DOMESTIC VIOLENCE AND BLACK WOMEN:

Black Women Victims of Domestic Violence: Challenge and Supports

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Black Women Victims of Domestic Violence: Challenge and Supports

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by

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Abstract

This investigation functions from the premise that many African American victims of Domestic Violence (DV), also called Intimate Partner Violence (IPV), require significant supports to thrive. The terms DV and IPV are often used interchangeably and can both refer to violence between intimate partners and violence between family members. For this investigation we solely use the terms DV/IPV with the focus of violence between intimate partners. Data continues to indicate that African American victims of DV/IPV are overrepresented in this type of victimization. The question as to why some Black victims of DV thrive while others do not was explored during this investigation. Supports and effective helping strategies for Black victims of DV were identified. This study seeks to map out the experiences of Black women victims of DV who achieved success and thriving. This study will synthesize new findings that build on existing literature that compels attention to DV and Black Women victims at the nexus of supports and means required for these victims to thrive while navigating structural inequalities. In Milwaukee, Wisconsin for example, various Black women victims of DV who thrive do so in spite of an often lower socioeconomic status combined with systemic racialized policies impacting this victim group. Existing literature suggests, among other things, structural inequalities, race and class are factors in deciding the availability and the quality of the supports for domestic violence victims. Researchers further suggest culturally responsive delivery systems are necessary to assist in the mitigation of trauma from abuse and racialized bias in service delivery.

Keywords: Black women, African American women, women, domestic violence, cultural competency, intimate partner violence, supports, racialized bias, structural inequalities.
Over the last three decades, the phenomena of domestic violence (DV) between intimate partners also known as intimate partner violence (IPV) has been recognized as a primary public health concern that impacts all persons regardless of age, race, gender, ethnicity or socioeconomic status (Jenkins, 2020). National data indicates that domestic violence in the United States continues to be pervasive (National Resource Center on Domestic Violence (NRCDV, 2020). The NRCDV estimated the number of domestic violence occurrences in the U.S. is 20 incidents every minute or approximating 10 million incidents each year. This means one-in-three women and one-in-five men will experience domestic violence at some point in their lifetime.

Wisconsin, data indicated 33% of women and 22% of men experienced domestic violence (NRCDV/NCADV, 2020). In the midst of the pervasiveness of DV in the United States, Black woman domestic violence victims are disproportionately impacted (West, 2013; Stockman, Lucea, Bolyard, Bertand, Callwood, Sharps, Campbell & Campbell, 2014). Data indicated African American women’s exposure to domestic violence was not only at higher rates but also with more severe injuries including higher rates of homicide. Researchers suggested this increased exposure was due to structural and racial inequalities (Stockman, et al., 2014; Tennakoon, Hakes, Knowlton, Spain, 2020).

African American women who are victims of domestic violence in the United States and particularly, those in Milwaukee, Wisconsin, face considerable racialized barriers when seeking help to achieve safety and security in the home and within intimate partner relationships (Gillum, 2019). In addition to the stigma of domestic victimization, Tennakoon, Hakes, Knowlton and Spain (2020) further, suggest Black women also tended to be disproportionately impacted by post-traumatic stress disorder (PTSD) and depression. The literature indicated, depression in
Black women was 20% higher than the general population and was shown to be a result of unmet needs, racism, socioeconomics and access to care (Holden, Hernandez, Wrenn, & Belton, 2017). In addition, depression in Black women remained largely undiagnosed which lead to many Black women receiving no assistance for depression or PTSD (Tennakoon, Hakes, Knowlton & Spain, 2020).

In an effort to mitigate the current challenges as well as trauma experiences of many Black DV victims seeking help from abuse, and particularly for those in Milwaukee, WI, this study will address a gap in the literature to identify specific supports African American survivors may need to thrive. This study functions from the premise that many Black women victims of domestic violence require access to robust, racially unbiased DV services and culturally responsive supports that are survivor-life-centered. In addition, this study builds on earlier literature examining Black women domestic violence victims that suggest among other things, structural inequalities, race and class are factors in deciding whom the significant supports go to in DV service delivery (Bent-Goodley, 2004; Gillum, 2008; Gillum, 2009; Campbell, Sharps, Gary, Campbell, & Lopez, 2002).

Significantly, earlier literature suggests supports for Black women victims of DV need to be coupled with access to opportunities necessary to achieve success beyond survival to reach a status where thriving takes place (Bent-Goodley, 2005; Campbell, Webster, Kozioi-McLain, Block, Campbell, Gary, McFarlane, Sachs, Sharps, Ulrich, Wilt, Manqanello, Xu, Schollenberger, & Frye, 2001; Gillum, 2009). This investigation provides fresh information on this populations’ challenges to ascend to thriving as evidence continues to suggest those challenges may be particularly race-based (Bent-Goodley, 2004; Gillum, 2009).
Statement of the Problem

The problem to be addressed is why some African American victims of domestic abuse thrive, and to ascertain the supports and application needed that allowed some of these victims to achieve success.

Significance of the Study

This study will examine needed supports for African American women victims to survive domestic violence. Data suggested 1 in 3 Black women are victimized by a former or intimate partner during her lifespan (NRCDV 2020). This data further indicated Black women in particular between the ages of 15 and 44 were at heightened risk of domestic violence and were often more severely injured or killed as compared to White women (Norwood, 2018). Tragically, domestic violence was listed as the leading cause of premature death in Black women (Gillum, 2019a).

To illustrate the significance of domestic violence against Black women, an excerpt from a 2015 report by the National Institute on Domestic Violence in the African American Community (IDVAAC, 2015) states:

Statistics from the American Bar Association’s (ABA) 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. (p. 2)

Existing research provided substantial evidence revealing the impact of DV and IPV in the lives of Black women and indicated the primary perpetrators were current or former intimate partners (Alexander, Willie, McDonald-Mosley, Campbell, Miller & Decker, 2019). As with other communities where there is concentrated systemic disadvantage, Milwaukee also reports some of the highest rates of overall crime. Thus, the Black residents are at a higher risk of experiencing violence than their white counterparts (Crime Maps/Statistics, May 2020). For example, within Milwaukee’s Black community, incidents of homicide, rape, burglary, theft, assault, and other violent crime are some of the highest in the city and the state (Crime Maps/Statistics, May 2020). This study also investigates ways to mitigate Black women victims’ historical challenges against racial inequalities present in mainstream service provision. The lower socioeconomic status of many Black women victims coupled with continuing evidence of systemic racialized policies means this population has been severely disadvantaged with limited access to culturally responsive and effective services.

**Purpose of the Study**

The purpose of this study is to synthesize new findings that build on existing literature about Black women victims of domestic violence. This study sought to examine the supports required for African American victims of DV to survive and thrive while navigating historical and structural inequalities. Previous studies indicated some positive encounters for DV survivors with mainstream programs even though racial bias was a factor (Gillum, 2004). However, this early research did not identify what tangibles were effective in these services or how these
services led to the success of Black women victim of domestic abuse (Bent-Goodley, 2007; Gillum, 2008; Constantino, Yookyung, & Crane, 2005; West, 2013).

To address the challenges experienced by particularly African American victims of DV in achieving safety, security and success, this analysis attempts to identify the actual supports that are needed, as well as how the supports are provided for a Black DV victim’s success. There are some studies on supports for domestic violence victims, but they are limited in their scope. Rivas, Vigurs, and Cameron, (2019) examined specifically advocacy services for varying groups of victims of abuse and under what circumstances they were effective. However, their study does not identify other supports beyond advocacy for DV victims. Further, several earlier studies examined the existence of implicit bias and racism in service provision that featured the authentic voices of Black women victims who assert such bias (Bent-Goodley, 2007; Gillum, 2008; Aldridge, 2013; Horton, Drew-Vann, Horton, C., 2014; West, 2013). This investigation seeks to map out specific information that conveys why some Black women victims of DV thrive and identify the supports that were required for that success.

**Definition of Terms:**

Advocacy: Advocacy primarily involves education, safety planning support and increasing access to different services (Rivas, Vigurs, & Cameron, 2019).

Agentic: Social cognition theory perspective in which people are producers as well as products of social systems. Milgram's theory about the agentic state which is the psychological state the obedient subject is in when he or she is obeying authority (Das, 2020).

Black and African American: Often used interchangeably to describe persons born and raised in the United States and are descendants of enslaved Africans brought to the U.S. (Gillum, 2019b).
Covenants or Racial Covenants: Agreements between property owners, developers and real-estate companies to not rent or sell properties to certain people, often so-called “negroes.” Government and private discrimination actions that excluded the rental or purchase of property by Blacks in suburban and other such areas. (Fernandez, 2020; Loyd, & Bonds, 2018).

Cultural competence: The providers awareness of the folkways, mores, language, religion, gender roles, childbearing practices, rituals, metaphors, medicines and healing practice, music and fighting behavior employed and socially transmitted by people of African descent who have been socialized in the United States (Campinha-Bacote, & Lee, 2020).

Culturally specific services: A system of services and methods designed by and for a cultural group that centers the life of the survivor and is informed by and rooted in the values, beliefs, traditions, institutions and history of the cultural group (Horton, & Vann, 2014).

Domestic violence/intimate partner violence: The intentional infliction of or threat to inflict pain, injury or illness. Intentional impairment of physical condition or an act that may cause the other person reasonably to fear imminent engagement or sexual assault or contact without consent” (Department of Justice (DOJ) Office on Violence Against Women (OVW), 2020).

Implicit bias: Involves associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race or gender (FitzGerald, Chloe & Hurst, Samia 2017).

National Network to End Domestic Violence (NNEDV) is the leading national entity of alliances dealing with domestic violence (DV) and sexual assault (SA). The NNEDV works with state coalitions, and programs across the U.S. and serves as the liaison between DV/SA programs nationally and the White House. Initially formed in 1990 to organize national efforts to
encourage and support federal legislation to address domestic violence that resulted in the passing of VAWA in 1994 (NNEDV, 2020).

Means: Described as the avenues or paths taken as well as tangible and non-tangible resources used or social or political capital or assess and resources (Bridwell-Mitchell, 2017).

OVW: Office on Violence Against Women (VAWA). The federal coordinating entity that support the capacity of law enforcement and victim serving programs by administering financial, technical assistance and training to address crimes associated with domestic violence, sexual assault and stalking. VAWA is the result of a 1994 Crime Bill to develop programs, policies and practices to address domestic violence, dating violence and sexual assault and stalking (Department of Justice (DOJ, 2020).

Structural Inequality, Structural Racism: A system in which public policies, institutional practices, cultural representations, laws and other norms work in various, often reinforcing ways to perpetuate racial group inequity (The Aspen Institute, 2020).

Survivor life centered: Is an approach described as holistic. It considers multiple aspects of an individual’s life for example, aspects of a victim of DV/IPV where the survivor prioritized what is important and may be outside the issue of victimization and involve housing, education, children, mental health, health, healing (Horton & Drew-Vann, 2014; Campinha-Bacote, & Lee, 2020).

Thriving: To develop, grow, thrive, prosper, flourish (Watkins, 2019).

Redlining: A practice used by financial institutions to determine who received home loans based on who was the safer risk. Overwhelmingly African Americans and those communities were deemed higher risk for mortgages and insurance. Red lines were literally drawn on maps to create boundaries to determine where mortgages and insurance costs would be higher. These
areas had a higher concentration of African American living in them (Fernandez, 2020; Loyd, & Bonds, 2018).


White flight: Generally defined as whites moving from the city or an area due to an increase of African Americans moving in. Not wanting to live in the same areas as Blacks, this was a response to the 1940s to 1960s migration of African Americans from southern states to the North seeking jobs and a better life and opportunities for themselves and their children’s futures (Hashimoto, 2020).

**Delimitations of Research**

A variety of search terms were used to secure subject matter on domestic violence (DV) and Black women from approximately February 2020 to September 2020. However, the subject matter on DV, IPV and Black women victims was an ongoing field of study for the author of this paper, and as such, a wealth of information was previously collected and maintained. This study explored existing literature as well as a variety of intersecting sources including national data bases to study Black women victims of DV and IPV who are overrepresented and impacted more severely by this type of victimization. The investigation sought information that describes tangible supports provided for this population to achieve safety, security and to thrive; however, very little was found. Search terms included: Black women victims of domestic violence, African American victims of domestic violence, domestic violence statistics, domestic violence in Milwaukee, intimate partner violence and Black women; studies by African American
researchers on African American victims, and supportive services for victims of domestic violence. Multiple search locations were used to obtain current information including the University of Wisconsin Library system at both UW-Milwaukee and UW Platteville. A literature searched was conducted for journals in ERIC and EBSCO as well as Google and Google Scholar. In addition, searches were conducted online at U.S. government sites that fund domestic violence programs including the U.S. Department of Health and Human Services Administration on Children and Families (HHS-ACF) and the Department of Justice Office on Violence Against Women, (DOJ/OVW) where the Violence Against Women Act (OVW) funds are housed. DOJ is a primary funder of DV programs and research in the U.S. Supplementary searches were conducted online at the National Resource Center on Domestic - Violence Against Women network (VAWnet) and the Institute on Domestic Violence in the African American Community (IDVAAC) where considerable information was gained. An ongoing search was conducted at Ujima, the National Resource Center on Violence Against Women in the Black Community, The Violence Policy Center, National Center on DV & Trauma. Current data specific to African American victims of DV and IPV was limited. Much of the literature found was dated, particularly studies by known African American scholars in the field of violence against women prevention. Some research articles older than 5 years were used to provide context. Direct contact was also made with known scholars in the field who then provided information on their research that was currently in publication. Nonetheless, it was challenging to find current information from any source, old or new, that talked about the success of Black women victims of domestic violence and described the specific supports required for that success to be achieved and for the victims to not just survive but thrive; therein lies a significant gap in the literature.
Methods of Approach

This investigation reviewed a significant amount of empirical research including literature, data statistics and reports on domestic violence and intimate partner violence in the United States and in Milwaukee, Wisconsin. The initial searches used the timeframe of 1990 to 2020 utilizing the University of Wisconsin Library system at both UW-Platteville and UW-Milwaukee and Research@uwm. An expanded search of literature was also conducted in ERIC and EBSCO as well as Google and Google Scholar. A review of literature was conducted relating to research and other studies, as well as anecdotal evidence of domestic violence in Black women. Also examined was statistical data on Black Women victims of DV that include those in substance abuse treatment, corrections and mental health services. Further this study also examined culturally competent programming that provided services to Black Women victims of DV.

An extensive search was conducted for history, subject matter and context specific to domestic violence and intimate partner violence online at the National Resource Centers, Ujima, the National Center on Violence Against Women in the Black Community, the State DV coalition, as well as the Violence Against Women VAWnet. A variety of secondary sources was studied on historical information impacting African American populations overall including examination of Uniform Crime Reports and Crime Maps specific to Milwaukee, Wisconsin. Comparable findings were examined across the literature.

Chapter Two focuses on the problem of why more Black women are victims of DV and why they are impacted more severely by this type of victimization. This study also seeks to understand why some Black victims of DV and IPV thrive and to ascertain descriptively the
supports required to achieve success. Chapter Three draws conclusions from the literature, followed by recommendations of future steps and research needed in the field.
Chapter Two

History

Over the last three decades, domestic violence (DV) has continued to be recognized as a major public health concern impacting all persons regardless of age, race, gender, ethnicity or socioeconomic status (Edelson, 1999; Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997; Bent-Goodley, 2007; Campbell, Sharps, Gary, Campbell & Lopez, 2002; Gillum, 2019a). The National Resource Center on Domestic Violence (NRCDV), the national clearinghouse for subject matter research, also indicated that domestic violence (DV) is pervasive throughout the United States.

National

Domestic violence occurs every minute in the U.S. -- approximating 10 million incidents each year with one-in-three women and one-in-five men experiencing domestic violence at some point in their lifetime (NRCDV, 2020). Oliver, (2018) analyzed the national data from the Violence Policy Center on DV homicides and reported:

In 2016 1,809 females were murdered by males in single victim/single offender incidents. When women are murdered the offender is typically a current or former male romantic partner. For example, in 2016 for homicides in which the victim to offender relationship could be identified, 93% of female victims (1,537 out of 1,651) were murdered by someone they knew. With regard to black female homicide victims, in 2016 91% of black females killed by males in single victim/single offender incidents knew their killers (397 out of 434). More than 10 times as many black females were murdered by a male they knew (397 victims) than were killed by male strangers (37 victims) in single victim/single offender
incidents in 2016. Of black victims who knew their offenders, 58% (232 out of 397) were wives, common-law wives, ex-wives, or girlfriends of the offenders. Most often, black females were killed by males in the course of an argument—most commonly with a firearm. In 2016, for the 373 homicides in which the circumstances between the black female victim and male offender could be identified, 84 percent (314 out of 373) were not related to the commission of any other felony. Fifty nine percent (121 victims) were shot and killed with guns during those arguments. (p. 6)

Studies indicated higher domestic violence effects on African American women victims and submit this was due in part to higher levels of economic distress as well as residence in economically disadvantaged neighborhoods (End Domestic Abuse Wisconsin -EDAW, 2020; National Institute of Justice-NIJ, 2009). Black women’s exposure to DV was not only at higher rates, but also resulted in more severe injuries including higher rates of homicide (Stockman, et al., 2014). Tennakoon, et al., (2020) suggest that Black women’s increased exposure to domestic violence was due to structural and racial inequalities.

**Wisconsin**

Wisconsin State Legislature stated the definition of domestic violence as the intentional infliction of physical pain, physical injury, or illness, impairment of physical condition or sexual contact without consent (Wisconsin State Legislature, 2020). Domestic violence was no respecter of persons and is prevalent nationwide; however, was disproportionate to some groups due in part, because of poverty, joblessness, and feelings of despair that intersect directly with the conditions produced by hyper-segregation, and intentional, structural racialized and oppressive systems.
In Wisconsin, data indicates 33% of women and 22% of men experience domestic violence (NRCDV, 2015); (NNEDV, 2019). These reports indicated 1,850 victims received domestic violence victim services in one day. However, the literature also shows these estimates are concentrated for some victim populations. Domestic violence negatively impacts Black women victims in particular compared to their White counterparts (Hampton & Gelles, 1994; Levine, 2019; Stockman, et al., 2014). Therefore, Black victims of domestic violence suffer more due to structural inequalities, particularly in Milwaukee, Wisconsin (Campbell, et al., 2002). In addition, Griffin, Chappel and Williams (2006) further suggest that African American women victims of DV and IPV are disproportionately impacted at higher rates and more severely including higher rates of homicide (Bent-Goodley, 2007; Campbell, et al., 2001; Gillum, 2008; Hampton & Gelles, 1994; Jenkins, 2003; Richie, 2012; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009).

**Milwaukee**

Milwaukee is the largest city in the State of Wisconsin with an estimated city population of 593,351 (U.S. Census, 2018). Milwaukee County’s overall population is 948,201 (U.S. Census, 2018). Related data shows that of the city’s total population, African Americans are estimated to be about 231,390, which equates to roughly 38.9% of the city’s population as compared to 6.7% of the total state population of nearly 5.7 million. Thus, the city of Milwaukee is home to approximately 70% of the State of WI’s African American population.

Historically, Milwaukee, Wisconsin was a part of the Great Migration of African Americans leaving the South primarily from the mid 1940s to the 1960s in search of economic opportunity (Gates, 2017). However, a systemic and racialized response to this migration of
Blacks to Northern cities to seek a better life for their families, immediately began and corresponded with the early beginning shift and decline of industry in the city. The government-sanctioned response to Black migrants also involved the segregation of housing particularly through the use of ‘covenants’ that redlined where Blacks could and could not rent or buy homes (Rothstein, 2017). The Brown v. Board of Education (1954) decision to desegregate schools did not work because the poorly-funded schools were located in intentionally redlined areas of the city. Racialized policies and practices were established and are still in effect to this day (Rothstein, 2017; Levine, 2019). African American children received substandard education because their school boundaries were in redlined, low tax rate areas, yielding less money for teacher aides, materials and programs.

Consequently, racialized structures, created to block Black progress, also served to heighten racial discord as these policies and practices functioned to force racial segregation, and hinder Black employment. Historically over multiple decades, these factors combined to contribute to the disenfranchisement of African Americans (Sugrue, 2008; Sugrue & Sugrue 2014; Levine 2019). As a result of these race-based policies, Milwaukee’s Black community – a community with a rich cultural heritage and robust institutions (i.e. churches, Mosques, schools, civic and service organizations) had little opportunity to prosper and build wealth or access educational opportunities, due to racial segregation, racially restrictive housing covenants and discrimination in employment (Bonds, Farmer-Hinton, & Epps, 2009). The Black community in Milwaukee was left to contend with ‘White flight’ from the central cities of large urban metropolitan areas, which then contributed to the problem of unequal educational opportunity (Wisdom, Leavitt & Bice, 2019).
**Structural inequalities, racism and social disparities**

The lines of racial separation in the city of Milwaukee, Wisconsin have persisted and so have the social disparities such as domestic and intimate partner violence that result, in part, from those policies indicated. Milwaukee has been recognized as one of the nation’s most segregated cities and the impacts of structural racism are so pervasive, city officials declared racism a public health crisis (Pierre, Jessicah, 2019; Bedell, & Jackson, 2017; Prestby, T., App, J., Kang, Y., & Gao, S., 2020; Bedell, & Jackson, 2017). Levine (2019) examined racial disparity and segregation in Milwaukee, determining its effect across multiple areas including: economics, housing and incarceration. He argued, unequal systems exist and persist unabated maintaining an enduring ecosystem of disadvantage for persons of color in Milwaukee. For example, the typical black household in Milwaukee earns *less than half* the typical white household. In addition, while the white poverty rate in Milwaukee of 7.6 percent was one of the lowest in the country, the Black poverty rate of 36.4 percent was among the highest in the country (Institute for Policy Studies, 2019).

Earlier literature revealed the existence of implicit bias and racism in mainstream domestic violence services that limited the effectiveness of support for Black women victims (Aldridge, 2013; Horton & Drew-Vann, 2014; Stockman, et al. 2014; West, 2013). As a result of perceived racism and a history of mistrust with systems, many Black DV women victims are reluctant to seek services from mainstream providers (Gillum, 2019b). Several earlier studies examined encounters from the perspectives of Black DV victims within mainstream programs where racial bias was identified as a factor (Bent-Goodley 2007; Campbell, et al, 2002; Gillum, 2004). Other researchers also highlighted racial bias featuring the authentic voices of Black victims who assert such bias (Bent-Goodley 2004; Gillum, 2009; Horton, Drew-Vann, 2014).
Given the conditions of structural and racial inequalities pervasive in Milwaukee, Black women victims of DV are severely challenged to secure safety and security in their communities. Empirical research, data analysis, and national and local data statistics revealed several themes in the pervasiveness of domestic abuse and its disproportionate and despairing impact in the lives of Black women. Aldridge (2013) compared and analyzed two major studies with victims of DV to examine the resiliency and capacity of women victims with multiple challenges. One study analyzed DV victims receiving mental health treatment and supports, and the effectiveness of those services. The author noted one of the key factors in the onset of mental illness among many of the women participants was domestic violence. Another study (Horton & Drew-Vann 2014) conducted focus groups with Black DV victims to examine services received by Black women victims in four different cities in Wisconsin and found Black women victims receiving services from a mainstream program felt that racism, bias and judgement on the part of providers hindered their ability to receive fair and equitable treatment. The authors concluded women’s agentic stances negatively impacted their help-seeking opportunities. Vann (2003) earlier indicated similarly that it was difficult for some Black victims to receive mental health and other social services because of stereotypical images imposed by systemic racism.

**Cultural Competence**

Cultural competence has been defined as providers having awareness of the culture of a specific group. These cultural characteristics include: folkways, mores, language, religion, gender roles, childbearing practices, rituals, metaphors, medicines and healing practice, music and fighting behavior employed and socially transmitted by people of African descent who have been socialized in the United States (Campinha-Bacote & Lee, 2020). Vann (2003) indicates culturally responsive services must encompass the victim’s life and be survivor-life centered
that literature describes as a holistic approach (Gillum, 2009). Service providers with cultural competence are needed because cultural knowledge can help mitigate the harm caused by racism, bias and negative stereotyping. Research indicated culturally competent services was particularly needed for African American populations and can serve to improve outcomes, relations and access to quality care and services among Blacks and other populations of color (McGregor, 2019).

**Mainstream providers**

Historically, we know there are mainstream DV victim-serving organizations that provide effective services to women including African American victims of domestic violence. Early research utilized focus groups with Black women victims of domestic violence to determine the effectiveness of support services for Black women victims (Bent-Goodly, 2004). The focus group respondents in the study reported a lack of cultural competence in the provision of services and stated it was a critical factor in this population’s trust and usability of a service provider.

Vann (2003) however, researched program providers and noted that most domestic violence victim services were a one-size-fits-all model created by, and for White middle-class women. Gillum (2009) conducted individual interviews with Black women victims of domestic violence who were utilizing available mainstream DV services in the city of Milwaukee and found that just under fifty percent (48%) felt mainstream programs were providing adequate services.

West and Johnson (2013) examined studies with samples of Black women victims of domestic violence and sampled primarily Black female veterans and HIV positive and negative Black women from four major United States cities. The respondents stated that all professionals and service providers needed to learn about African American history,
sexual assault, and historical trauma in order to help in a recovery plan effectively matched to the victim's needs (West & Johnson, 2013). Oliver (2018) indicated a gap in the literature that did not view domestic violence at the nexus of community violence. His study employed a structural-cultural perspective to enhance understanding of the intersection of community violence and intimate partner violence among African Americans. Oliver (2018) asserted the importance of cultural perspective within a multifaceted approach when addressing domestic violence in the Black community.

*Services within Black communities*

Victim services are severely lacking within communities of color and particularly so in Milwaukee’s African American community. For over three decades, there has been and continues to be only one culturally specific African American DV agency in Milwaukee and in the entire state of Wisconsin (Vann, 2003; Gillum, 2009; The Asha Project, 2020). Study findings consistently indicate many African American survivors of domestic violence feel far more comfortable at a culturally specific agency that serves Black victims within their local community for a number of reasons (Bent-Goodly, 2005; Gillum, 2009). Black women were more likely to attend a local service provider because of transportation, familiarity with the area, and more trust with programs designed by, and for Black women that encompassed their life (Vann, 2003). The women felt that the Black agency providers understood their background, economic challenge, history of racialized oppressions, and their resistance to call police (Gillum, 2009). Black victims appreciated providers who were reflective of the community, had a shared history, culture and traditions and were non-judgmental (Vann 2003; Gillum, 2009; Horton & Drew-Vann, 2014).
The goal of the Gillum (2009) study was to examine the experiences of Black women victims who used a specific Black domestic violence victim agency to determine if the results were more positive with a culturally competent agency located in the Black community. Gillum (2009) found that Black domestic violence victims were 90% more positive about the culturally competent services provided within their Black communities in comparison to services outside the community.

As earlier indicated, domestic violence programs and services were developed initially in a one-size-fits-all model for White middle-class women; however, this model did not take into consideration the issues of race, class and culture and historical racialized and systemic oppression experienced by others. Several researchers suggested efficient and effective supports for Black women victims of domestic violence must include the option of culturally responsive service delivery to mitigate negative stereotypes and racialized bias (Stockman, et. al. 2014; Gillum 2019a).

Access to Services

Historically, research revealed both negative and positive experiences expressed by Black victims of domestic violence in accessing mainstream services where accessibility and racial bias are underlying factors (Bent-Goodley 2007; Gillum 2008; Gillum 2019a; West, 2013). Black women victims of DV require access to appropriate culturally competent services. The inaccessibility of appropriate domestic violence services has been noted in the literature as a barrier to receiving effective services for African American women (Bent-Goodly, 2005). As previously indicated, there are a number of stated reasons for the barriers to accessibility.
Help-seeking behaviors

It is important that service providers recognize that African American women victims may exhibit different help-seeking behaviors (Vann, 2003; Gillum, 2019b; Oliver, 2018). Systems can and do re-victimize Black women often because of the women’s response to violence. Responses exhibited to violence by Black women may include fear, anger, loss of control and feeling trapped. These feelings can result in anger and withdrawal in many women. These responses when not viewed as valid reactions to a chaotic and traumatic environment, perpetuate aggressive and violent stereotypes about Black women that traditionally have been played out through multiple levels of the media (Vann, 2003; West, 2013). In addition, Black women victims of domestic violence were often described as agentic or following the male dominated rules of authority (Das, 2020). This may be in part due to social constraints.

The high rate of domestic violence among Black women combined with the challenges of structural inequality, lack of usable supports and very limited access to culturally responsive victim services create an untenable system. Gillum (2019a) explained that to mitigate the current challenges faced by many African American victims of domestic violence and particularly those residing in Milwaukee, access to unbiased and more significant supports are needed.

Poverty

Aldridge (2013) noted that high rates of poverty among Black women means they may not have resources for transportation or internet or phone service to locate assistance, nor can they afford to have someone look after their children while they receive help. Because these women are in poverty, they may be dependent on the male in their relationship to provide resources for the family. Aldridge (2013) studied the lives of victims and particularly, African American women victims whose economic status often placed her at higher risk for victimization
due to limited resources in the community undergirded by systemic racialized oppression and the lack of access to necessary supports. Aldridge (2013) also stated the harm caused by domestic violence, the perpetuation of women’s vulnerability as victims and the barriers to resiliency are also compounded by broader, systemic factors such as ineffective or inappropriate support services and interventions, as well as political and ideological influences. The National Institute of Justice (NIJ, 2009) reported higher DV effects on many African American women victims and submitted this was significantly due in part to higher levels of economic distress and as well as living in economically disadvantaged neighborhoods.

**Structural barriers to survivor services**

Structural barriers, more pronounced in poor neighborhoods are those systemic characteristics of an organization. These barriers can include characteristics that are directly impacted by a lack of financial resources such as: limited hours, limited services, and lack of outreach programs. Especially at the state level, lessened funds mean fewer staff and hours to meet the needs of domestic violence victims. This may then be coupled with resistance from support and funding for culturally specific programs. In addition, low salary, high stress, and lack of benefits also results in fewer social service workers in the field to assist victims (Leigh, Leigh, & Du, 2019). Barriers can also come from a lack of adequately trained staff or poor programming, for example, no holistic or culturally responsive approach, a passive approach to service delivery, inadequate structure of support groups, and not providing the tools women need to get out of abusive relationships. Barriers may also be present, due to discrimination based on race or class. In the body of research on African Americans specific to Black women victims’ realities and experiences, one researcher (Gillum, 2009) conducted a study with Black women victims of domestic violence in Milwaukee, Wisconsin. The author found significant barriers
such as racial bias to adequate assistance with Black DV victims within DV shelter and non-shelter DV services.

**Education**

Due to racial disparity and hyper-segregation in Milwaukee many public schools attended by Black domestic violence victims when they were children, experienced high dropout and incarceration rates. These schools were in redlined areas where fewer resources and supports were provided for children and families (Levine, 2019). Many Black domestic violence victims may have received a substandard education and therefore may be less likely to access services or trust staff. Some victims may not be aware of the resources that are available to help them receive services including health care systems, transportation, counseling and additional education (Franke, Kalweit, Frey, Hedergott, Mitschke, Wehrmeyer, Heinrichs & Kröger, 2019). Often times, domestic violence victims residing in improvised communities are challenged to access victim and other resource because of a historical mistrust of local systems.

**Ancillary Services**

Domestic violence victim ancillary services include features such as emergency shelter, crisis counseling, safety planning, and legal restraining order assistance. However, few studies exist as to which of these services work best and for whom and at what juncture or consequence. Literature exploring auxiliary or supportive services and their impact for victims of domestic violence are scarce. Some literature and Congressional reports have been found and they reveal that the kinds of supportive services for victims of domestic violence have expanded over the past few decades; however, the level of support for Black victims was not differentiated in the reports. According to the Congressional Research Services (2019) report, domestic violence victim numbers continue to climb while services for DV and IPV victims have in-fact eroded in
other ways such as changing federal guidelines and increasing restrictions experienced by providers. Problematic for programs is requiring a percentage match in funding or funding that is cost reimbursement. Funding will most often specify what services are supported, for whom, and under what conditions. In addition, services that are provided by the state agencies may be inconsistently provided because of the availability of funds (Houston-Kolnik, & Vasques, A. L., 2017; WCADV/EDAW, 2018; Congressional Research Services, 2019).

Shelter

Emergency domestic violence women’s shelters are available nationwide and in each state. It was originally intended as emergency shelter based on an empowerment model of services; however, recent studies have indicated more rigid rules have been implemented (Gregory, Nnawulezi, & Sullivan, 2017). Unfortunately, most emergency shelters are overcrowded and underfunded. Most do not allow the domestic violence victim to bring much with them. As well, many domestic violence shelter policies and practices pose barriers for some victims. For example, a victim with teen-age sons was not allowed to bring them with her into shelters. In response to this barrier, state funded DV programs in Wisconsin were forced to change this practice. Wisconsin’s Department of Children and Families (DCF) rewrote requirements detailed in Basic Services for domestic violence programs. These DCF requirements for funding forbid the exclusion of a domestic violence victim’s minor children (WI DCF, 2020). Additionally, a victim’s pets are also rarely allowed which can cause some victims to not seek help if they have to abandon their animals (Newland, Bowler & Bowler, 2019). Currently, Animal Rescue League and other shelters will keep the pet without cost until the victim has a home, but the victim needs to know these services are available and how to access them. From the point of view of the survivor of domestic violence, they flee their home and their abuser to find themselves cramped into crowded spaces with their younger children and
without their older sons or their pets. For safety sake, having to go into shelter services can be extremely difficult for a parent as they are forced to uproot their children from school and their friends. Most emergency shelters have a limit of 45 days before other housing must be found (EDAW, 2020). Effective emergency shelters immediately start the search for new appropriate and safer housing for the victim and help arrange the transfer of school and medical records for the family. This transition time has been when domestic violence victims return to their abusive partner within their community as their emergency housing was about to terminate, especially if there are no other viable options (Aldridge, 2013; NRCDV, 2020). Gillum’s (2009) work showed there were also cultural competency issues in shelter services for Black DV victims.

**Counseling**

Crisis counseling was often provided to DV victims upon entering the emergency shelter. However, this counseling intent was to immediately resolve pressing issues and the continued provision of mental health services was generally rare (Aldridge, 2013).

**Restraining orders**

Domestic Violence Restraining Orders, also called protective orders or injunctions (depending on the city/state) are time-limited legal documents signed by the courts that orders a respondent/perpetrator to stay away from the petitioner/victim’s residence, school, workplace and authorizes police to arrest the respondent if violated (EDAW, 2020). Domestic Violence Restraining orders require a history such as a prior relationship, lived together or had a child in common. Restraining orders can be initiated by the victim; however, the majority are often provided pro bono by domestic violence advocates in the field or by attorneys or law students as part of a divorce action. Unfortunately, if the domestic violence victim returns to the abuser before the time limit, it can be much more difficult to get a subsequent restraining order.
Victims who return to their abusers or begin separation from their abuser are at increased risk of harm and death and if a gun is accessible to the abuser, women victims are 500% more likely to die by a handgun (Burnett, Schminkey, Milburn, Kastello, Bullock, Campbell, Sharps, 2016). Leaving a violent relationship can put women victims at increased risk to be seriously injured or killed during this time period (NRCDV, 2020). Additionally, securing a restraining order can be a difficult and daunting task to understand and navigate for some, particularly if there is no immediate incident or current injuries visible. Emotional abuse and psychological or financial abuse are rarely considered in the issuance of a restraining orders. In addition, the abuser may also disregard the restraining order.

**Advocacy**

A recent study (Rivas, Vigurs, & Cameron, 2019) examined specifically advocacy services for varying groups of victims of abuse and under what circumstance support was helpful. For example, advocacy services may help the victim complete the restraining order process, offer continued support to build resilience, and involve safety planning and systems education. Advocacy are rights and resources; active referral and liaising with other services; risk assessment and safety planning on behalf of the victim (Rivas, Vigurs & Cameron, 2019). However, this study does not explore other supports beyond advocacy services for DV victims nor was there an indication of how widely advocacy services were being used throughout the nation.

**Thriving**

Watkins (2019) described thriving as development, growth, prospering and flourishing rather than merely surviving. Heywood, Sammut and Bradbury-Jones (2019) conducted a study on thrivership of domestic violence victims. They suggested the goal for victims was to move
through a process of self-discovering from victim, to survivor, to thriver. This qualitative study surmised that thivership involved education and awareness development for domestic violence victims at 3 different levels: including level 1 safety, level two, sharing their story and level three, social response. This study did not classify the demographics of the domestic violence victims involved in the study. As such, it is assumed the participants in the study were White women victims that would not face the racial, systemic and oppressive challenges experienced by Black women victims in today’s society. Additional research suggested if resiliency was assessed and cultivated in, particularly Black women victims who more often than not present with depression, positive outcomes were advanced in the goal of safety, success and thriving (Crann & Barata, 2016; Holden, et. al., 2017).

Brown, Arnold, Fletcher and Standage, (2017) further described thriving as developing vigorously and successfully. The goal of thriving instead of just surviving meant the focus was toward reaching positive human functioning. As such, it was important that survivors received the support and tools necessary to leave an abusive relationship, as well as the skills to prevent a reoccurrence. It can be extremely difficult for a domestic violence victim to leave an abusive relationship and successfully manage an independent life on their own, even more so if the victim is a Black woman (Alexander, et. al 2019). In addition to physical and structural supports, the skills necessary to leave an abusive relationship include thoughtful planning and problem solving, system navigation, self-care and what Brown et. al (2017) describe as person enabler characteristics. These individual attributes include attitudes, insight and awareness that help the victim develop self-confidence. The actions required of an individual that helps them thrive include: a positive perspective, proactive personality, motivation, knowledge and learning, religiosity and spirituality, along with psychological resilience, and the ability to possess social
competencies. However, for some victims who are African American women facing psychological trials navigating racialized systems, this can be a challenge. Poverty, low self-esteem, lack of information and access to services and resources along with social stigma can complicate the process of leaving an abusive relationship, particularly if the abuser was the father of their children (Burnett, et al., 2016). The literature suggests supports for Black women victims of domestic violence need to be coupled with access to opportunities necessary to achieve success beyond survival to reach a status where thriving takes place. Such services should include access to culturally responsive DV services and culturally responsive mental health and substance abuse services, assistance in accessing safer housing and transportation, community support from church or other providers, access to education and career related services, medical treatment, and safe childcare (Gillum, 2019a). The domestic violence victim has significant challenges to ascend to a life of success and thriving and as early and later evidence continues to suggest, those challenges may be particularly race-based (Bent-Goodley, 2004; Gillum, 2019a).

Correspondingly, previous work that examined services outside of a “one-size-fits-all” approach for particularly Black women victims, strongly suggested a need for cultural competency and relevance for this population (Bent-Goodley, 2005; Gillum, 2009; Vann, 2003). Federal and state resources began to be apportioned for such funding and development of culturally specific programs and program models began to receive some support (Congressional Research Services, 2019)
Victims of domestic violence who are successful and thrive rather than merely survive were successful because they received the supports they needed at critical junctures (Brown, et al., 2017). Thriving victims start to no longer see themselves as victims and instead began to recognize their own self-worth and the importance of their strength as a role model for their children and families. Thrivers learned to take care of themselves, so they can then take care of their children. They become a self-advocate and actively search for other opportunities for themselves.

Existing literature and statistics illustrated the disparity in Black women’s access to appropriate resources and supports (Bent-Goodley, 2004; Horton & Drew-Vann, 2014; Gillum, 2019a). In addition, the research revealed a systemic class and racialized system that functioned to exacerbate Black women’s inability to be safe (Campbell, et al., 2002; Bent-Goodley, 2007; Aldridge, 2013). Consequently, this study was able to draw conclusions and make recommendations that are discussed next.
Chapter Three: Conclusions and Recommendations

In summary, a review of existing literature revealed an extensive amount of information on the subject of domestic violence that primarily provided analysis and evaluation of the impact to victims. However, glaringly there remained a scarcity of evidence that explored the daily experiences of Black women victims of domestic violence (Jenkins, 2020). Few studies provided evidence of the successes of this victim population, nor described how these women attained success. Across existing literature, there was an abundance of evidence that infers African American women victims of domestic violence are disproportionately impacted due in part to conditions imposed by structural inequality and racism innate in systems, including structural determinants of health pervasive in the condition of the African American community. Poverty was a major factor in victimization, in addition to historical and socioeconomical influences impacting African Americans in the U.S. and particularly in the city of Milwaukee. Statistics affirmed Black women victim’s heightened exposure to domestic violence (Levine, 2019). Heightened levels of economic distress and residence in economically disadvantaged neighborhoods put Black women victims of domestic violence at considerable risk, as these victims additionally face considerable barriers to accessing adequate supports required for success. A usable model of effective support for Black women domestic violence victims was not found in the literature. In addition, to the factor of implicit bias, the literature also revealed there was a lack of culturally specific service options for Black DV victims within the Black community and a lack of cultural capability with African American populations by mainstream providers (Gillim, 2019; Campinha-Bacote & Lee, 2020). Additionally, there are few victim specific services located in Black communities and the auxiliary services for African American domestic violence victims may be negatively impacted by the effects of racialized bias. This is
especially the case in accessing victim services in a locale such as the city of Milwaukee with its national recognition for being the most segregated city in the United States (Levine, 2019). After substantial analysis, available literature did not offer descriptively, the supports or means required for this victim population to not only succeed but also to thrive.

**Recommendations**

Based on the conclusions drawn from the literature, three key substantial recommendations are made to inform the field of study on DV/IPV as well as inform mainstream and other providers in strengthening their work to enable a Black domestic violence victim beyond surviving to thriving.

First, expand the research on the practices of DV service providers to include the lived experiences of specifically Black women victims. In addition, additional research is needed on specifically which supports, and means were necessary for Black domestic violence women victims to succeed as well as research on what supports could be used successfully with future victims to achieve success. This expanded knowledge would increase the literature and inform the field of violence against women and family violence prevention. Current data is needed. This expanded research can then impact policy and best practices related to supports required for African American women victims of Intimate Partner Violence.

Second, policy development and implementation are needed within DV programs to address the issues of racial bias and class evidenced across the literature. Although DV victim services and supports are available for all victims of DV and IPV, noticeably, some victim populations may not receive the same supports or attention, due to historical and structural inequalities including race and class. African American women victims of domestic violence, like other victims of DV warrant access to unbiased, significant supports within her community
with the option of culturally responsive services, comparably as these same supports are available to DV victims and providers outside of her community.

Third, policy development is needed to meaningfully expand access to culturally responsive programs. This includes increasing the capacity of culturally responsive services that significantly support such program development and maintenance. This provides critical access to such services informed by the authentic voices and experiences of persons of color, particularly so for Black women domestic violence victims. This recommendation extends at the systems level to enhance available victim services within the Black community for not only Black victims, but as well to support the need for cultural capability requirements for all service providers serving Black women DV victims.
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