

Technical Assistance Guidance Series: Serving Black Women
Survivors of Intimate Partner Violence

Part 1: Providing Survivor-Centered, Culturally
Responsive, Trauma-Informed, Strengths-Based Care

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“ When you make the system work for the most marginalized and at risk, you help the system work better for everyone. ”

– [Lisalyn Jacobs](#), CEO of Just Solutions
(cited in Flowers, Lovelace, Holmes, Jacobs, Sussman, Wee, & Muro, 2017).

Introduction

At this moment in history, the United States is facing three major public health problems. On January 30, 2020, the World Health Organization (WHO) declared coronavirus disease (COVID-19)¹ a public health emergency of international concerns. Two “shadow” pandemics – domestic violence and racial injustice – preceded and were exacerbated by COVID-19. When shelter-in-place orders were imposed in early 2020, cities, states, and countries around the world reported dramatic increases in rates of intimate partner violence (IPV), defined as physical, sexual, and psychological abuse by a current or former intimate partner (Mlambo-Ngeuka, 2020). According to police calls, emergency hotlines, and health records, incidents of domestic violence in the United States increased by 8.1% following pandemic-related lockdowns (Piquero, Jennings, Jemison, Kaukinen, & Knaul, 2021). At the same time, there was widespread civil unrest and multiracial protests following the brutal murder of George Floyd, who died after nearly 9 minutes with a White police officer’s knee on his neck. The entire country, particularly Black, Indigenous, and People of Color (BIPOC), were traumatized (Eichstaedt, Sherman, Giorgi, Roberts, Reynolds, Ungar, et al., 2021).

Due to their marginalized status, Black² and women-identified³ survivors have been disproportionately harmed by the triple pandemics of COVID-19, intimate partner violence, and racial injustice (Khanlou, Vazquez, Pashang, Connolly, Ahmad, & Ssawe, 2022). For example, Black women who were negatively impacted by COVID-19 had less emotional support; yet they faced increased rates of physical and sexual IPV, parental stress, and mental health challenges, such as stress, anxiety, and depression (Ayoub, Patridge, & Gomez, 2023).

Also, during the pandemic Black women experienced shockingly high rates of interpersonal violence. Based on analysis of 2020 homicide data from the Centers for Disease Control and Prevention, 1,821 Black women and girls were killed, which is an average of 4 to 5 homicides per day (Beckett & Clayton, 2022). Black girls and women – as young as age 7 and as old as 93 – were also killed by police in their homes, in the streets, and inside jails. Yet, we seldom heard the names of slain Black women – Rekia Boyd, Breonna Taylor, and Atatiana Jefferson – shouted at protests rallies (Crenshaw, 2023).

Inspired by a [racial justice reckoning](#) in the United States, media campaigns started to address the escalating level of gender-based violence against Black women. Activists and scholars launched [#SayHerName](#) to address police brutality (Crenshaw, 2023) and celebrities demanded that we [#ProtectBlackWomen](#) (Stallion, 2022). Service providers in [Los Angeles](#) (Maddox, Luna, & Kasreliovich, 2023) and [Minnesota](#) (Squires, Lewis, Martin, Kopycinski, & James, 2022) convened task forces to address the growing number of missing and murdered Black women. In June 2020, 47 statewide and tribal domestic violence and sexual assault coalitions jointly released a statement entitled [Moment of Truth: Statement of Commitment to Black Lives](#). The purpose was to recognize the historical and current harms that mainstream victim service organizations had done to BIPOC communities and to commit themselves to repairing harms.

As a field, we must continue to boldly design and create innovative approaches to service provision. The purpose of this Technical Assistance Guidance (TAG) series, **Serving Black Women Survivors of Intimate Partner Violence**, is to give advocates the tools and practical strategies to identify, reach, and effectively serve Black women-identified survivors of intimate partner violence.

- **TAG 1** is a resource for creating survivor-centered, culturally responsive, trauma-informed, strengths-based care and advocacy that leads to real-world change.
- **TAG 2** supports advocates in taking an intersectional approach to providing services to Black survivors.
- **TAG 3** helps advocates to address reproductive coercion, non-fatal strangulation, and domestic homicide in the lives of Black survivors.
- **TAG 4** offers a “Web of Trauma” to better understand how Black survivors experience intimate partner violence within the context of historical trauma, structural violence, cultural violence, institutional violence, community violence, and family violence.

Intimate Partner Violence and Black Women

Intimate partner violence is a persistent public health problem that affects millions of Americans each year. The issue of domestic violence cuts across race, gender identity, geographic region, sexual orientation, and class. Almost 1 in 2 women (47.3% or 59 million) in the United States reported any contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetimes (Leemis, Friar, Khatiwada, Chen, Kresnow, Smith, Caslin, & Basile, 2022).

At the same time, women have multiple intersecting identities, and the most marginalized women often experience the highest rates of intimate partner violence. Living at the intersections of racism and other forms of oppression increases the rates of gender-based violence. As a result, Black women are frequently overrepresented among survivors of IPV (see TAG 2).

Who are Black Americans?

In 2019, more than 46 million people, which is about 14% of the U.S. population, self-identified as Black. Members of this large, diverse, and growing population have varied histories and complex ethnic/racial identities, which reflect the history of chattel slavery from 1619 until 1865, international migration, and inter-racial marriage. As a result, the Black population consists of African Americans, defined here as U.S. born Blacks of African ancestry, 8 million individuals of Caribbean descent, and more than 4 million African immigrants and refugees. Also, more Black Americans identify as “mixed race,” “biracial,” or multiracial. For example, 3.7 million individuals identify as Black and another race, most often White, and 2.4 million identify as both Black and Hispanic (Tamir, 2021).

What is the frequency of IPV among Black Women?

Intimate partner violence (IPV) is defined as acts of violence that are committed by a former or current romantic/sexual partner, such as a spouse, boyfriend, or girlfriend. Violent acts can include:

- *Physical violence* can range in severity from slapping, pushing, or shoving to more lethal acts of aggression, such as burning, choking, or assaulting the survivor with a weapon.
- *Sexual violence* can take the forms of completed or attempted unwanted penetration (vaginal, oral, or anal) or unwanted sexual contact (e.g., kissing, groping, grabbing) that is achieved by physical force, coercion, threats of physical harm, or incapacitation (e.g., survivor is asleep, drunk, or drugged).
- *Psychological aggression* can involve expressive aggression (insulting, name calling, humiliating the survivor in front of others) and coercive control (isolating, monitoring, controlling, and threatening the survivor).
- *Stalking*, defined as a pattern of harassing or threatening tactics that are both unwanted and cause fear or safety concerns (e.g., following or watching the survivor; using technology, such as hidden cameras or computer spyware, to spy on the survivor from a distance (Leemis et al., 2022).

According to the [2016/2017 National Intimate Partner and Sexual Violence Survey](#) (NISVS), more than one-half (53.6%) of the Black women surveyed experienced sexual violence, physical violence, and/or stalking that was committed by an intimate partner during their lifetimes (Leemis et al., 2022).

The Problem with a Color-Blind Approach

Historically, mainstream gender-based violence organizations asserted that anyone could be a victim of IPV regardless of race, gender, social class background, age, and other social identities. For example, one executive director said:

“We serve all colors in shelter...it doesn’t matter where they come from, because a woman is a woman, and battered is battered. Domestic violence does not know what color they are. It’s blind” (Donnelly, Cook, Ausdal, & Foley, 2005, p. 20).

This is an example of a color-blind approach, defined as “a concept often used to persuade others that one does not discriminate against people based on race because they do

not see race. Often used as a defense against accusations of racism, or as a mechanism to invalidate the existence of racism and oppression” (Davis & Block, 2020, p. 65).

This race neutral approach is problematic because it erases the experiences, identities, resilience, and racial histories of Black women. As LaTrice Buck, an advocate from Inspire Consulting, explained:

“Saying you don’t see race or culture is saying you don’t see me...you devalue the person I am when you say you don’t see race” (Davis & Block, 2020, p. 52).

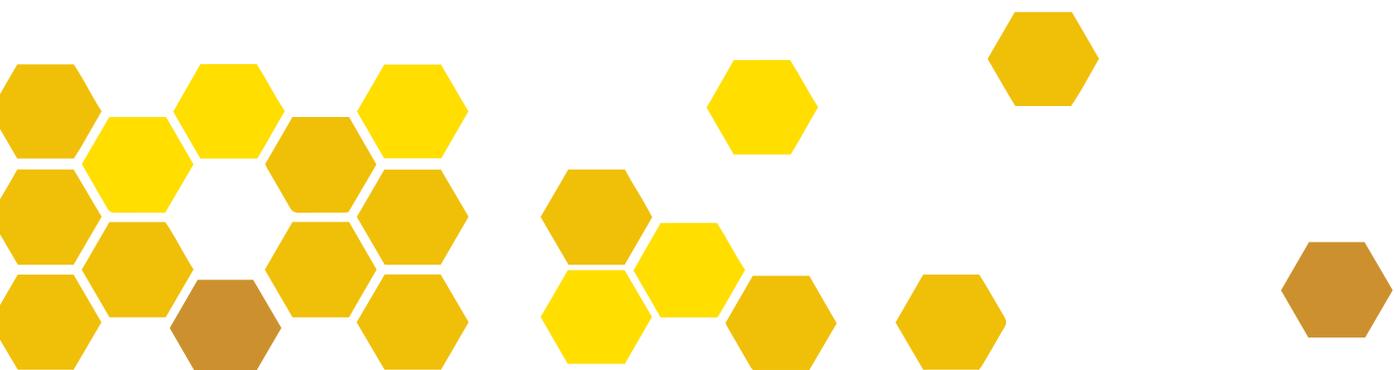
Also, failure to acknowledge race and racism can create a barrier to help-seeking. In fact, ineffective services have left African American women survivors feeling a sense of hopelessness and helplessness, which has resulted in delayed help-seeking and mistrust of victim-serving organizations (Waller & Bent-Goodley, 2023).

Although they may have complex needs, many Black women are resilient and active help-seekers. In interviews conducted by Waller and Bent-Goodley (2023), Sandra noted:

“It’s been hell. And domestic violence is serious. It’s not just abuse. It’s your whole life. It changes your whole life from mental, emotional, verbal, health, homeless, it changes everything. I feel like being a Black woman you need more help. We need more resources. We need more. We don’t get enough” (p. NP4178-NP4179).

A survivor-centered, culturally responsive, trauma-informed, strengths-based service model is an effective way to serve Black women survivors (Haynes-Thoby, Perez, & Bryan, 2023; Kulkarni, 2023). Below are brief definitions of each of these terms, followed by techniques and tools that advocates can use to better serve Black women survivors.

- **Survivor-centered advocacy** avoids a “one-size-fits-all” service delivery model by providing services that are designed to meet each survivor’s goals, priorities, needs, and preferences (Kulkarni, 2019).
- **Culturally responsive practice** means to proactively integrate awareness of the cultural identities of survivors and staff and into our services, policies, structures, and environment (Warshaw, Tinnon, & Cave, 2018).
- **Trauma-informed care** recognizes the pervasiveness and impact of trauma on survivors, staff, organizations, and communities, and ensures that this understanding is incorporated into every aspect of an organization’s administration, culture, environment, and service delivery (Warshaw, Tinnon, & Cave, 2018).
- **Strengths-based approach** highlights how survivors use their power to intentionally access resources and supports despite their marginalized identities (Waller & Bent-Goodley, 2023).



Survivor-Centered Advocacy & Survivor-Informed Care

According to Kulkarni (2019), “survivor-centered advocacy practices are guided by survivors’ knowledge, expertise, and preferences rather than service-defined advocacy practices that tend to fit survivors into existing services regardless of their needs” (p. 57). Below are three ways that advocates can be survivor-centered in their work.

1. Recognize the individuality of survivors.

Black women have diverse identities and no one person embodies all the traits, behaviors, and attitudes of their racial group. Therefore, advocates should strive to recognize the individuality of all survivors. Otherwise, advocates risk overlooking critical information. As one Black survivor explained:

“If you think you already know because you already been trained how to be competent; you won’t take that next step to ask the right questions or to humble yourself enough to even ask the client in front of you, ‘What is it that you need?’” (Bent-Goodley, Zonicle, & Romero-Chandler, 2023, p. 9549).

For example, advocates can be prepared to ask themselves, survivors, and their colleagues questions such as:

- *“How can I best understand who you are so that I can help you along this journey?” (Waldron, Storey-MacDougall, & Weeks, 2021).*
- *“How could you foster more conversations with survivors about opportunities and barriers they face?” (Flowers, et al., 2017).*
- *“How am I inviting Black women to share salient parts of their identity with me?” (Shelton, 2022).*

This requires advocates to pay attention to both nonverbal and verbal forms of communication and have deep, candid discussions with Black survivors about their needs, experiences, priorities, and values. When working with older Black survivors, one service provider explained:

“I listen to their story, I hear, I take their history, hear what they have to say...and sometimes it’s not even exactly what they’re saying but reading between the lines, looking at their gestures” (Waldron et al., 2021, p. 24-25).

Another advocate suggested that service providers should be flexible and strive to establish a connection with survivors:

“Put aside the intake sheet and connect and have conversations...get off script and connect and build rapport” (Kulkarni, Stylianou, & Wood, 2019, p. 151).

When service providers recognize the individuality of survivors, they can practice true advocacy, which is partnering with survivors to represent their rights and interests while linking them to effective resources. Using a survivor-centered approach, advocates can empower Black survivors by doing the following:

- Support the unique goals of survivors;
- Help survivors to clearly identify their goals and resources for achieving safety;

- Acknowledge the structural barriers, such as poverty and lack of education, in achieving their goals; and
- Work with survivors to create strategies to overcome these challenges (Kulkarni, 2019).

With this information, advocates can practice affirming, which is “showing support, agreement, or commitment to upholding the validity and reality of experiences of others” (Davis & Block, 2020, p. 61).

2. Understand the leaving process.

Sometimes survivors do not wish, or in the case of shared children, are unable to completely sever their relationship with an abuser. To avoid shaming and disempowering Black survivors, Black community leaders encourage service professionals to respect each survivor’s leaving process:

“It would be great if support groups for survivors got everyone to leave [an abusive partner]. But we need to deal with the reality: most people stay. So what do we do then? Why would somebody go to this class that’s just going to make them feel bad about their decision?” (Jemmett, Hill, & Davis, 2017, p. 22).

Regardless of the survivor’s relationship status, advocates can have nonjudgmental conversations and provide services, such as education about the dynamics of IPV and safety planning (for information on Black survivors’ leaving process see Gooden, 2022; Moore-Lobban & Gobin, 2022).

3. Provide a range of healing modalities.

Survivors with complex needs require long-term holistic services to achieve safety and stability. As one Black survivor noted:

“It is important to offer other services than DV [domestic violence] because when you’re coming out of domestic violence situation, you might have more problems than you went in with” (Gillum, 2008, p. 935).

For example, Black survivors may need access to transportation, housing, substance abuse treatment, and assistance retrieving personal belongings. Individualized care involves being flexible and responsive to both the individual’s and family’s needs. When appropriate services are identified, advocates should provide a “warm handoff”—reach out to the survivor by calling or visiting them, help the survivor navigate the system by completing paperwork, and contact the referral source to inform them that the survivor will contact them for services (Waller, Joyce, Quinn, Shaari, & Boyd, 2023).

We need to move from survivor-centered advocacy to survivor-informed care. Victim service organizations should seek survivor input into all aspects of service planning, delivery, and evaluation. For example, survivors should participate in focus groups and advisory boards (Kulkarni, 2019).

Culturally Responsive Practice

Culturally responsive practice means that our organizations and agencies are proactively integrating meaningful attention to the cultural identities of participants and staff, and to the ways culture can shape people’s experiences of trauma and healing (Warshaw et al., 2018). Below are three ways that victim-serving organizations can be more responsive to the needs of Black survivors.

1. Recognize and challenge implicit biases.

Honestly, what do you see when you work with a Black survivor? Do you wonder if a Black survivor is responsible for the abuse because she is a “loud” or “angry Black woman” (Ashley, 2017)? When individuals meet, a person’s obvious traits—such as their gender and race/ethnicity—may trigger stereotypes. These are [implicit biases](#), also known as unconscious or hidden bias, which are negative associations that people unknowingly hold and are expressed automatically, without conscious awareness ([Racial Equity Tools Glossary, 2022](#)). When advocates act on these biases, Black survivors may receive inadequate services. Vanessa Timmons, the Executive Director of the Oregon Coalition Against Domestic and Sexual Violence, explained:

“The lens of bias through which survivors of color are viewed in shelter impacts how long they stay in shelter, whether or not they feel they get access to the same services and whether or not they get evicted” (cited in Kippert, 2020, p. 2).

Before advocates can do the “outward work for equity” by creating more culturally responsive organizations, they must first do the “inward work,” which requires them to deeply reflect on their own racial biases (Flowers et al., 2017). Try to use *cultural humility*, which is “a practice of lifelong learning, self-reflection, and self-critique that recognizes and challenges power imbalances in relationships and interactions and nourishes respectful partnerships with people and groups and institutional accountability for changing problematic dynamics” (Davis & Block, 2020, p. 67). Dr. Jacquelyn Campbell (2022), a nurse and domestic violence researcher, describes the power of self-reflection:

“I finally got the concept of ‘cultural humility’... I must not be afraid to say I am sorry for all the ways big and small that I failed to do anything about. It doesn’t mean I love my country, my city, my profession, or my family any less, it just means I need to be led by my Black and Brown and Indigenous colleagues toward making meaningful change” (p. 25).

The following books, which contain handouts and activities, can help advocates to develop insight and cultural humility:

- [The Racial Healing Handbook](#): Help Practical Activities to Help You Challenge Privilege, Confront Systemic Racism, and Engage in Collective Healing (Singh, 2019)
- [The Antiracism Handbook](#): Practical tools to shift your mindset & unroot racism in your life & community (Bryant & Arrington, 2022).

With this knowledge, advocates can interrupt and change these stereotypical beliefs (for suggestions see Oregon Coalition Against Domestic & Sexual Violence’s [Toolkit for Interrupting Oppression](#) (Adkison-Stevens & Crook, 2018).

2. Have honest conversations about race and racism.

With this knowledge, advocates can communicate an openness to exploring racially sensitive issues and share their commitment to anti-racist practices. Although it can be challenging, advocates should strive to have direct and transparent conversations rather than waiting for Black survivors to raise the topic. A white counselor illustrated this through a conversation she had with a Black therapy client. She said:

“I see that you prefer having a Black therapist and I just want you to know that I am aware that I am a white woman, and I am aware of where I stand in race relations to you, so if it, if there is anything you need me to know about you culturally or personally that I don’t know, that will help our interactions, then we can feel free to talk on it and every so often we’ll check in about how you’re feeling in regards to me being white and you being a Black person” (Kulkarni, Stylianou, & Wood 2023, p. NP1198).

With cultural humility, advocates can ask themselves questions such as (Shelton, 2022):

- How is my cultural identity limiting my understanding and connection with Black women?
- How am I demonstrating my openness and respect for Black women?
- How am I ensuring that the therapeutic space is space for Black survivors to communicate to me that I have committed a cultural misstep?
- How do I apologize and repair cultural ruptures in a humble, helpful, and healing way?

For tools, strategies, and language to effectively engage issues of race, racism, equity, and inclusion facing Black survivors of IPV see [Showing up: How we see, speak, and disrupt racial inequity facing survivors of domestic and sexual violence](#), the report on From Margins to Center Listening Sessions, an initiative of the Racial & Economic Equity for Survivors Project (REEP) (Flowers et al., 2017).

3. Create anti-racist organizations.

Culturally responsive advocates can strive to create anti-racism organizations. However, cultural awareness is not something that can be achieved through a one-time course or seminar. Advocates need careful, consistent, ongoing and in depth anti-racist training for service providers that are relevant to their specific areas. Training and workshops should be designed to build skills and respond to emergent issues. Here are some ways that advocates can get started.

Identify your organization’s Stages of Engagement. Some organizations and their leaders have used a color-blind approach to service provision. One white executive director explained:

“No we don’t [have specific programs], because their needs are actually the same. Once a woman has been battered, after it’s been over a period of time, all the needs are the same there... it doesn’t matter what nationality she is” (Donnelly et al., p. 22).

To avoid a race neutral approach, service providers can identify their organization’s racial equity efforts on the Stages of Engagement Continuum. As a service provider, which of the categories below best describes you and your agency’s level of cultural awareness?

- **Mindful and working at it:** Advocates can clearly identify steps their organizations have taken on the path toward racial equity.

- **Awkward place:** Advocates hadn't thought much about the connection between racial equity and issues in their organization.
- **Just the norm:** Advocates are frustrated or stuck in the current circumstances.
- **Discomfort & Pushback:** Advocates felt oppressed in their organization and unsafe when they raised racial topics (Flowers et al., 2017).

You, other advocates, and your organization may be at different places on the continuum. Although we may not be as far along as we think or would like to be, making progress requires us to honestly acknowledge where we are now.

Dismantling institutional and organizational racism is a complex, intensive, and long-term process. Rather than a race neutral approach, take an anti-racism organizational approach. For example, advocates can:

- Use the [Perpetuating Racism Wheel for Domestic Violence and Sexual Assault Advocate Program](#) to identify how your organization uses power and control techniques to enact racist practices.
- Use the [Dismantling Racism Wheel for Domestic Violence and Sexual Assault Advocate Programs](#) to create an organization that promotes equality and non-oppressive practices (Women of Color Caucus and Social Justice Task Force of the Virginia Sexual & Domestic Violence Action Alliance, 2014).

With this knowledge, ask yourself and your colleagues the following questions:

- What are your organization's policies, practices, procedures, and protocols in addressing racial disparities for survivors?
- What policies, practices, procedures, and protocols promote racial equity within your organization? (hiring, budgets, training, leadership, and mentorship) (Flowers et al., 2017).

Hire diverse staff and leaders. As the U.S. becomes more racially diverse, organizations must make greater efforts to hire diverse advocates and leaders. The Executive Director of the Community Overcoming Relationship Abuse (CORA), Colisaira Henderson, explained the importance when she said: *"I want survivors to see their community reflected in the staff. I want to see a Black or brown face"* because:

"To see a reflection of yourself and your community and your understanding – you're looking for that in your most vulnerable situations... You're looking to trust that this individual is going to judge you... all of us would be looking for that" (cited in Kippert, 2020, p. 3).

Once BIPOC leaders and advocates are hired, organizations should value their perspectives, support their professional development, and actively involve them in all decision-making. For suggestions to increase the representation and retention of Black advocates and leaders in the field:

- Read the report [The Overrepresentation of White Women's Leadership in the Movement to End Gender-Based Violence](#) (Nnawulezi, 2023).
- Visit the website [Transforming the Gender-Based Violence Movement: Increasing BIPOC Representation and Actualizing Accountability](https://www.transformgbv.org) (<https://www.transformgbv.org>).

Partner with Culturally Specific Organizations. Culturally Specific Organizations (CSOs) are designed to serve BIPOC communities and individuals who have historically been underserved by mainstream organizations. These agencies are effective because they reflect the community's cultural values and priorities (Gillum, 2008, Gillium, 2009). As one Black advocate explained, fostering respectful and mutually beneficial relationships with CSO can take time:

"They came in and out but none of their agencies really want to build a relationship. They want to do a program, take pictures for social media or have it for their numbers, but an actual relationship – no. Relationships are cultural. Everything starts there" (Bent-Goodley, Zonicle, & Romero-Chandler, 2023, p. 9549).

Advocates can ask themselves: *"Who is your organization partnering with on a regular basis to better understand community needs?"* (Flowers et al., 2017). For suggestions visit the website [Ujima Inc. The National Center on Violence Against Women in the Black Community](#). This national organization serves as a resource center to provide support to and be a voice for the Black community in response to domestic, sexual, and community violence.

To conclude, in the spirit of the Domestic Violence Coalition statement entitled [Moment of Truth: Statement of Commitment to Black Lives](#), true racial reckoning involves acknowledging past harms, apologizing, and seeking forgiveness, and establishing accountability so that racist and oppressive behaviors, actions, and policies will never occur again. However, we must move from simply acknowledging injustice to removing obstacles to equity, which will help justice flourish.

Trauma-Informed Care

"Knowledge and resources about the impact of trauma on the individual, organization, and community levels are powerful tools for those searching for the words and pathways to healing."

- [Monika Johnson Hostler](#), Executive Director,
North Carolina Coalition Against Sexual Assault

Trauma can be both an individual and collective experience. Traumatic experiences can result from a single event, series of events, or circumstances that are experienced as physically or emotionally harmful or threatening and have long-term negative effects on a survivor's or community's physical, social, psychological, or spiritual functioning or well-being (Davis & Block, 2020). Intimate partner violence is only one source of trauma in the lives of Black women. Other sources of trauma include *racial trauma*. This form of race-based stress and associated reactions, such as anxiety, depression, and post-traumatic stress disorder (PTSD), is experienced by Black individuals related to dangerous events, such as threats of harm and injury, humiliating and shaming events, witnessing the harm of others, and actual and perceived experiences of discrimination (Davis & Block, 2020, see TAG 4).

Trauma informed care requires advocates to assist survivors in strengthening their psychological capacities as they address their multiple complex issues, access safety, or recover from the effects of IPV and other traumatic experiences. A trauma informed organization provides advocacy services in an environment that is inclusive, welcoming, destigmatizing, and avoids re-traumatizing survivors (Vides, Middleton, Edwards, McCorkle, Crosby, Loftis, & Goggin, 2022). To learn how advocates can conduct [Accessible, Culturally Responsive, Trauma Informed Advocacy](#) (Warshaw et al., 2018) see the following resources from National Center on Domestic Violence, Trauma, and Mental Health:

- [Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations—An Organizational Reflection Toolkit](#)
- [Creating Trauma-Informed Services and Organizations: An Integrated Approach](#)
- [Core Curriculum on Creating Accessible, Culturally Responsive, and Trauma-Informed Services: A Capacity Building Training for Domestic Violence and Sexual Assault Programs](#)

The most comprehensive trauma-informed care (TIC) framework was created by Substance Abuse and Mental Health Services Administration [SAMHSA] (2014), which proposes 4 key assumptions, also known as the 4 “R’s,” for the provision of TIC:

1. **Realizes** the widespread nature of trauma and potential pathways for recovery.
2. **Recognizes** signs and symptoms of trauma in survivors, their families, staff, and others involved in systems.
3. **Responds** by integrating knowledge about trauma into policies, procedures, and practices.
4. **Resists** retraumatizing survivors and staff.

Below are ways that advocates can apply the 4 “R’s” to their work with Black survivors.

1. Realize the widespread nature of trauma and potential and pathways for recovery.

Black women often experience intimate partner violence within a web of trauma, victimization, and violence. Along with physical, sexual, and emotional IPV, Black women also experience high rates of reproductive coercion, defined as the attempt to control a survivor’s ability to make decisions about reproductive health, non-fatal strangulation, and domestic homicide. Moreover, Black women experience IPV in the context of family violence, community violence, historical trauma, structural violence, institutional violence, and cultural violence (West, 2021). Trauma informed advocates should be prepared to address all these forms of violence (see TAG 3 and TAG 4).

2. Recognize signs and symptoms of trauma in survivors, their families, staff, and others involved in systems.

Below are three ways that advocates can recognize the signs and symptoms of trauma.

Take a Health Equity Approach. Black survivors reported a variety of poor mental health outcomes, including suicidal thoughts, posttraumatic stress disorder (PTSD), anxiety, depression, substance abuse disorders, elevated rates of injuries; and physical health problems, including reproductive health problems, such as sexually transmitted infections (STIs) (Rice, West, Cottman, & Gardner, 2022). Rather than seeing Black women as personification of a diagnosis, advocates can ask survivors how they cope with symptoms of depression or PTSD (e.g., intrusive recollection, distressing dreams, flashbacks, and emotional numbing) (Rice et al., 2023).

Regardless of income, mental health care is often inaccessible to many Black survivors. To learn more about the mental and physical health problems associated with Black women's IPV victimization advocates can:

- Read the report [*Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersection of Sexual and Intimate Partner Violence*](#) (Branco, Keene, Ortiz, Vassell, Winters, Grove et al., 2021).
- Watch the webinar "[*We See You Sis: Centering Black Survivors in the Fight for Health Equity and Violence Prevention.*](#)"

When possible, advocates should connect survivors with trauma-informed, long-term mental and physical health care services.

Understand the Neurobiology of Trauma. Trauma can change a survivor's nervous system, brain functioning, and communication patterns. Although these neurobiological changes may not be permanent, they can have long-lasting effects on a survivor's behavior. For example, some Black survivors develop trauma responses and protective/ coping techniques, such as cautious distrust or avoidance of individuals and systems that have historically mistreated Black Americans (Davis & Block, 2020).

With training in the neurobiology of trauma, advocates can understand a wide range of trauma reactions and expressions, which will help them to normalize survivors' information processing abilities and coping behaviors. With this knowledge, advocates can more develop trauma-informed practices for gathering information. For example, when interacting with survivors, service providers can notice such sensory details as breathing, muscle tension or relaxation, posture, and gestures. This sensory information can help guide the decision to shift from activating or triggering questions to calming questions, and decrease anger, anxiety, or depression, which may retraumatize survivors (Leitch, 2017).

Practice Self-Care. Providing services during the COVID-19 pandemic has taken a toll on service providers. As advocates struggled to meet larger caseloads of survivors with complex needs, they shifted to remote service delivery, while receiving less support and contact with their colleagues. These work conditions have contributed to occupational stress, burnout, and secondary trauma (Wood, Voth Schrag, Baumler, Hairston, Guillot-Wright, Torres et al., 2022).

Practicing self-care will reduce professional burnout and secondary trauma, which will enable advocates to better serve survivors. The COVID-19 pandemic also taught anti-

violence professionals that emergency and preparedness plans should include scaled up IPV response to care for survivors and staff members during public health and natural disasters. To learn more:

- Visit the website [Self-Care For Advocates](https://selfcareforadvocates.org) (SCFA) (<https://selfcareforadvocates.org>) to develop a self-care plan to avoid burnout and secondary trauma.
- Read the report [Sexual Violence in Disasters](#) (National Sexual Violence Resource Center, 2021) to learn how to create a trauma-informed emergency and preparedness plan for your organization.

3. Respond by integrating knowledge about trauma into policies, procedures, and practices.

Advocates can ensure that policies and settings do not harm survivors. For example, some domestic violence shelters have mandated policies such as required curfews, designated mealtimes, limited family visitation hours, and restrictive parent practices. Overly strict rules, which some survivors may experience as a form of hyper-surveillance and coercive controlling behavior, can replicate the abusive tactics used by their perpetrators (Nnawulezi & West, 2018). For additional examples, see [Abusive Power and Control within the Domestic Violence Shelter](#) (Koyama & Martin, 2002).

Advocates can modify their shelter rules to promote safety, privacy, comfort, and a sense of control, while decreasing the risk of creating trauma-related distress. Specifically, service professionals can ask themselves the following questions:

- What was the original intention of the rule?
- By making and enforcing this rule, what do you hope to convey to survivors?
- What do survivors think the purpose of the rule is, how is the rule being enforced, and the impact of the rule on their experiences at the shelter (Kulkarni et al., 2019)?

4. Resist retraumatizing survivors and staff.

Retraumatization occurs when any situation, interaction, or environmental factor recreates events or dynamics of previous traumas and causes feelings and reactions associated with the original traumatic experience (Davis & Block, 2020; Warshaw et al., 2018). Intimate partner violence is used by perpetrators to gain power and control through coercive means. Advocates can avoid recreating this trauma by doing the following:

- Modifying interview procedures to promote safety, privacy, comfort, and a sense of control while decreasing the risk of provoking trauma-related distress. For example, give the survivor control of the “green light” and “red light” to start and stop all interviews.
- Reflecting on their own power, privilege, values, history, beliefs, and trauma experiences to avoid recreating abusive dynamics and structures (see TAG 4 for a discussion of institutional violence).
- Engage in *power sharing* by prioritizing survivors’ decision making, creating opportunities for survivors to take the lead in framing their experiences, needs, and concerns, which will ensure survivor autonomy within the treatment process (Kulkarni, 2019).

Strengths-Based Approach

Despite their trauma, many Black survivors demonstrate *resilience*, defined as “the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks” (Mushonga, Rasheem, & Anderson, 2021, p. 153). In fact, some Black survivors reported positive psychological changes, such as greater appreciation of life, spiritual growth, and personal growth. These changes represent *posttraumatic growth*, defined as the “process of meaning-making and is marked by profound growth” and is “characterized by transformative changes in an individual’s perceptions of self, others, and life” (Mushonga et al., 2021, p. 153).

Advocates can use a strengths-based approach by focusing on the ways that survivors use their individual agency, find support, and obtain critical assistance. For example, researchers discovered that Black survivors used multiple survival strategies, including:

- *Internal strategies*, such as using religion/spirituality or self-reliance;
- *Interpersonal strategies*, such as leaving the abuser or using physical force in self-defense; and
- *External strategies*, such as utilizing informal (e.g., friends, relatives) or formal sources of support (e.g., hospitals, domestic organizations, police) (St. Vil, Sabri, Nwokolo, Alexander, & Campbell, 2017).

By using a strengths-based approach, advocates can avoid the “savior-complex,” which is the false belief that Black survivors are deficient and defective and require a helper that is all-knowing. This approach can infantilize survivors by emphasizing the need for rescuers—who are often White, economically privileged, and hold professional credentials—to “save” Black survivors and to help them make “better choices” (Nnawulezi & West, 2018). Advocates can use the following strategies and resources to promote resilience and create a strengths-based approach for Black survivors (Baptiste & Gooden, 2023; Gooden, 2022; Moore-Lobban & Gobin, 2022).

1. Create holistic treatments.

Advocates can use holistic techniques that are designed to help survivors to heal their bodies, minds, and spirits. For example, Black survivors have found healing in storytelling, dancing, journal writing, creating/listening to music, and reading books and poems, especially artistic expressions that were created by Black women. When appropriate, advocates can incorporate creative expressions in both individual and group interventions (Moore-Lobban & Gobin, 2022). Some Black survivors cope with IPV by relying upon religion and spirituality, including prayer and meditation. Advocates can collaborate with Black clergy members to develop culturally and religiously tailored intervention strategies to raise awareness about IPV, promote IPV education, and help create linkages to holistic care for Black survivors within faith communities (Shaw, Enriquez, Bloom, Berkley-Patton, & Vidoni, 2022).

2. Strengthen the survivor's social support network.

At some point, many survivors seek help from their *informal support system*, including friends, relatives, neighbors, members of faith communities, and *formal systems*, such as domestic violence advocates or legal professionals. Below are three ways that advocates can strengthen the social support network of Black survivors.

Assess the strength of a survivor's social network. A survivor's social network may be unavailable for a variety of reasons: isolation tactics used by abusers; a survivor's sense of shame; and network members' frustration, fear, or misunderstanding of abuse dynamics. Advocates can assess the availability of the survivor's network, work to repair fractured relationships, and establish healthy support systems (Goodman, Chronister, Gutowski, Mendoza, & Kumar, 2023).

1. *Prewrite* involves working with survivors individually to repair abuse-related harm to their sense of self and ability to identify safe and unsafe relationships (e.g., "How often do you talk with clients about what feels scary, overwhelming, or even dangerous about seeking help?").
2. *Taking stock* means helping survivors identify specific people in their networks who could be helpful to them (e.g., "How often do you help clients identify who would be safe to reach out to for any kind of support?").
3. *Reconnecting* involves supporting survivors to repair relationships disrupted by abusive partners through techniques such as coaching, role-playing, and providing emotional support (e.g., "How often do you ask clients if there is a network member(s) they want to invite to their meetings with you?").
4. *Starting New* means helping those survivors whose own networks are unequipped to help them by forming new ties, for example support groups or building mutual support systems (e.g., "How often do you help connect clients with groups and organizations that support individuals who share their identities and/or cultural backgrounds?"). This can be done through "Sister Circles," which are informal, naturally occurring support groups for Black women that build upon existing friendships, family networks, and community.
5. *Moving Outward* means supporting network members themselves by educating them about the dynamics of IPV and services to survivors and providing emotional support as they reengage with the survivor (e.g., "How often do you talk to network members about what support they need?").

Although discussed separately, all these topics can be raised in a single conversation. For example, an advocate could identify a safe place to stay for the night, identify who might be safest and why, and explore how the survivor can access these resources. For additional suggestions for ways to strength a survivor's network see the Network Oriented Practices Scales (NOPS) (Goodman et al., 2023).

Provide informational support. A well-informed informal social support system can be a critical link between Black survivors and service providers. Advocates can provide *informational support*, which consists of advice and information regarding resources for

Black survivors (Schmidt, Kedia, Dillon, & Howell, 2023). Advocates can share information about their organizations in settings where Black survivors may gather, such as:

- Beauty and nail salons,
- Clothing and food pantries,
- Faith communities,
- Human resource departments, and
- Radio, television, and social media outlets that target Black communities.

Provide bystander education. Bystander training is grounded in the premise that all community members have a role in promoting safety for survivors. Advocates can strengthen the survivor’s social support system by creating a network of family members, friends, and faith-based organizations that understand the dynamics of IPV. A culturally responsive bystander program can challenge:

- The stigma, shame and secrecy around IPV, including the false belief that Black women are “stupid” or weak for staying in an abusive relationship;
- Community norms that allow IPV to flourish, such as partner violence is a “private” matter and that bystanders are “snitches” if they intervene; and
- Educate about the dynamics and risk factors for domestic violence (Bent-Goodley et al., 2023).

3. Partner with Black women activists.

Throughout history Black women have been anti-violence activists. In fact, some of the most successful social movements to address gender-based violence in the past few decades were started by Black women. For example:

- Tarana Burke created the hashtag #MeToo to build solidarity with and among Black women and girl survivors of sexual assault (Burke, 2021);
- Beverly Gooden created the hashtag #WhyIStayed to educate about the challenges survivors face when leaving a violent relationship (Gooden, 2022); and

Kimberle Crenshaw created the hashtag and media campaign #SayHerName to raise awareness about police violence against Black women (Crenshaw, 2023).

As Dr. Jacquelyn Campbell (2022), a domestic violence expert, realized: *“I need to learn and to be led by my Black and Brown and Indigenous colleagues toward making meaningful change”* (p. 25). Using technological advances, advocates can partner with Black women to use the power of digital activism to amplify Black survivors’ stories, organize to create social change, and advocate for justice by:

- Mobilizing a multiethnic coalition of activists to raise awareness about domestic violence and sexual assault;
- Providing a supportive virtual and offline community for Black survivors; and
- Organizing and coordinating real-world action, including political protest and structural change (Williams, 2021).

Survivors’ readiness to engage in political or social activism will need to be assessed prior to their involvement. See Baptiste and Gooden (2023) for additional strategies to promote resilience and create a strengths-based approach for Black survivors.

Conclusion

In May 2023, more than three years since COVID-19 was designated as a pandemic, the World Health Organization (WHO) declared an end to the global Public Health Emergency. Yet, we will be living with this pandemic for generations. Moreover, Black women will continue to be disproportionately impacted by the triple pandemics of COVID-19, racial injustice, and gender-based violence (Ayoub et al., 2023; Khanlou et al., 2022). In the spirit of the Domestic Violence Coalition statement entitled [Moment of Truth: Statement of Commitment to Black Lives](#), true racial reckoning involves acknowledging past harms, apologizing, and seeking forgiveness, and establishing accountability so that racist and oppressive behaviors actions, and polices will never occur again. Advocates must move beyond the simple acknowledgement of injustice and strive to create survivor-centered, culturally-responsive, trauma-informed, and strengths-based care for Black survivors of intimate partner violence.

Endnotes

¹ Coronavirus disease (COVID-19) is an infectious and potentially life-threatening disease. Symptoms often include fever, cough, headache, breathing difficulties, loss of smell and taste (Centers for Disease Control [CDC], 2022). As of August 2, 2023, the pandemic had caused 768,559,963 cases and 6,952,509 confirmed deaths, ranking it fifth in the deadliest epidemics and pandemics in history (Richie, Mathieu, Rodes-Guirao, Appel, Giattino, Ortiz-Ospina, et al., 2020-2022).

² In this TAG, the term “*Black*” will be used to refer collectively to individuals of African and Caribbean ancestry and “*African American*” will be used to refer specifically to those of African ancestry who were born in the USA.

³ In this TAG, the term women-identified will be used to refer to *cisgender women*, people who were assigned female at birth (AFAB) and identify as women, and *transgender women*, people who were assigned the male sex at birth (AMAB), but who identify and live as women.

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The NRCDV welcomes your input. If you have any comments or additional information to provide, please contact our Programs & Prevention Team at nrcdvTA@nrcdv.org.

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