



The Intersectionality of Intimate Partner Violence in the Black Community

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Abstract

To adequately address intimate partner violence in the black community in the USA, it is imperative to discuss historical oppression and examine how intersecting realities influence intimate partner/gender-based violence and individual, community, and systemic responses. Institutionalized and internalized oppression through racism, sexism, classism, homophobia, xenophobia, religious subjugation, etc., perpetuates unrecognized, unaddressed, and denied traumatic experiences for black survivors. One of the leading causes of death for black women aged 15–35 is intimate partner violence. Black women are almost three times more likely than white women to be killed by an intimate partner. This chapter will explore why culturally specific, trauma-informed practices are essential for holistic responses. For a black survivor, oppression, implicit/explicit bias, and racial loyalty/collectivism directly impact how female survivors perceive, react to, and report intimate partner violence. Racism and stereotypes continue to contribute to the failure of the legal systems, crisis services, and other programs to provide adequate resources and assistance to black survivors. Survivors who are foreign-born Africans, Afro Caribbeans, and Afro Latinas experience limited access to services in their first languages and/or limited interpreters who speak the native language, fear of interacting with systems and deportation, and little cultural understanding and empathy from service providers. We will provide promising practices, guiding principles, and culturally specific resources to illuminate the opportunities that exist to support the resiliency, autonomy, and self-determination of black survivors.

Keywords

Intimate partner violence · Victims and survivors · Black women · African immigrant · Black Caribbean women · Ethnic identity · Intersectionality · Marginalization · Racism and bias · Historical trauma · Foreign-born African

Introduction

In this chapter, 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. According to the 2010 US Census, 14% of the population, which is 42 million people, are self-identified as black or African American, either alone or in combination with one or

more races (Rastogi et al. 2011). Although the black population is remarkably diverse and resilient, they are overrepresented among victims and perpetrators of intimate partner violence (IPV). In the National Intimate Partner and Sexual Violence Survey (NISVS), 45.1% of black women reported sexual violence, physical aggression, and/or stalking that was committed by an intimate partner during their lifetime (Smith et al. 2017). Based on these prevalence rates, it is estimated that more than six million black women are survivors of some form of IPV (Black et al. 2011).

In addition to ethnicity and country of origin, black Americans vary in terms of racial identity, educational and socioeconomic status (SES), geographic residence (urban, rural, and suburban), religious affiliation, sexual orientation, and gender identity. An intersectional approach can be used to make these black subpopulations more visible. Accordingly, in the first section of this chapter, we will briefly define intersectionality and discuss the prevalence rates and risk factors of IPV based on various intersecting identities. When compared to other ethnic groups, black women frequently experience multiple types of victimization. Accordingly, in the second section we will discuss the importance of situating nonfatal strangulation, domestic homicide, and reproductive coercion in the context of historical trauma, structural violence, institutional violence, and community violence. Because they live at the intersection of multiple intersecting identities, black women are at risk for multiple vulnerabilities in the form of physical and mental health problems, which will be the focus of the third section. We will conclude the chapter with programs that provide a cultural framework for intervention and treatment with black survivors of IPV.

Intersecting Identities

Rooted in black feminist scholarship, intersectionality posits that people simultaneously occupy multiple social identities, and each of these identities intersects with one another to form a person's unique experience of the world, particularly as it relates to their marginalization and encounters with oppression (Crenshaw 1991). Imagine a survivor of IPV who self identifies as a low-income, black lesbian with a history of mental health challenges who resides in an under-resourced urban community. This means that she may simultaneously experience racism, classism, homophobia, and discrimination based on her perceived mental disability as she navigates her daily life, including how she contends with IPV and attempts to access services and systems (Simpson and Helfrich 2014). Figure 1 is an attempt to visualize multiple intersecting identities of victims and the complex way that various forms of oppression can co-occur in the context of IPV.

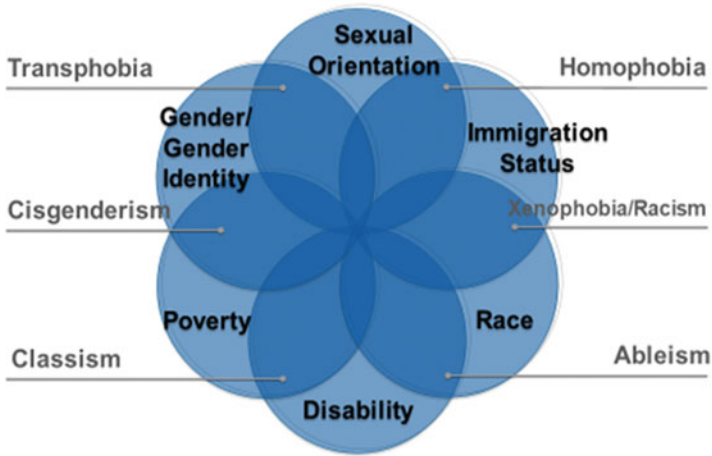


Fig. 1 Intersection of identities and oppression in the lives of black victims of intimate partner violence

Definitions

Ableism	Assigning different (lower) value to people who have developmental, emotional, physical, and sensory or health-related disabilities, thereby resulting in differential treatment.
Cisgenderism	System of beliefs that reinforces a negative evaluation based on gender nonconformity or an incongruence between sex and gender.
Classism	Systematic oppression and differential treatment of subordinated class groups to advantage dominant class groups. It is supported by a culture of attitudes and values that assigns characteristics of worth and ability based on social class or perceived social class.
Homophobia	Homophobia can be manifested as fear of association with lesbian, gay, or bisexual persons or being perceived as lesbian, gay, or bisexual.
Racism	Individual action, or institutional practice backed by institutional power, which subordinates people because of their color or ethnicity.
Transphobia	Conveys society's fear of hatred of different genders.
Xenophobia	An unreasonable fear, distrust, or hatred of strangers, foreign peoples, or anything perceived as foreign or different (Miller and Garran 2017)

Next we will discuss prevalence rates and risk factors for IPV based on the following identities: ethnicity, age, socioeconomic status, sexual orientation, and gender.

Ethnic Identity

As a result of increasing rates of voluntary migration in the past four decades, the black American population has become more diverse and has grown to include almost 8 million individuals of Caribbean ancestry (Zong and Batalova 2019) and approximately 4.3 million members of the sub-Saharan African diaspora (Echeverria-Estrada and Batalova 2019). Due to their presumed similarity in race, scholars have often aggregated black ethnic groups (US-born African Americans, black Caribbeans, and African immigrants) into a single combined category. This practice of “ethnic lumping” has obscured important differences in rates of IPV across ethnic groups. For example, using the National Survey of American Life (NSAL), researchers have found higher rates of lifetime severe physical victimization among African American women when compared to US Caribbean black women (17.9% vs. 12%, respectively) (Lacey et al. 2016). Accordingly, in this section we will discuss the prevalence rates and risk factors of IPV for black Caribbean and African immigrant women.

Black Caribbeans

Two national studies have investigated IPV among black Caribbean populations within the USA and its territories. Based on the 2005 Behavioral Risk Factor Surveillance System, 22% of black women in the US Virgin Islands (USVI) experienced lifetime physical and sexual IPV (Breiding et al. 2008). More recently, cross-sectional data from the NSAL, the only known representative study on Caribbeans residing in the USA, revealed that 12% of US Caribbean black women reported severe physical IPV, as measured by the question “Have you ever been badly beaten up by a spouse or romantic partner” (Lacey et al. 2016).

Interestingly, there were important differences in the types of partner violence between islands. Women in St. Thomas reported more combined physical and psychological abuse than those in St. Croix (44% vs. 24%, respectively) (Stockman et al. 2014). Moreover, rates of IPV varied based on generational status. For example, the rates of partner violence varied among Caribbean immigrants when compared to those who identified as second-generation Caribbeans (those born in the USA to immigrant parents), and those who identified as third-generation Caribbeans (those with Caribbean immigrant grandparents) (Lacey and Mouzon 2016). These findings underscore the importance of investigating rates of IPV across various Caribbean populations, across generational status, and conducting research on the historical context, risk factors, and consequences of IPV within Caribbean communities and across its Diaspora (Lacey et al. *in press*).

In terms of risk factors, when compared to their nonvictimized counterparts, US Caribbean black women with a history of severe IPV were less likely to be college educated, were more likely to have lower household incomes (less than \$25,000), and were less likely to be homeowners (Lacey and Mouzon 2016). Among African Caribbean women, victimization in the past 2 years, defined as “recent IPV,” was associated with the following risk factors: using drugs in the past year, having

concurrent sex partners, and having a past-year history of sexually transmitted infection (STI) (Stockman et al. 2013).

African Immigrants

Despite their vulnerability, research on IPV among African immigrant women is sparse. Based on a literature review, frequency rates of IPV were primarily gleaned from qualitative studies that used small samples, focus groups, and individual interviews. Results revealed that African immigrant women reported multiple types of physical, sexual, and emotional IPV. The types of violence that were reported by victims varied based on their level of acculturation, as measured by English language skills. In addition, language barriers, immigration status, and gender roles were risk factors that contributed to IPV in African immigrant families (Mose and Gillum 2016; West 2016).

Socioeconomic Status

As a result of living at the intersection of multiple forms of oppression, black women are more likely to be impoverished (for reviews see Gillum 2019; West 2019). Socioeconomic disadvantage, rather than race, appears to account for higher rates of IPV. For example, unemployed intimate partners were more likely to murder black women. The researchers concluded that “unemployment appears to underlie increased risks often attributed to race/ethnicity” (Campbell et al. 2003, p. 1092). Equally important, social class is related to other risk factors for violence. Using a complex path analysis, researchers found that “. . . those from lower SES strata may have greater exposure to childhood violence, have higher rates of depression, experience more alcohol-related problems, have poorer coping mechanisms, and more commonly endorse the use of physical aggression as a tactic in marital disputes” (Cunradi et al. 2002, p. 386).

Age

Partner violence has been documented across the age spectrum. For example, dating violence has been found among African American students beginning in middle school and throughout high school (Black et al. 2014). According to the Youth Risk Behavior Surveillance, 12% of black high school girls had been physically hurt on purpose by someone they had been dating in the year prior to the survey (Kann et al. 2016). Relationship violence can also continue into the college years. Among undergraduate women who were enrolled at Historically Black College and Universities (HBCUs), 17.8% had experienced physical IPV in the past year (Barrick et al. 2013).

At the other end of the age continuum, older African American women in both urban communities (Paranjape et al. 2009) and Southern rural areas (Lichtenstein and Johnson 2009) experienced various forms of family violence. Specifically, they

were financially abused by their adult children and physically abused by their spouses. To further complicate this family violence, older women often lacked resources for independent living, stable housing, personal income, and good physical and mental health. Therefore, there is a need to understand how IPV occurs in the context of other risk factors within their families.

Sexual Orientation

Although African American lesbians are at elevated risk, few researchers have investigated physical and sexual partner violence in this population (Hill et al. 2012; Simpson and Helfrich 2014). In a Chicago community sample of self-identified black lesbians ($n = 164$), 39% reported IPV victimization as measured by items that asked the respondent if their most recent partner ever “threw something at you, pushed you, or hit you” or “threatened to kill you, with a weapon or in some other way” (Bostwick et al. 2019). In a sample of black college women, women who were only attracted to women were more likely to experience each type of IPV under investigation (verbal, physical, and sexual) when compared to women who were only attracted to men (Barrick et al. 2013).

Likewise, bisexual black women reported high rates of IPV. In a small ($n = 42$), exploratory study of black bisexual women, defined as respondents who reported lifetime gender or sex partners as “equally men and women,” 71.4% reported IPV during their lifetime (Alexander et al. 2016). In another community-based sample of black bisexual women ($n = 61$), 44.3% reported IPV in their most recent relationship (Bostwick et al. 2019). Finally, when compared to black college women who reported being attracted to both men and women were more likely to report physical or sexual IPV when compared to black women who were only attracted to men (Barrick et al. 2013).

Gender Identity

Transgender individuals, defined as those whose gender identity differs from the sex they were assigned at birth, are at elevated risk for IPV. In fact, across multiple studies more than 40% of transgender respondents reported IPV. In a San Francisco study of transgender women with a history of sex work, among the surveyed African American women ($n = 235$), 43.5% had been physically assaulted by a primary partner (Nemoto et al. 2011). In a sample of transgender and gender nonconforming youth from 14 cities in the USA, 45% of black youths ($n = 60$) reported that they had been slapped, punched, kicked, beaten up, or otherwise physically or sexually hurt by an intimate partner (Goldenberg et al. 2018). Finally, among black transgender women ($n = 493$) who were recruited over a four-year period at Black Pride events in 6 cities, 44.7% had been hit, kicked, slapped, beaten, or physically assaulted by a partner in the year prior to the survey (Bukowski et al. 2019).

Obtaining generalizable data on transgender populations continues to be a challenge. The United States Transgender Survey (USTS) is the largest anonymous, online survey ($N = 27,715$) that examines the experiences of transgender adults (18 or older) in the USA, America Samoa, Guam, Puerto Rico, and US military bases overseas (James et al. 2017). Among the black transgender respondents ($n = 796$), 56% experienced some form of IPV, including physical violence and acts of coercive control (intimidation, emotional and financial harm, and physical harm to others who were important to respondents). More specifically, 44% had been physically assaulted by a romantic partner. Notably, transgender black men (62%) reported slightly higher rates of IPV victimization than transgender black women (58%) and nonbinary black people (49%) (James et al. 2017). “*Nonbinary*” refers to people whose gender is not exclusively male or female, including those who identify as having no gender, as a gender other than male or female, or as more than one gender.

The purpose of this section was to review how IPV varies across ethnicity (“**Black Caribbeans**” and “**African Immigrants**”), socioeconomic status, age, sexual orientation, and gender identity. A more comprehensive, intersectional framework should consider survivors who self identify as black and multiracial (James et al. 2017) and as immigrant, refugee, or undocumented black women, particularly those who are transgender, as they experience IPV at the intersections of gender, ethnicity/race, anti-immigrant bias, and an increasingly precarious legal status within the USA (Guadalupe-Diaz and West *in press*). Special efforts should be made to investigate IPV among black women who experience multiple vulnerabilities, such as those who live with mental or physical health challenges, those who are drug-involved, or those who are involved in the criminal legal system (Richie 2012). Also, scholars should consider religious affiliation and the unique types of abuse experienced by black Muslim (Oyewuwo-Gassikia *in press*) and black Christian women (Davis 2015).

To conclude, black Americans are not a monolithic group. They embody identities that are both visible, such as race, and less visible, such as educational level. Furthermore, the possible combination of their identity representations are both complex and infinite. Figure 1 is a visual representation of how multiple intersecting identities and the corresponding types of oppressions can co-occur. Future research is needed to identify additional areas of overlapping identities and the ways in which oppressions interact in complex ways in the lives of black victims of IPV.

Multiple Forms of Victimization

Black women experience higher rates of some forms of IPV when compared to women of other racial groups. As a result of living at the intersections of multiple forms of oppressions, their intimate partner violence should be discussed in the context of multiple forms of victimization. For example, as illustrated in Fig. 2, IPV should be discussed in the context of historical trauma (e.g., slavery), structural violence (e.g., racial discrimination, concentrated neighborhood disadvantage, and homelessness), institutional violence in the form of discriminatory treatment from service providers, and community violence.

Fig. 2 Black women's intimate partner violence in the context of multiple forms of violence



Intimate Partner Violence

When compared to women of other racial groups, black women reported higher rates of nonfatal strangulation, domestic homicide, and reproductive coercion. Below we will discuss the prevalence rates of each type of IPV and highlight how each form of violence varies based on the intersecting identities of victims.

Nonfatal Strangulation

African American women reported higher rates of attempted, completed, and multiple strangulations when compared to all other groups of women who had called the police in seven police jurisdictions in Oklahoma (Messing et al. 2018). This is a potentially lethal form of aggression, which can be used, to immobilize and terrorize the victim. Black strangulation victims reported that the violence was triggered by the perpetrator's jealousy or accusations of infidelity, the victim's attempt to terminate the relationship, or her failure to comply with his demands. Immediate and lasting fear was the primary reaction to strangulation (Thomas et al. 2014).

Domestic Homicide

Femicide, which is the homicide of women, represents the most extreme manifestation of IPV. Overall, black women were murdered by males at a rate more than twice as high as white women (2.55 vs. 1.13 per 100,000, respectively). Among black women ($n = 390$) who had been murdered by a known offender (e.g., girlfriends or common-law, current, or ex-wives). Most often, black male intimates killed black women with a firearm during the course of an argument (Violence Policy Center 2019).

As measured by the Danger Assessment, the risk of lethality has been found to vary based on ethnic group. When compared to women who were at lower risk of domestic homicide, African Caribbean women were at high risk of femicide if their perpetrator was a former boyfriend or if their boyfriend was a gun owner. In contrast, African American women were at higher risk of domestic homicide if they were younger, cohabitating with their partner, had a child that was not the biological child of the abuser, or if the perpetrator was unemployed (Sabri et al. 2014).

Reproductive Coercion

Sexual assault is a common occurrence in the lives of black women across the lifespan, within the context of physically abusive relationships, and across ethnicity and sexual orientation. For example, 11.7% of black high school girls reported sexual dating violence, which was defined as being forced to do sexual things, including kissing, touching, or forced intercourse (Kann et al. 2016). Based on the NISVS, approximately one in five black women (22%) had been raped by an intimate partner during their lifetime (Black et al. 2011). Furthermore, of 426 physically abused black women, 38.8% (n = 44 African American and n = 116 African Caribbean women) experienced intimate partner forced sex (Draughon et al. 2015) and 40.5% of bisexual black women had been sexually victimized by a partner (Alexander et al. 2016).

When compared to women of other racial groups, African American women reported higher rates of *reproductive coercion* (RC), which is a specific form of sexual violence that involves the control of reproductive health (Basile et al. [in press](#)). Reproductive coercion most often occurs in the context of IPV. For example, in a sample of African American women who were recruited from three women's clinics, the odds of experiencing past year RC was 4.7 times higher among women who experienced past-year IPV (Paterno et al. [in press](#)). Likewise, in a Baltimore community sample, black women who reported lifetime physical or sexual IPV were more likely to report RC when compared to those without a history of IPV (57.6% vs. 42.4%, respectively) (Alexander et al. [in press](#)).

Reproductive coercion can take various forms. For example, in the NISVS, among black women who had experienced IPV, 13.7% reported *pregnancy coercion*, such as pressuring the woman to become pregnant by preventing her from using contraceptives or threatening to terminate the relationship if she does not become pregnant. In addition, 18.5% reported *birth control sabotage*, which included condom removal or intentionally hiding contraceptive devices to promote pregnancy (Basile et al. [in press](#)). Not surprisingly, RC has been associated with unintended pregnancies. In a sample of black women who sought services at five family planning clinics in Northern California, 29% reported pregnancy coercion, 27% reported birth control sabotage, and 49.9% experienced an unintended pregnancy (Miller et al. 2010). Once a pregnancy has occurred, RC can take the form of *controlling pregnancy outcomes*. The partner may either pressure the woman to either terminate or continue the pregnancy, in opposition to her desire.

Based on a literature review (Grace and Anderson 2018) and national studies (e.g., Basile et al. [in press](#)), the greatest risk for RC was experienced by the most

marginalized women, such as those who were black, younger than 30 years old, unmarried, low-income, and had less than a high school education. Also, when compared to their heterosexual counterparts, male partners more frequently told bisexual black women not to use birth control (Alexander et al. 2016).

To conclude, black women experience a disproportionate rate of nonfatal strangulation, domestic homicide, and reproductive coercion. However, a review of Table 1 reveals how living at the intersections of multiple forms of oppressions increases the types of IPV in the lives of the most marginalized groups. For example, nearly one-third (29%) of black transgender women reported “*Identity IPV*,” which took the form of being told that they were not a “real” woman or man, threatened with being “outed” by having their transgender status revealed to others, or being prevented from taking their hormones. Equally important, black transgender respondents experienced their IPV in the context of other forms of interpersonal violence, including high rates of lifetime sexual assault and violence directed toward them by members of their family of origin (James et al. 2017).

Historical Trauma

During 250 years of slavery, followed by 90 years of de facto and *de jure* segregation in the form of Jim Crow laws, and the shameful incompleteness of the modern civil rights movement, one thing has remained constant in the lives of African Americans: high levels of racially motivated violence and terrorism. This can result in *historical trauma*, which has been defined as “the collective spiritual, psychological, emotional and cognitive distress perpetuated inter-generationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day” (Williams-Washington and Mills 2018, p. 247). Interpersonal violence between family members is one way that the traumatizing effects of slavery may continue to manifest within African American families (St. Vil et al. 2019). Likewise, IPV among Caribbean couples and families can be traced to pre-independence practices of plantation economies, enslavement, and colonization (Lacey et al. *in press*).

This is not to suggest that every destructive act, including the perpetration of IPV, is the direct result of slavery. Exposure to racism, quality of their social support system, and knowledge of these historical events can determine how contemporary African Americans experience historical trauma (Williams-Washington and Mills 2018). Still, slavery and its aftermath have left an indelible mark on the black psyche and consciousness and have hindered the ability of some African Americans to develop healthy interpersonal relationships (St. Vil et al. 2019). To illustrate, 66% of African American women who experienced partner conflict, in conjunction with a range of lifetime traumas, such as poverty, incarceration, and childhood abuse and abandonment endorsed the item: “My race has a history of being oppressed, discriminated against, or threatened by genocide” (Hauff et al. 2017). This may indicate that some black survivors situated their personal trauma within the context of their race’s historical trauma.

Table 1 Summary of violence against transgender black Americans in The United States Transgender Survey (USTS) (n = 796) (James et al. 2017)

A. Interpersonal violence	
Intimate Partner Violence (IPV)	56% of black respondents experienced some form of IPV, including physical violence and acts of coercive control (intimidation, emotional and financial harm, and physical harm to others who were important to respondents). 44% of black transgender respondents had been physically assaulted by an intimate partner. 76% of black transgender respondents who had worked in the underground economy experienced intimate partner violence. 29% of black transgender respondents acts of coercive control by an intimate partner related to their transgender status, including being told that they were not a “real” woman or man, threatened with being “outed” by having their transgender status revealed to others, or prevented them from taking their hormones.
Sexual assault	53% of black transgender respondents have been sexually assaulted at some point in their lifetimes. 13% of black transgender people had been sexually assaulted in the past year. 33% of black transgender women who had worked in the underground economy (sex work, drug sales, other criminalized activities) had been sexually assaulted in the past year.
Violence in the family of origin	12% of black transgender respondents reported that an immediate family had been violent toward them. 47% of black transgender respondents experienced at least one form of family rejection.
B. Structural violence	
Poverty	38% of black transgender respondents were living in poverty compared to 24% of black people in the US population.
Unemployment	20% of black transgender respondents were unemployed twice the rate (10%) among black people in the US population.
Sex work/underground economy	28% of black transgender respondents have participated in the underground economy for income at some point in their lives, including sex work, drug sales, and other currently criminalized work. 27% of black transgender respondents participated in sex work for money, food, a place to sleep, or other goods.
Homelessness	42% of black transgender respondents have experienced homelessness at some point in their lives and 22% experienced homelessness in the past year because of being transgender.
C. Institutional violence	
Medical system	34% of black respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender, such as being refused treatment, being verbally harassed, and being physically or sexually assaulted. 26% of respondents did not see a doctor when they needed because of fear of being mistreated as a transgender person.

(continued)

Table 1 (continued)

Police/law enforcement	Black transgender respondents reported the following violence perpetrated by police officers: Verbal harassment (22%), physical attack (12%), or sexual assault (6%).
Education system	Black respondents who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K-12) were verbally harassed (51%), physically attacked (28%), or sexually assaulted (19%) because of their gender identity. 22% of black transgender respondents faced severe mistreatment that they left K-12 school, and 10% were expelled from school.
Prison	Among black transgender respondents who had been incarcerated in the past year, 40% were physically assaulted and 29% were sexually assaulted by staff or other inmates.
Faith community	24% of black transgender respondents had left a faith community because they were rejected as a transgender person.
Employment	Black transgender respondents had been verbally harassed (14%) and sexually assaulted (2%) in the workplace because they were transgender.
Public accommodations	Among black transgender respondents, 16% were denied equal treatment or service, 28% were verbally harassed, and 2% were physically attacked in the past year when using public accommodations (e.g., retail stores, hotels, and government officers) because they were transgender.

Structural Violence

Historical trauma and violence have set the stage for contemporary social structural inequalities and *structural violence*, which “. . . includes the U.S. history of racism, sexism, and heterosexism. All incidences of gender violence, homophobic violence, and racialized violence can be understood as examples of structural violence. . .” (Fitzgerald 2017, p. 59). Structural violence is often insidious and sometimes invisible; yet, it is profoundly damaging because it creates limitations that society places on the most marginalized groups of people, which then constrains them from meeting their basic needs and achieving the quality of life that would otherwise have been possible. Next we will discuss how structural violence, such as racial discrimination, concentrated neighborhood disadvantage, and homelessness, often co-occurs and converges to exacerbate IPV in the lives of black women.

Racial Discrimination

Higher rates of relationship abuse have been associated with being a victim of racial discrimination, which has been measured by being unfairly stopped and frisked by police, followed by store clerks, called insulting names, or physically attacked because of skin color/race. For example, among rural, low-income heterosexual African American couples, women committed more physical aggression if they experienced racial discrimination; whereas, men reported more relationship instability

and committed higher levels of psychological aggression if they experienced higher levels of racial discrimination (Lavner et al. 2018).

Furthermore, intersecting identities increased the risk of dating violence. Black and Latino teenagers were 2.5 times more likely to report experiencing the highest frequency of dating violence if they experienced both racial and gender discrimination (Roberts et al. 2018, p. 258). Cross-sectional research is unable to establish a temporal sequence of discrimination and IPV; therefore, it cannot be concluded that racial discrimination causes IPV victimization or perpetration. Still, future researchers should use longitudinal, prospective data to unravel the ways that racial discrimination contributes to the elevated risk of IPV among black Americans (Sutton et al. [in press](#)).

Concentrated Neighborhood Disadvantage

This form of structural violence has been assessed by the percentage of residents who lived below the poverty line or received public assistance, unemployment rates, and numbers of vacant homes. Regardless of the measure used or the population that was surveyed, couples who lived in the most disadvantaged neighborhoods reported the highest rates of IPV (Pinchevsky and Wright 2012). Accordingly in the NCLS, nearly half (47%) of the black couples in the sample resided in impoverished neighborhoods, and those residents were at a threefold risk for male-to-female partner violence (MFPV) and twofold increase for female-to-male partner violence (FMPV) compared to black couples who did not reside in poor areas (Cunradi et al. 2000). Thus, it appears that individual economic distress in the form of low household income and residence in economically disadvantaged neighborhoods works in tandem to increase women's risk for inflicting and sustaining IPV.

Homelessness

The lack of affordable housing and a long history of racial segregation are forms of structural violence that are exacerbated by nuisance property laws. Domestic violence-related nuisance property citations were disproportionately issued in black neighborhoods and in 83% of these citations; often at the request of the police, landlords either evicted or threatened to evict the tenant if she continued to call 911 (Desmond and Valdez 2012).

Using in-depth semistructured interviews with 27 low-income African American battered women in St. Louis, Arnold (2019) discovered numerous, dire consequences for severely victimized women who had been impacted by nuisance property laws. Women lost their personal possessions as a result of evictions, and some lost their jobs. Many became homeless and had to go to shelters, seek temporary refuge in the homes of friends or family members, or were forced into even more dangerous living situations, such as living in cars or boarding houses. As a result, many were separated from their children during this period of unstable housing. With a nuisance eviction, future landlords were unwilling to rent to them and their eligibility for low-income housing or Section 8 certification was denied. In addition to creating an unstable living situation, the order of protection was rendered useless

by the nuisance law when the survivor was unable to call the police to have it enforced. As a result, many abusers became increasingly violent.

To conclude, the most marginalized individuals experienced IPV in the context of structural violence. Consider the rates of structural violence among black transgender women in the USTS: 38% lived in poverty, 20% were unemployed, and 22% had experienced homelessness in the past year (James et al. 2017) (see Table 1, section “[Structural Violence](#)”).

Institutional Violence

When marginalized individuals seek services from formal agencies, they may encounter *institutional violence* (Fitzgerald 2017). For example, black women may experience discriminatory police treatment in the form of having their IPV and sexual assault minimized or encountering police officers who have victim blaming attitudes (Decker et al. 2019). Alternatively, institutional violence may be less overt; yet, still psychologically damaging as in the case of residents and staff members who have used *microaggressions*, which are subtle racial invalidations or insults against black women who sought services from domestic violence shelters (Nnawulezi and Sullivan 2014).

Similar to structural violence, the most marginalized individuals experienced multiple forms of institutional violence. A review of Table 1 (section “[Institutional Violence](#)”) reveals that black transgender women experienced IPV in the context of mistreatment and violence by service providers in the medical, legal, and educational systems, among others. Even faith communities and public accommodations were unsafe and unwelcoming places for black transgender women (James et al. 2017).

Community Violence

Black Americans are disproportionately impacted by community violence, which may involve experiencing or witnessing homicide, gun violence, assaults, robberies, or exposure to drug markets (Violence Policy Center 2017). Exposure to community violence in any role (witness, victim, or perpetrator) has been associated with higher rates of intimate partner abuse. For example, community violence was correlated with emotional dating victimization among young black urban women (Stueve and O’Donnell 2008). Low-income black men were more likely to batter their girlfriends if they had been involved in street violence, had a history of gang involvement, or perceived that there was a “great deal” of violence in their neighborhood (Reed et al. 2009). Finally, black middle school and high school students who experienced higher rates of community violence both inflicted and sustained more acts of dating violence (Black et al. 2014).

To conclude, black women experience a range of different types of partner violence (e.g., nonfatal strangulation, femicide, and reproductive coercion) in the context of historical trauma (e.g., slavery), structural violence (e.g., racial

discrimination, concentrated neighborhood disadvantage, and homelessness), institutional violence, and community violence (see Fig. 2). We can best see the convergence of many of these forms of violence in the lives of the most marginalized individuals, such as transgender black women (see Table 1).

Multiple Vulnerabilities

Black women are at risk for multiple vulnerabilities in the form of physical and mental health problems because they live at the intersection of multiple intersecting identities and experience disproportionate rates of some types of IPV in the context of institutional and structural violence. Below we will first discuss the links between IPV and the increased rates of physical injury, lifetime physical health problems, and sexually transmitted infections. Next, we will discuss the associations between partner violence and post-traumatic Stress Disorder (PTSD), depression, and substance use/abuse.

Physical Health Problems

Physical Injury

Battered black women reported a greater frequency of injuries. In the National Violence Against Women Survey, 22% of black women had sustained an injury as a result of IPV (Cheng and Lo 2015). When compared to nonabused women, African Caribbean and African American victims of recent partner violence more frequently reported all injury outcomes under investigation, including broken bones and bruises, injuries that required surgery and stitches, and facial injuries, such as black eyes, bloody nose, dental injuries, and head injuries with a loss of consciousness or damage to the ear or jaw (Anderson et al. 2015). Equally as serious, a growing body of literature has linked IPV to probable traumatic brain injury (TBI), which is a disruption of the brain's normal functioning. Among black battered women, probable TBI, which has been defined as becoming unconscious from a blow to the head and/or becoming unconscious from strangulation, has been associated with greater odds of various other forms of physical injuries, including those that required medical care, (Cimino et al. 2019) and central nervous system symptoms (headaches, memory loss, blacking out, dizzy spells, seizures, vision and hearing problems, and difficulty in concentrating) (Campbell et al. 2018).

Physical Health Problems

In terms of intersectionality, the overall health status of older, urban residing African American women was worse than the national average, and those who reported a high lifetime family violence exposure reported even worse health status than their nonabused peers (Paranjape et al. 2009). When compared to their nonabused counterparts, Caribbean black women who had experienced severe IPV reported a higher lifetime prevalence of arthritis, liver problems, and kidney problems.

However, these data were cross-sectional; therefore, researchers cannot conclude that IPV caused these health problems (Lacey and Mouzon 2016).

Sexually Transmitted Infections

Black women who experienced relationship abuse are at increased risk for sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)/Acquired immunodeficiency syndrome (AIDS) infection (for a review see Sharps et al. [in press](#)). For instance, in a sample of women who were surveyed in an emergency department, when compared to HIV negative black women, those who were living with HIV were five times more likely to suffer IPV (Mathew et al. 2013). Once black women became HIV positive, past year psychological, physical, and sexual partner victimization was associated with compromised immune functioning, such as having a CD4 count lesser than 200 and having a detectable viral load (Anderson et al. 2018).

In terms of intersectionality, HIV risk factors differed based on ethnicity. Among African Caribbean women who were victims of both physical and sexual IPV, HIV risk factors included having three or more past-year sex partners, having casual sex partners, and having concurrent sex partners. In contrast, exchanging sex for money and having an abusive partner who had concurrent sex partners were HIV risk factors among physically and sexually abused African American women (Draughon et al. 2015; Stockman et al. 2013).

Mental Health Problems

Before discussing the association between IPV and mental health problems, it is important to pause and offer several caveats. First, much of the research in this area is cross-sectional; therefore, it cannot be concluded that survivors' mental health problems were caused solely by IPV. Historical and institutional violence (Jackson et al. 2018), community violence (Violence Policy Center 2017), and structural violence, in the form of poverty and residence in disadvantaged neighborhoods (Mugoya et al. 2020), have all been shown to contribute to mental health problems among black women.

Second, intersectional identities can influence the types of mental health problems that are experienced. For example, African American survivors of severe IPV reported higher rates of lifetime dysthymia, alcohol dependence, drug abuse, and poor perceived health; and Caribbean black women reported higher lifetime rates of binge eating disorder (Lacey et al. 2015). In addition, the mental health problems associated with severe IPV have been found to vary among black Caribbean women based on generational status (Lacey and Mouzon 2016). With these caveats in mind, next we will review the research on PTSD, depression, and substance abuse.

Post-traumatic Stress Disorder

Various forms of IPV have been linked to elevated rates of PTSD among Black women. For example, in a national study the odds of lifetime PTSD were three times

greater among black women who had experienced severe IPV when compared to their nonabused counterparts (Lacey et al. 2015) and in a clinic-based study black women who reported potentially lethal forms of partner violence reported more PTSD symptoms than those who had not experienced life-threatening forms of IPV (Sabri et al. 2014). Battered black women with traumatic brain injury scored an average of 7.76 points higher on a PTSD scale when compared to abused black women who did not report a probable TBI (Cimino et al. 2019). Finally, in a Baltimore sample, black women who reported reproductive coercion reported higher rates of PTSD when compared to those who did not experience this form of abuse (45.1% vs. 18.8%, respectively) (Alexander et al. [in press](#)).

In terms of intersectionality, bisexual black women, when compared to their heterosexual counterparts, reported more PTSD, which the researchers attributed to their higher rates of IPV and marginalized status (Alexander et al. 2016). When compared to their nonvictimized counterparts, severely victimized Caribbean black women reported higher lifetime rates of PTSD (5.7% vs. 28.9%, respectively) (Lacey and Mouzon 2016). In the case of lethal violence, which often involved gun-owning perpetrators, researchers speculated: “When these circumstances are coupled with island environment with limited options for escaping an abusive situation and gaining security and safety, prolonged trauma experiences may help explain PTSD symptoms among black women in the USVI” (Sabri et al. 2014, p. 736).

Depression

Various forms of IPV have been linked to elevated rates of depression among black women. In the NSAL, the odds of lifetime major depressive disorder was 2.7 times greater among black women who had experienced severe IPV when compared to their nonvictimized counterparts (Lacey et al. 2015). Moreover, when compared to their nonvictimized counterparts, severely victimized Caribbean black women reported higher lifetime rates of major depressive episodes (13.5% vs. 28.5%, respectively) (Lacey and Mouzon 2016). Approximately twice as many black women who reported reproductive coercion, when compared to those who did not report this type of victimization, experienced symptoms that were indicative of depression (69% vs. 35%, respectively). Likewise, black women who experienced pregnancy coercion in the past 3 months were twice as likely to report symptoms that were consistent with depression than those who had not experienced pregnancy coercion (Capasso et al. 2019).

In general, multiple marginalized black women reported the highest rates of depression. For example, black transgender women who reported past-year IPV experienced a 36% increased likelihood of reporting higher depressive symptoms (Bukowski et al. 2019). The combination of severe IPV and poverty has been associated with greater rates of depression among African American women who lived in impoverished, urban communities (Mugoya et al. 2020). Finally, each of the following risk factors was associated with greater depressive symptoms: past-year IPV, HIV-positive status, drug use (cocaine and heroin), and low levels of social support. When all of the aforementioned risk factors co-occurred, black women were

six times more likely to experience depression than when the risk factors occurred individually (Illangasekare et al. 2013).

Substance Use/Abuse

There is substantial evidence that alcohol-related social problems (e.g., job loss, legal problems) and greater male and female alcohol consumption were especially strong predictors of IPV among African American couples, independent of who in the couple reported the problem (for review see West 2019). In addition, researchers have consistently found associations between IPV and heightened risk of various substance use disorders. Specifically, black victims of severe IPV were 4.9 times more likely to report alcohol abuse, 5.1 times more likely to report alcohol dependence, 4.2 times more likely to report drug abuse, and 6.6 times more likely to report drug dependence than their nonabused counterparts (Lacey et al. 2015). When compared to their nonvictimized counterparts, severely victimized Caribbean black women reported higher lifetime rates of alcohol abuse (1.8% vs. 5.5%, respectively) and drug dependence (0.7% vs. 3.7%, respectively) (Lacey and Mouzon 2016).

To conclude, relationship violence has been shown to have a profound impact on the physical health and well-being of black women and has been associated with elevated rates of injuries and a range of physical health problems, including sexually transmitted diseases and HIV/AIDS. Among black women severe physical IPV was associated with a range of negative mental health conditions, such as PTSD, depression, and substance use and abuse (Lacey et al. 2015). Although these disorders were discussed separately, mental health problems often co-occur. For example, black women who experienced potentially lethal IPV (Sabri et al. 2013) and traumatic brain injury (Cimino et al. 2019) reported comorbid PTSD and depressive symptoms.

Culturally Specific Practices

Depending on the situation and circumstances, black women who experience multiple forms of oppression need evidence-based interventions that meet their multiple and complex needs. For example, intervention components must include culturally specific, empowerment based strategies. Furthermore, individualized intervention plans should address concrete needs, such as housing and job training, linkages to community resources, skill building to cope with trauma and other life stressors, and education about multiple health risks associated with violence (e.g., HIV/STI, PTSD) (Sabri and Gielen 2019).

Strategies, services, and interventions must be developed in a manner that considers language, values, culture beliefs, and history that are central to the victim's identity (West 2018). Mainstream domestic violence organizations should routinely assess victim satisfaction with all services that are provided and remedy the concerns of and critiques by black women when services do not meet their needs. Mainstream programs must also be willing to incorporate culturally specific approaches to support black victims and survivors by knowing the available resources in the

community and establishing meaningful partnerships for collaboration and referrals. Programs and services that respect black women's culture, foster trust, and show support and sensitivity are essential components to a holistic approach to meeting the needs of survivors through culturally informed responses (Gillum 2009). Below are several programs that provide a cultural framework for intervention and treatment with black survivors of IPV.

The Asha Project/Asha Family Services: Milwaukee, Wisconsin

At its inception, The Asha Project/Asha Family Services was the first culturally based domestic violence program in the USA for black women survivors of domestic violence and sexual assault (for a review of the benefits of this program see Gillum 2008). At its inception, cultural awareness and inclusiveness were core values demonstrated by its founders, such as hiring staff from the community who had similar experiences to the service population. Basic tenets of the service delivery model are education and awareness centered on domestic violence and sexual assault, consideration of the full life context of participants, and an organizational culture that values respectful interactions.

The program provides outreach and targeted services based on a continuum of care that encompasses intensive case management to a range of at risk and vulnerable individuals, including victims of domestic violence and sexual assault, individuals coping with substance use disorders, the formerly incarcerated, families who have experienced violence and trauma, pregnant women, and those living with HIV/AIDS. Activities such as sister circles empower women and allow them to inform their healing collectively. In addition, partnership and collaboration with justice agencies, faith-based entities, and community providers are central to their work. What is significant about this program is that engagement of the offender in service provision efforts to foster positive change. Specifically, the program works with male offenders in jails/prisons and in the community to hold men accountable for their use of emotional and physical violence. Abuser intervention services for men of color are deemed vital to maintain accountability and create room for healing (Gillum 2008).

The Grady Nia Project in Atlanta, Georgia

The Grady Nia Project is a culturally competent intervention program that was designed for low-income, abused, and suicidal African American women that is affiliated with Grady Health System, a large, level 1 trauma, university, public, and urban health care system that has served the city's poorest residents for more than 100 years. Delivered by therapists (one African American and one non-African American) in an outpatient setting, The Grady Nia Project is a ten-session, group-format intervention that incorporates constructs from Afrocentric theory and black feminism. For example, the name of the program, Nia, refers to the fifth day of

Kwanzaa, an annual celebration of African-American culture held from December 26 to January 1. Nia or “purpose,” which focuses on building and developing the black community in order to restore its people to their traditional greatness. In addition, the program uses African proverbs, highlights the African American heroines and role models, and emphasizes culturally relevant coping strategies, such as spirituality. Group therapy promotes interpersonal connectedness and helps victims develop problem solving approaches. The program is strength-based and promotes protective strategies that are salient to African American women: hopefulness, social support, obtaining material resources, such as housing, and reducing suicidal ideation (Davis et al. 2009).

Culturally Based Resources

At the conclusion of this chapter in the Culturally Based Resources section is a web link to the aforementioned program, Asha Family Services, and to Amani Community Services, another reputable program. There is also a list of technical assistance providers that support black women who are survivors of IPV. For instance, The National Center on Violence Against Women in the Black Community/Ujima (in which authors are affiliated) aims to mobilize the communities’ response to address IPV and sexual violence in the black community through impactful research, training, and resource cultivation and dissemination. Lastly, additional resources are highlighted that contribute to the reader’s broader understanding of intersectionality and capacity-building based on culturally specific programming.

Key Points

1. Black women experience multiple forms of victimization and oppression that are historic (i.e., slavery) and systematic (i.e., racism). Such victimization and oppression render them invisible and reinforce their marginal status. The issues presented in this chapter reflect deep rooted and ongoing challenges which exist for native-born black women, foreign-born African Immigrant, and black Caribbean women in the USA respectively that warrant amplification.
2. IPV among black women who experience multiple vulnerabilities, victimizations, and oppressions needs to be further investigated. More specifically, attention should be brought to black women who experience mental or physical health challenges, are drug-involved, and connected to the criminal legal system (Richie 2012). The nuances among the diverse groups of black women should not be minimized or overlooked.
3. Community-based outreach and activities (e.g., needs assessments) that assist in determining the prevalence of IPV need to be undertaken. Community-based needs assessment may uncover domestic violence within these marginalized groups that goes unreported and is not reflected in the traditional criminal justice sources (e.g., arrest data). Community black women victims may refuse to report violence to authorities for fear of retaliation, isolation, racial loyalty, and other factors.

4. Practitioners must be proactive in engaging black women on a community level and provide options and resources that are strength-based.
5. Recognition of intersectionality is vital in supporting black women victims and survivors. A one-size-fits-all approach to supporting black women at the margins can be harmful. Failure to understand the lived experience of black native born, black Caribbean, and African Immigrant women who are subjected to intimate partner violence will limit practitioner opportunities to develop trust and foster meaningful engagement. Black women are not a monolithic group and are confronted with a range of aggressions and microaggressions that must be understood.
6. Programs that are intentional in acknowledging the various types and forms of abuse and violence that are community driven, structural, and institutional in nature are important and much needed. Challenges such as acculturation, bias, and white supremacy reflect the role of systems in contributing to multiple forms of oppression. The consideration of programs and practices, and interventions that are culturally based and address structural and institutional violence afford black women a voice and demonstrate a victim-centered approach that is relevant and connected to their lived experience.

Conclusion

In conclusion, in order to better understand intimate partner violence in the lives of black women, it is imperative that we consider their multiple intersecting identities. Multiple marginalized groups often accrue a higher burden of disadvantage due to living at the intersection of multiple oppressed identities and as a result experience correspondingly worse physical and mental health outcomes.

At the same time, black women survivors are remarkably, resilient, active help seekers who utilize protective factors that serve to buffer some of the deleterious physical and mental health consequences that are associated with IPV, historical, and structural violence (Bostwick et al. 2019; Jackson et al. 2018). For example, African American and African Caribbean survivors verbally confronted their abusive partners and used physical force in self-defense. They also drew on their internal sources of strength, self-reliance, and a deep belief in their own abilities to terminate the relationship (Sabri et al. 2016). Likewise, African immigrant women coped by relying on their own sense of self-efficacy or internal strength. To illustrate, they focused their attention on excelling in school or work and focused on the future, including raising resilient children (West 2016). Finally, when abused African American women had a sense that their lives had meaning and purpose, it positively impacted their psychological well-being (Fischer et al. 2016). Therefore, it is important to acknowledge that “intersectional identities allow for the possibility that multiply marginalized groups may experience unique advantages (not just disadvantages) vis-à-vis their social identities” (Bostwick et al. 2019, p. 138).

Culturally Based Resources

The following resources are provided to complement the information provided. It is envisioned that the information and resources shared will be beneficial to readers and shared within their respective networks:

Recommended Culturally Based Programs

- Amani Community Services
<https://www.amani-cs.org/about/>
- Asha Family Services
<https://www.ashafamilyservices.org>

Recommended Technical Assistance Providers

- The Institute on Domestic Violence in the African American Community
<http://idvaac.org/>
- The National Black Women’s Justice Institute (NBWJI)
<https://www.nbwji.org/>
- The National Center on Violence Against Women in the Black Community/Ujjima
<https://ujjimacommunity.org/mission/>
- The Women of Color Network (WOCN)
<http://wocninc.org/>
- Casa de Esperanza
<https://casadeesperanza.org/>

Additional Resources Recommended

- Developing Culturally Relevant Response to Domestic Abuse: Asha Family Services, Inc.
https://vawnet.org/sites/default/files/materials/files/2016-09/NRCDV_Asha.pdf
- Learning Network: Intersectionality
www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-15/index.html
- Vera Institute of Justice – Cultivating Evaluation Capacity: A Guide for Programs Addressing Sexual and Domestic Violence
<https://www.vera.org/publications/cultivating-evaluation-capacity-a-guide-for-programs-addressing-sexual-and-domestic-violence>

Cross-References

- ▶ [#MeToo Movement](#)
- ▶ [Barriers to Leaving an Abusive Relationship](#)
- ▶ [Correlations Among Childhood Abuse and Family Violence, Prevention, Assessment and Treatment from a Trauma-Focused Perspective](#)
- ▶ [How Domestic Violence Impacts Immigrant Victims](#)
- ▶ [Overview of Intersectionality and Intimate Partner Violence](#)
- ▶ [Race and Culture](#)
- ▶ [Stigma and Intimate Partner Violence Victimization](#)

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