemporary controversies (i.e., racial profiling, fatal shootings of unarmed Black men, military-style policing of the protests in Ferguson, Missouri). The routine criminalization and mass incarceration of Black men also contribute to tension between black communities and authorities. In many respects, these problems undermine the efforts of law enforcement and the judicial system to reduce Black intimate partner femicide.

3) Expand Domestic Violence Prevention and Education Initiatives

To increase the effectiveness of violence prevention and education efforts, programs should be targeted and culturally sensitive. Program design and materials need to reflect the age, education level, and culture of various audiences. Due to the increase in dating violence, education about healthy relationships should begin in earlier grades.

Although the challenges seem daunting, collaborations between the law enforcement, the judicial system, health-care providers, social service agencies, and community-based organizations can potentially reduce the intimate partner abuse and killing suffered by Black women.

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HEALTH DISPARITIES: BLACK WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE

BY DR. ROBERT HAMPTON

INTRODUCTION:

Intimate partner violence has a measurable impact on the health and well-being of many Black women. It remains a significant public health concern that is associated with premature death (femicide) and disabling injuries for Black women (Campbell, Webster & Glass, 2009). For instance, with respect to sexual trauma, “approximately 1 in 5 African American women reported that they had been raped at some point in their lifetime” (West and Johnson 2013:3). The experiences of child abuse, incest, witnessing the abuse of family members and other adverse childhood experience often traumatize Black girls. “Women physically, emotionally or sexually abused during childhood are at a considerably higher risk (2–6 fold increase) of being victims of intimate partner violence (IPV) as adults” (Patel et al. 2012:2). Living in communities plagued by crime and violence can also be traumatic for some Black females. IPV coupled with other types of trauma, have cumulative effects on the physical and mental well-being of Black women, and may be among the contributors to health disparities (Bent-Goodley, 2007).

PHYSICAL HEALTH

Although estimates vary, the literature on the prevalence of intimate partner violence during pregnancy suggests that between 3% and 19% of all pregnant women are victims of partner violence. (Sharps, Laughon and Giangrade, 2007; Gazmararian, et al 1996). Given the fact there is evidence that Black women report significantly more abuse, in general, it is not surprising that the pattern exists prior to pregnancy, during pregnancy and the childbearing year. Perinatal violence is associated with an elevated risk for preterm delivery, low birth-weight infants and neo-natal deaths. There are some who suggest that for men who desire to be “in control” of a relationship, an unwanted pregnancy can be a precursor of violence or a factor that leads to greater frequency and intensity of IPV.

Gender-based violence is not limited to the birth year. It can occur at any point along the life course continuum. Many survivors must deal with the immediate and residual impact of violence that has been associated with acute conditions (e.g. lacerations, burns, broken limbs, head trauma, spinal cord, neck or head injury) and chronic conditions (e.g. chronic pain, hypertension, gastrointestinal, and gynecological problems, migraines, stomach ulcers) (Campbell, 2002). Some survivors must live with the damage associated with old physical injuries for 5 to 20 years or more after the physical assaults have ended. (Black, 2011; Jetter, 2013).

MENTAL HEALTH

As compared to research on physical health consequences, more studies have identified a strong relationship between intimate partner violence and mental health problems. For Black women, the psychological sequelae of intimate partner include: chronic posttraumatic stress disorder (PTSD), depression, anxiety, suicidal ideation, substance abuse, low self-esteem, eating disorders, cognitive distortions, and somatization. We must acknowledge that physical abuse and psychological violence are often co-occurring conditions. There are also instances where mental or psychological abuse occurs without any evidence of physical or sexual abuse (Dailey et al, 2011).

FACTS

- According to the CDC, Black women ages 25-29 are about 11 times more likely as White women in that age group to be murdered while pregnant or in the first year after childbirth.
- Maternal and child health disparities data show that African American women experience the greatest perinatal health disparities. It is likely that intimate partner violence is an additional risk to maternal and neonatal health (Sharps, Laughon and Giandrudge (2007).
- Black women often turn to informal service providers to receive service before reaching out to formal providers.
- Forced sex occurs in approximately 40 to 45 percent of physically violent intimate relationships and increases a woman’s risk for STIs by 2 to 10 times that of physical abuse alone. (CDC, 2014).

NARRATIVE

“Nobody cares about us. We are not important to nobody.” These words express the sentiments of many of the Black women participants in focus group interviews conducted by Asha Family Services Incorporated in four cities across the state of Wisconsin. The goal of this research was to better understand the African American domestic abuse victim/survivor (Vann, et al 2012). Among the insights gained was that many survivors portrayed themselves as living a “double whammy” of being Black and an IPV survivor. These two terms in their opinion accurately describe a significant part of their identity.

As one peeled back the layers even further to hear their voices, it is easy to comprehend their message that they want help from domestic violence services. They should not look at service providers and feel that the helping hands are in some instances re-victimizing them. Their voices are clear as they address the need for assistance from advocates who, when violence occurs, would help them as they work with the police, social workers, child protective services and others (Vann, et al 2012).

RECOMMENDATION

WELL-BEING

Rather than focusing on the distinct physical and mental health consequences of abuse, some researchers and practitioners advocate more holistic approaches. For example, the Full Frame Initiative (www.fullframeinitiative.org) is a national non-profit organization that promotes the alleviation of poverty and violence through a “systems change approach.” They have identified five domains of well-being: safety, social connectedness, stability, and meaningful access to relevant resources. Based on their histories and cultures, some Black female victims of IPV realize that violence not only harms their physical and psychological health but also damages their personal well-being in a variety of ways. Shifting attention from “health” to “well-being” may foster the development of more culturally-relevant diagnoses and interventions for this population.

In addition to addressing well-being, we must address the perceptions that many women have about help seeking behavior on multiple levels. Although there will always be members of a community who are unaware of resources that might improve their overall safety, it is crucial that we continue to develop culturally competent services and interventions that may enable many survivors to achieve a more acceptable level of well-being across several dimensions. Researchers and service providers who share a common vision for preventing distress and violence toward Black women must work collaboratively toward promoting the health and well-being of our families (LaTaillade, J.L., Hampton, R.L., Pope, M., and McDowell, A.R. (2010). As we improve service awareness and service delivery we should do so in such a way that will significantly reduce the frequency at which we hear the refrain “nobody care about us.”

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INTERSECTION OF DOMESTIC VIOLENCE AND CHILD MALTREATMENT

MS. JOYCE THOMAS, R.N.

When a Black woman is hit, beaten, kicked or attacked by her significant other, these acts of violence effects children in many ways. Sadly, these young children may suffer from being physically injured, emotionally traumatized, neglected or they may even become a victim of child fatality (NCANDS, 2012).

Numerous studies document the link between domestic violence and child maltreatment (Bragg, 2003; Holden, 2003; Herrenkohl et al 2008), and Black women are at greater risk of domestic violence (Crawford, 2013). Child abuse and neglect are tragic problems in the African American community, and child neglect is the most common type of child maltreatment cases. Family stress and situations relating to parental well-being, such as mental illness, single parenthood, substance abuse, or domestic violence, all contribute to increased reports of child neglect (DePanfilis, 2006). The death of a child caused by an injury resulting from abuse or neglect or where abuse or neglect was a contributing factor is considered a child fatality victim, and domestic violence increases this risk for African American children. Further, in cases of physical abuse, race appears to contribute more to risk, and Black children, are at higher risk than White children in both socioeconomic status (SES) conditions (Sedlak et al, 2010).

The co-occurrence of domestic violence and child maltreatment results in more Black children being placed in the foster care system (Chipungu and Bent-Goodley, 2004). Unfortunately, once in the system, Black children remain in foster care longer, are moved from home to home more often, get fewer services, and are less likely to be adopted or returned home to their biological parents (Roberts, 2002). Not only are Black children at risk for languishing in foster care, they are likely to move from foster care to juvenile justice detention facilities due to untreated trauma that results in

behavior problems and delinquency issues. These Black children are caught in a vicious cycle and the situation is further complicated when there are multiple problems including poverty, developmental delays, emotional problems, and mental health concerns such as depression, low self-esteem and aggressive behavior (Thomas, 2008).

The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) found race differences in maltreatment rates, with Black children experiencing maltreatment at higher rates than White children in several categories (Sedlak & Schultz, 2005; Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, and Li, 2010). The highest rates (14.2 per 1,000) of cases of child victimization involve African American children. Of the children who are reported, more than three-quarters (78.3%) are victims of child neglect; 18.3 percent are known to be physically abused; and about 9.3 percent children are considered to be victims of sexual abuse (NCANDS, 2012).

Even when there are no physical injuries, African American children exposed to violence in their home, neighborhood or community, are likely to feel trauma and experience negative outcomes over the course of their lifetime (Holden, 2003).

FACTS

- Over thirty-three percent (33.9%) of children in the foster care system in the United States are African American, when only fifteen percent (15.1%) of the child population are African Americans (NCANDS, 2012).
- In 2012, 69.9 percent of children who died from child maltreatment suffered neglect either alone or in combination with another maltreatment type, and 44.3 percent suffered physical abuse either alone or in combination with other maltreatment (NCANDS, 2012).
- The most recent cycle of the National Incidence Study of Child Abuse and Neglect (NIS-4), found race differences in maltreatment rates, with Black children experiencing maltreatment at higher rates than White children in several categories. Income, or socioeconomic status, is the strongest predictor of maltreatment rates, but since the time of the NIS-3, incomes of Black families have not kept pace with the incomes of White families (NIS-IV, 2010).

NARRATIVE: A PICTURE AND STORY CAN REVEAL A POWERFUL MESSAGE

When Tamika first came to a community-based program that works with African American families seeking help for her child, she appeared to be strong on the outside, but inside she was afraid. Her husband had threatened to kill her and her children. Tamika, who says being a mother is everything to her, has suffered in silence, and the idea of harm coming to her children was too horrifying to face. Aside from her children's doctors and teachers, Tamika was isolated from other types of social support network. Tamika's eldest daughter, seven-year-old Jamilia, was having behavior problems at her school which were attributed to extreme stress. Tamika broke down, revealing to her child's teacher the years of violence and abuse she and her children had suffered at the hands of her husband. This is a drawing by her 7 year-old daughter who was in treatment at a child victim service agency.



Tamika and her children are not alone: violence is pervasive in the lives of many Black women and their young children. Research studies document that young children can experience devastating consequences as a result of exposure to violence. These children are more likely than their peers to suffer anxiety, increased aggressiveness, and depression, symptoms of posttraumatic stress disorder, feeding and sleeping disturbances, and developmental delays (Shonokoff & Phillips, 2000), (Berkowitz 2003). Fortunately, Tamika, and her children are now better connected with the resources, information and support they need in order to live safer, happier and healthier lives.

Socioeconomic factors are strongly predictive of child maltreatment, and significantly higher percentages of Black children live in families of low socioeconomic status and in households that are below the federal poverty line. Both race and the interaction of race with low socioeconomic status are significant to increasing the risk of negative outcomes for Black children, and circumstances associated with higher maltreatment rates (Sedlack et al, 2010). Besides evidence of physical injuries, or serious forms of neglect, children can be exposed to domestic violence in many ways, such as actually seeing the incident, hearing the violence, feeling the emotional trauma in the home, or being used as a pawn by the batterer. Symptoms may include nightmares, poor impulse control, aggressive behaviors, and eating disorders. The effects of witnessing violence are not limited to just repeating the violence; these children appear to have problems with social adjustments, depression, anxiety, aggression, shyness, and other school related problems (Holden, 2003).

RECOMMENDATIONS:

Addressing the critical needs of African American victims of domestic violence in a manner that affirms a victim's culture and effectively addresses communication barriers will improve services for both adults survivors and their children. Early intervention efforts such as parent education, home visitation programs, and strategies to promote the social and emotional well-being of children are essential for the prevention of child maltreatment (Thomas, 2007). Black children who are exposed to traumatic events such as abuse, neglect, witnessing violence in their homes must receive therapeutic services to assist them in their recovery and healing process. This includes making sure that children and adolescents are screened for trauma exposure; that service providers use evidence-informed practices; that resources on trauma are available to providers, survivors, and their families; and that there is culturally appropriate continuity of care across service systems. Child welfare agencies must incorporate a trauma-informed perspective in their practices to enhance the quality of care for these children; and providing training on culturally specific responses can be beneficial.

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INTERSECTION OF DOMESTIC VIOLENCE AND HIV/AIDS

BY TRICIA B. BENT-GOODLEY,
PHD., LICSW

Domestic violence and HIV are two issues that are connected and share important intersections particularly for African American women. While African Americans represent 12 percent of the U.S. population, they represent 44 percent of new AIDS diagnoses (CDC, 2014a). These numbers are even more alarming for African American women who compose 13 percent of the U.S. population and 64 percent of U.S. women infected with HIV/AIDS (CDC, 2014b). The majority of these women (63%) become infected as a result of sex within a heterosexual relationship. While 28 percent of U.S. women experience rape, physical violence and stalking by an intimate partner, a national survey found that nearly 44 percent of African American women experience such violence from an intimate partner (Black, et al., 2011). Thus, there are important HIV-related risks that one must consider for African American women in abusive relationships (Rountree, Bent-Goodley, Glodbach & Bagwell, 2011). The purpose of this paper is to share current knowledge about the intersection of domestic violence and HIV, particularly among African American women.

Domestic violence and HIV intersect in very particular ways. Women's vulnerabilities, that result from domestic violence, create risk for contracting HIV, additional violence, and not obtaining and adhering to treatment (Bent-Goodley, 2014a). Women in abusive relationships may be forced to engage in sexual acts both with a partner and with others (Lichtenstein, 2006). They are also limited in their ability to negotiate the use of condoms and other safer sex practices due to the threat of violence (Moreno, El-Bassel & Morrill, 2007). There are issues with poor access to services which are often in locations outside of African American communities making it difficult to navigate transportation systems or geographic inhibitors to obtain services (Bent-Goodley, 2007). There are also persistent stigma attached to both issues making it challenging to request support

and assistance (Rountree, Pomeroy & Marsiglia, 2008). Women may lack decision-making ability and access to services due to the abusive relationship and continued economic inequity experienced by women (Bent-Goodley, 2007; Gielen, Ghandour, Burke, Mahoney, McDonnell & O'Campo, 2007; Moreno, El-Bassell & Morrill, 2007).

In a recent study examining the intersection of domestic violence and HIV among African American women (Bent-Goodley, 2014a), it was found that African American women often feel pressured to be in and stay in relationships even when they know that the relationship is not good for them personally. The pressure to be in a relationship creates an added risk to remain in abusive relationships that can also pose challenges related to HIV/AIDS. The women also discussed having a sense of their partner's lack of fidelity and unsafe sexual practices but that they felt pressured to stay in the relationship due to larger societal, community and self-expectations. The challenge of navigating messages of having a low number of marriageable African American men has also created changes in behavior. They identified being more willing to stay in relationships that are abusive, unhealthy and even ones where there are unsafe sexual practices because of feeling they have few options for relationships. Thus, addressing the connection between both issues is important.

FACTS:

Women who experience interpersonal violence are:

- 3 times more likely to report having a sexually transmitted disease (Wingood et al, 2000).
- 5.6 times more likely to report having multiple types of sexually transmitted diseases; and,
- 2.7 times more likely to be worried about acquiring HIV (Wingood et.al, 2000).

RECOMMENDATIONS AND IMPLICATIONS

The need to address these issues and develop interventions that promote healthy relationships, domestic violence prevention and increased safer sex practices is critical (Bent-Goodley, 2014b). By addressing the intersection between domestic violence and HIV, one increases the opportunity to be effective. Lack of acknowledgement of the intersection can, in fact, increase the risk for danger and contracting HIV/AIDS. Using healthy relationship education as a framework and encouraging dialogue regarding both issues allows for women to also better identify their own risk. It is important to acknowledge that, while services may remain disconnected, the women that are being seen are often going to multiple providers at different locations. This situation increases the burden of accessing services and it also can be a barrier to continuing with treatment, particularly if there is a cost associated with going to each service. Providers working together have a greater chance to support the women in a comprehensive and effective manner.

CONCLUSION

Addressing the intersection of domestic violence and HIV among African American women is not only important but necessary. It is vital that there is an understanding of the cultural context and unique structural, cultural and individual demands being experienced by the woman. By addressing the intersection and working together, we have a better chance of being impactful and truly making a difference in the lives of these women.

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INTERSECTION OF VIOLENCE AGAINST WOMEN AND TRAUMA

DR. TAMEKA GILLUM

INTRODUCTION:

African American survivors of intimate partner violence have often experienced multiple forms of trauma including but not limited to the intimate violence. Research indicates that African American women experience especially high rates of trauma and multiple forms of trauma (interpersonal, community, and systemic). This complex web of experiential trauma is associated with a host of significant mental and physical health consequences, social and economic consequences, and increased engagement in high-risk behaviors for African American women. African American women's help seeking efforts are hindered by a diverse set of circumstances. Consequently, many turn to informal sources of support. African American women's experiences of trauma are a grave health disparity that warrants our immediate attention and response.

Intimate Partner Violence (IPV) occurs between two people in a close relationship. The term "intimate partner" includes current or former spouses and dating partners (CDC, 2012). IPV exists along a continuum from a single episode of violence to ongoing battering and includes physical violence, sexual violence, threats of physical and sexual violence and emotional abuse (CDC, 2012). It is well documented that IPV victims experience significant economic, mental and physical health consequences and report worse overall health than non-victims (Campbell, 2002; Heintz & Melendez, 2006; Hien & Ruglass, 2009; Kramer, Lorenzon, Mueller, 2004; Naumann, Langford, Torres, Campbell & Glass, 1999; Plichta, 2004; Weaver, Resnick, Kokoska, & Etzel, 2007).

Factors that compound IPV for African American Women include racism, stereotypes of African Americans, myths that the Black community is inherently violent/dysfunctional, disempowerment of African American men by larger society (Brice-Baker, 1994; Collins, 2000; Gillum, 2002; Gillum, 2008b; West, 1995); knowledge of racism in the legal system (Robinson & Chandek, 2000); poverty & disproportionate economic disadvantage (Benson, Wooldredge, Thistlethwaite, & Fox, 2004); and homophobia (Follins, 2011; Miller Jr., 2007; Miller, 2011).

AFRICAN AMERICAN TRAUMA SURVIVORS' HELP SEEKING

Many services/interventions take a color-blind approach to assisting survivors. As a result, persons of color are often not seeking and/or receiving the full benefit of services (Donnelly, Cook, Van Ausdale, & Foley, 2005). African American survivors have expressed dissatisfaction with domestic violence shelters, legal services, social services, and the response of their church (Gillum, 2008a; 2008b; 2009). They often do not seek and/or receive full benefit of formal domestic violence and sexual assault services due to racism, classism, and homophobia (Taylor, 2005). Many survivors do not seek needed mental health services due to stigma (Johnson & Zlotnick, 2007).

Consequently, survivors, services providers, and researchers have called for culturally specific services (Donnelly et al., 2005; Gillum, 2008a, 2008b, 2009; Hampton, LaTaillade, J. Dacey, & Marghi, 2003). Many African American survivors prefer informal means of help-seeking: journaling, self-help books, spirituality and/or religion (Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Gillum, Sullivan, & Bybee, 2006), and social support networks with family and/or friends. (Bryant-Davis et al, 2011; Goodkind, Gillum, Bybee, & Sullivan, 2003).

FACTS: AFRICAN AMERICAN WOMEN'S EXPERIENCES OF TRAUMA

- In studies sampling African American women, between 32-89% indicate experiencing some form of lifetime trauma (Dailey, Humphreys, Rankin, & Lee, 2011; Ford, 2002, 2012; Seng, Kohn-Wood, McPherson, & Sperlich, 2011).
- Mixed samples demonstrate African American women experiencing higher levels of trauma than their White counterparts (Seng et al, 2011).
- African American women experience multiple interpersonal and systemic forms of trauma:
 - IPV (sexual, physical, emotional) (Bradley, Schwartz, & Kaslow, 2005; Gillespie et al., 2009; Williams, Myers, Green, & Warda, 2008; Wright, Perez, & Johnson, 2010)
 - Sexual assault (Bryant-Davis, 2011; Gillespie et al., 2009; Tillman, Bryant-Davis, Smith, & Marks, 2010)

- Childhood physical and sexual abuse (Anderson, Tiro, Price, Bender, & Kaslow, 2002; Banyard, Williams, & Siegel, 2001; Gillespie et al., 2009)
- Murder of family and/or friends (Dailey et al., 2011)
- Robberies (Dailey et al., 2011)
- Home burglaries (Dailey et al., 2011)
- Attacks with weapons (Dailey et al., 2011)
- Muggings (Dailey et al., 2011)
- Exposure to community violence (Brown, Hill, & Lambert, 2005; Ford, 2002; Jenkins 2002)
- Racism (Dailey & Humphreys, 2011; Daniel, 2000; Taylor, 2005)
- Sexism (Taylor, 2005)
- Classism (Dailey & Humphreys, 2011; Taylor, 2005)
- Homophobia (Taylor, 2005)
- African American women's trauma experience result in numerous mental and physical health consequences, social and economic consequences, and increased engagement in high-risk behaviors:
 - Depression (Dailey et al, 2011; Dailey & Humphries, 2011 Anxiety (Dailey et al, 2011) Generalized stress (Dailey et al, 2011)
 - Post-traumatic Stress Disorder (PTSD – Ford, 2012; Seng et al, 2011)
 - Suicidal behavior (Anderson et al, 2002; Kaslow et al, 2002; Kaslow, Jacobs, Young, & Cook, 2006; Walton-Moss et al, 2003)
 - Tobacco use (Dailey et al, 2011)
 - Alcohol abuse (Boyd, Berger, Baliko, & Tavakoli, 2009; Davis & Galvan, 2012; Jasinski & Williams, 2000)
 - Crack/cocaine use (Clark, Perkins, McCullumsmith, Islam, Hanover, & Cropsey, 2012; Young & Boyd, 2000)
 - Increased engagement in high-risk sexual behavior (Paxton, Myers, Hall, & Javanbakht, 2004)
 - Loss of custody of children (Minnes, Singer, Humphrey-Wall, & Satayathum, 2008)— Eating disorders (Harrington, Crowther, Payne Henrickson, & Mickelson, 2006)
 - Premature rupture of membranes and longer maternal hospital stays for pregnant women (Dailey et al, 2011)
 - Avoidance of routine preventive care (PAP smears and pelvic exams – Ackerson, 2010)
 - Food insecurity and poor mental health, “hunger of the body” “hunger of the mind (Chilton & Booth, 2007)
 - Future victimization (Frye, El-Bassel, Gilbert, Rajah, & Christie, 2001; Wyatt, Axelrod, Chin, Carmona, & Loeb, 2000)

NARRATIVES

These are the voices of African American women who are survivors of IPV:

One African American survivor said:

“Cause no one has to be abused or mistreated, or to feel need, not needed, or not wanted, or not loved, or you know. No one should ever have to feel like I used to feel. You know. Um, I was at a point where um, I would rather have had been dead than to keep living the way I was living, you know. So I used drugs to constantly medicate myself, you know, slowly kill myself, I guess, you know.”

Another’s victim of trauma said:

“I was so afraid in that relationship, that I thought anywhere I went he would find me. You know, so I didn’t try anything. I just waited until it just happened on it’s own, and when I went to prison, he left me.”

The message from a third woman is:

I became a raging alcoholic when I first left my husband, you know, and I looked bad. It got to the point I knew I was an alcoholic when every time somebody saw me, they was like, what you sippin’ on? You know and after a while...if I had a soda can in my hand, you know, people automatically assumed that there was alcohol in the soda can. That’s when I realized, okay, I got a problem. You know, because nobody believed me if I had a soda can, or juice bottle, that this is really just juice, you know, this is really just soda. And um, my mother, you know, she told me, you know, sometime she look at me, I can’t understand. She was like, she looked at me and said, “You need to slow down.” And I never drank in front of her. You know, she took one look and said, “You need to slow down.” But she could tell. And I said, okay I got a little problem that I need to deal with.”

RECOMMENDATIONS

- The African American community should support women in the community, sisters, friends, and daughters who disclose abuse.
- The African American community should condemn any form of violence that occurs within the community (racism, gender-based violence, youth violence, homophobic violence, child abuse, incest, community violence).
- Men in the African American community should bond around non-violence and respect for their partners, and hold each other accountable for violent behavior.
- IPV programs (shelters & batterer interventions) should increase the number of qualified people of color on staff, reflecting the population being served.

- Curriculum of IPV programs should incorporate aspects of culture and culturally specific dynamics of violence.
- Services should create affirming environments for service provision and healing.
- Culturally specific and culturally competent services should be created to serve the community.
- Culturally specific and culturally competent services should do outreach to their target communities.
- Social change efforts must address issues of racism within the legal system that cause some survivors not to call the police.
- Social change efforts must address issues of racism and social disorganization that compound manifestation of violence within the African American community.
- IPV programs can incorporate spirituality/church into programs on a voluntary basis.
- In collaboration with IPV programs, churches can offer services specifically to assist survivors, and IPV interventions can be created within churches in the African American community.

SUMMARY/CLOSURE

In summary, research demonstrates that African American women experience especially high rates and multiple forms of trauma. As a result, they experience significant mental and physical health, social and economic consequences.

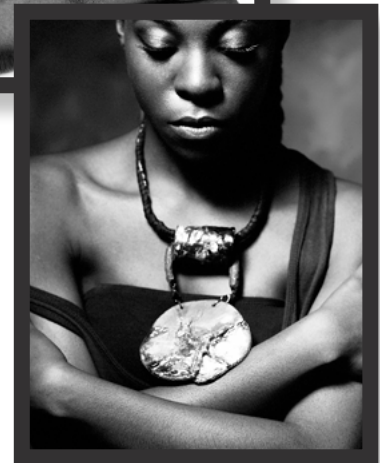
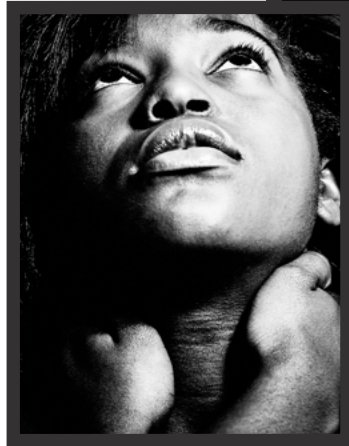
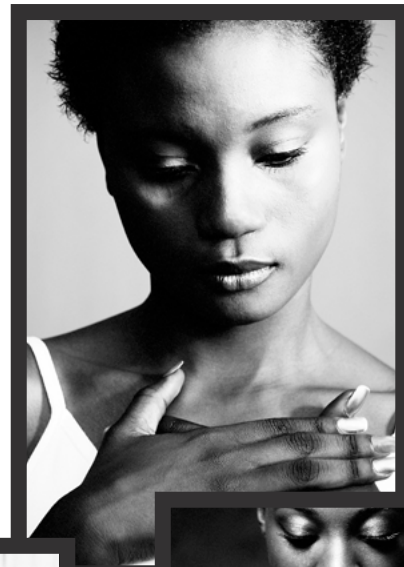
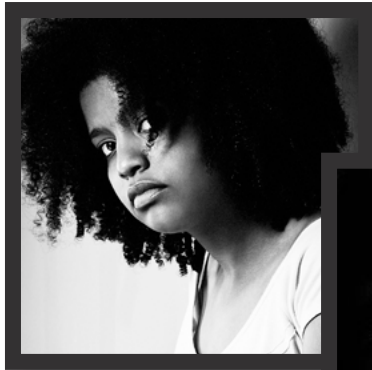
Help seeking efforts for this population are hindered due to the structural forms of violence that they also experience. Consequently, many seek support from informal resources. A number of recommendations are proposed based on these findings. The issue of African American women's experiences of trauma is complex and concerning. The toll that it takes on African American women, their families and community is significant. This notable health disparity warrants the attention of the public health community and the reform of our systems and services to adequately meet the needs of this deeply affected population.

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IDVAAC
UNIVERSITY OF MINNESOTA
Institute on Domestic Violence In
The African American Community

105 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108-6142
Phone: 612-624-9217
Email: owilliam@umn.edu

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