

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

Part 2: Taking an Intersectional Approach

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## Introduction

In 2019, more than 46 million people, which is about 14% of the U.S. population, self-identified as Black<sup>1</sup> (Tamir, 2021). Black women<sup>2</sup> are members of a collective racial group but also individuals with unique experiences. In addition to race and ethnicity, Black women have multiple social identities, including gender identity (e.g., transgender, nonbinary), sexual orientation (e.g., heterosexual, lesbian, bisexual), social economic class, religion and faith-based affiliation, and citizenship status (Baptiste & Gooden, 2023). Identities inform how individuals view and experience the world, how they are viewed and treated by others, and what resources they have access to when they are victimized. For example, survivors with multiple marginalized identities often experience overlapping forms of discrimination, oppression, and marginalization, which in turn increases their risk for intimate partner violence. Responses to partner abuse and help-seeking efforts also are influenced by the complicated interactions of the survivor's multiple identities.

The purpose of this Technical Assistance Guidance (TAG) series, **Serving Black Women Survivors of Intimate Partner Violence**, is to give advocates the tools and practical strategies to identify, reach, and effectively serve Black women-identified survivors of intimate partner violence. **TAG 2** is designed to help advocates take an intersectional approach to working with Black survivors. In this paper, advocates will find:

- A definition of intersectionality,
- A discussion of the importance of taking an intersectional approach,
- Suggestions for how to provide survivor-centered, culturally-responsive, trauma-informed, strengths-based care for Black survivors, and
- Suggestions for working with Black survivors based on their ethnic identity.



# What is Intersectionality?

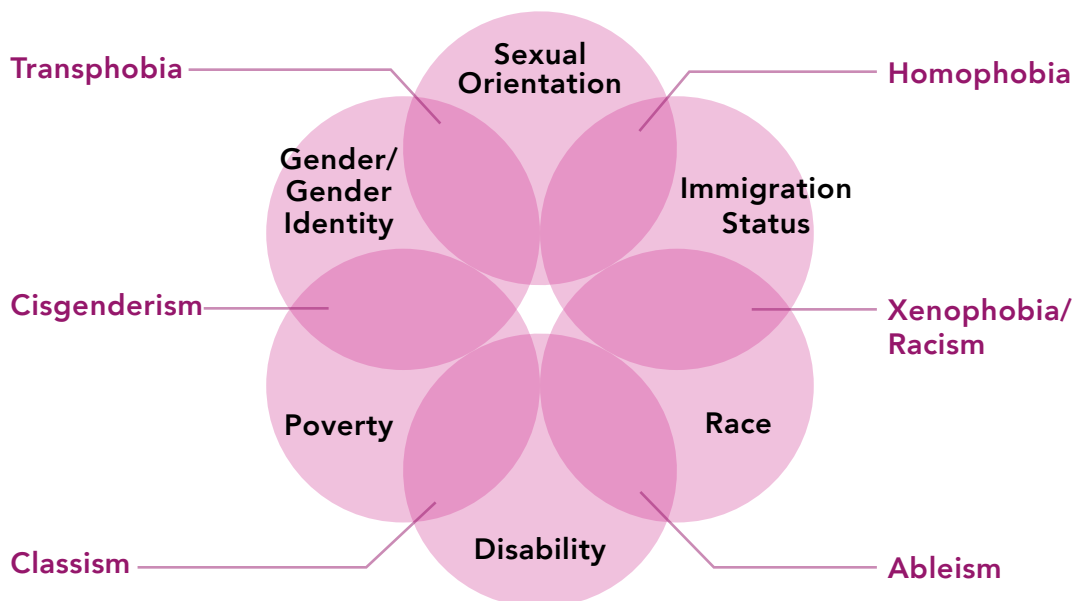
“There is no hierarchy of oppressions” – Audre Lorde (2007)

Kimberle Williams Crenshaw (1991), a feminist legal scholar, created the term intersectionality to describe the experiences of people who concurrently occupy multiple social identities. Some identities are based on visible or observable traits, such as perceived sex or race. However, numerous other identities are ambiguous or less visible, such as gender identity, immigration status, dis/ability challenges, religious affiliation, sexual orientation, and education. The possible combinations of an individuals’ identity representations are both complex and infinite. Each of these identities intersect with one another to form a person’s unique experience of the world.

Generally, individuals who occupy multiple disadvantaged social identities experience more discrimination. To further clarify, below are some definitions (see Davis & Block, 2020; [Racial Equity Tools Glossary](#)):

- *Oppression(s)* is “the systematic subjugation of the systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group” (Davis & Block, 2020, p.75).
- *Discrimination* is “the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion, age, and other categories. This unequal treatment can be on the individual, community, or systems level” (Davis & Block, 2020, p. 67).
- *Marginalized/Marginalization* is “the act or actions relegating an individual or group to an unimportant or powerless position within society. Marginalized individuals and communities have limited power, participation, and influence in traditional modes of authority in society” (Davis & Block, 2020, p. 74).

Below is a visual representation of these overlapping intersections of identities, including race, immigration status, sexual orientation, gender identity, social class, and ability and a list of definitions that correspond to the related forms of oppression.



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**Table 1**

**Definitions**

**Ableism:** Assigning different (lower) value to people who have developmental, emotional, physical, sensory or health-related disabilities, thereby resulting in differential treatment.

**Cisgenderism:** System of beliefs that reinforce 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.

[Racial Equity Tool Glossary](#)

These identities and experiences are not simply additive, making someone “doubly oppressed.” Rather, living at the intersection of multiple identities creates entirely new life experiences. For example, Black women experience a unique and distinct form of anti-Black sexism that is different from the sexism that is experienced by White women and the racism that is experienced by Black men (Crenshaw, 1991; Lindsey, 2022).

**The Importance of an Intersectional Approach**

*“If we aren’t intersectional. some of us, the most vulnerable, are going to fall through the cracks” – Kimberle Crenshaw (1991, p. 1246).*

An intersectional framework provides an ideal lens to examine and center the epidemic of intimate partner violence against Black women for several reasons.

**Multiple marginalized identities increase the risk of victimization.** As a result of a person’s various identities, they may experience multiple and overlapping forms of discrimination, oppression, and marginalization, which in turn increases their risk for intimate partner violence. For example, poor Black transgender women with disabilities often experience exceptionally high rates of all forms of violence, including intimate partner violence, because they live at the intersection of racism, sexism, and transphobia (Guadalupe-Diaz & West, 2020).

Furthermore, some Black survivors who live at the intersection of multiple forms of oppression may internalize the societal message that they are less deserving of protection from abuse. As one survivor explained:

*“The relationship between the abuse and the [violence] are very closely tied to the experience of dual oppression of being Black and female. I believe I accepted a lot of what I accepted because I was never encouraged not to, as a woman or as a Black person. I [became] used to being treated badly”* (Taylor, 2005, p. 1482-1483).

To learn more about intersectionality and violence, advocates can watch and discuss Kimberle Crenshaw’s (2016) TED Talk [The Urgency of Intersectionality](#).

**Multiple marginalized identities increase barriers to help-seeking.** Although Black survivors are active help-seekers, they often have complex needs and become discouraged when they encounter culturally unresponsive services. Waller and Bent-Goodley (2023) conducted 30 in-depth interviews with Black help-seeking survivors and concluded that “most of the respondents became so frustrated after encountering multiple difficulties in various pathways of the domestic violence provision system that too often resulted from the intersections of racism, sexism, and classism, they often began rejecting the system” (p. NP4176). As one domestic advocate explained:

*“It seems like the more layers you have: female, person of color, immigrant, former substance user, any of these barriers and labels that get attached, I think, the more scared, more intimidated”* (Goodman, Fauci, Hailes, & Gonzalez, 2020, p. 231).

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

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

## Survivor-Centered Care

No one person embodies all the traits, behaviors, and attitudes of their racial group. Black survivors are diverse and have their own unique experiences with abuse. Advocacy and safety strategies should be crafted to meet the needs of each survivor's experience of violence, culture, life circumstances, and identities.

For example, in focus group interviews, Taylor (2000) found that some Black survivors reported more social support and less isolation in support groups attended by other Black women:

*"Just the thought of getting together with other African American women and the knowledge that each person that sits in this group has experienced it brings release to the group...It really makes a difference to have a reflection of myself"* (p. 521).

However, depending on the survivor's level of racial identity and stage of healing, other Black survivors were less concerned about the racial background of service providers and support group members. As one survivor explained:

*"I need to go where I'm hearing the next level of spiritual growth in where I feel like there's people who can really teach me something. And if that's Black people, cool. If that's White people, cool"* (Taylor, 2000, p. 523).

Moreover, depending on the survivor's personal experience, a support system could create a sense of solace. For example, some Black survivors find comfort in their faith communities:

*"I held in a lot. Until I got old enough I started to go to church again. I was talking to my bishop's wife. I got in the car and told her everything. We talk on the phone and it actually feels good to let all of that out"* (St. Vil, Sabri, Nwokolo, Alexander, & Campbell, 2017, p. 65).

In contrast, other Black survivors found less comfort within religious organizations. For example, despite their desire to receive support from their churches, some Black lesbian survivors have reported homophobia as a barrier to help seeking. As Sarita explained in a focus group:

*"My preacher is my healer and he wants to heal me from being a lesbian but doesn't want to heal me from the pain of being abused...because that's my punishment"* (Simpson & Helfrich, 2014, p. 453).

Other faith communities discouraged divorce or encouraged survivors to forgive their abusers, which some Black survivors perceived as oppressive. One Ethiopian immigrant survivor explained:

*"People trust [the Church], but I don't trust in the sense that they are the ones who are continuing the culture that's against women"* (Corley & Sabri, 2021, p. 9).

To foster trust, advocates can respect and acknowledge the unique needs of Black survivors and create safe spaces for them to explore their options based on their individual identities. Using a survivor-centered approach, advocates can identify the multiple intersecting identities in the lives of Black survivors and take a collaborative approach to service delivery.

**Advocates can learn about the multiple intersecting identities in the lives of Black survivors.** Advocates can become familiar with the multiple identities and forms of discrimination that Black survivors experience. An individual can have an infinite and complex number of identities. Although some identities are more visible and observable, such as perceived race, other identities are ambiguous or less visible, such as gender identity, immigration status, (dis)ability challenges, religious affiliation, or sexual orientation (Rice, West, Cottman, & Gardner, 2022).

Advocacy and safety strategies should be crafted to meet the needs of each survivor’s experience of violence, culture, life circumstances, and identities. This can be accomplished by asking the right questions. For example, advocates can ask: “Who are you as a person?” To fully capture the range of a survivor’s multiple identities, advocates can use the

ADDRESSING Model to become aware of the following identities (Hays, 2016):

ADDRESSING Model	
<b>A</b>	Age and generational influence
<b>D</b>	Developmental
<b>D</b>	Disability
<b>R</b>	Religion or spiritual orientation
<b>E</b>	Ethnicity and racial identity
<b>S</b>	Socioeconomic status
<b>S</b>	Sexual orientation
<b>I</b>	Indigenous heritage
<b>N</b>	National origin
<b>G</b>	Gender identity

Keep in mind that generalizations about any category can hide or minimize important information that is essential for survivor safety and empowerment. Advocates can allow survivors to emphasize aspects of their identities that are the most relevant to them and their situation at the time. With this knowledge, advocates can provide individualized care. For example, Black undocumented survivors may have immediate fears about deportation or language barriers, whereas low-income Black survivors may have concern about housing insecurity (Rice et al., 2022).

## Culturally Responsive Care

At its core, the work of the gender-based violence movement is to dismantle systems of oppression. As Campbell (2022) asserted: “There are many amazing people and programs out there that are doing incredible work to address domestic violence, but all of us need to do the hard work of examining ourselves, our programs, and our systems in which we live to dismantle the systemic racism that unfortunately permeates this country” (p. 26).

**Advocates can acknowledge the existence of structural racism.** The first step is to acknowledge structural and racial barriers in the lives of survivors. As one advocate said: *“I think sometimes I’m hesitant to say the words ‘structural racialization’ or ‘racism’ to my clients. And I think without a doubt that acknowledging that is affirming their experience, so I’m going to make an effort to not be afraid to say that to my clients”* (Flowers, Lovelace, Holmes, Jacobs, Sussman, Wee, & Muro, 2017, p. 6).

Next, advocates should become educated about how systems of oppression intersect to contribute to higher rates of intimate partner violence in the lives of marginalized groups. For more information see Virginia Sexual and Domestic Violence Action Alliance’s one-sheet [How Oppressive Systems Connect](#).

Advocates also can use the following resources to learn about tools, strategies, and language to effectively engage issues or race, racism, equity, and inclusion facing Black survivors of IPV:

- [Showing up: How we see, speak, and disrupt racial inequity facing survivors of domestic and sexual violence](#), the report on From Margins to Center Listening Sessions, an initiative of the Racial & Economic Equity for Survivors Project (REEP) (Flowers et al., 2017).
- [Voices From Our Movement: A 3-part video series on ending racism and oppression as the heart of our anti-violence movement:](#)
  - ◇ [Video 1: Connecting the Dots: Racism, Oppression, and Work to End Domestic, Sexual, and Intimate](#)
  - ◇ [Video 2: Racism in the Anti-Violence Movement: Impacts on Survivors, Advocates, and Communities](#)
  - ◇ [Video 3: Transformation is Now: Toward an Integrated, Intersectional Movement](#)

**Advocates can address their location in the matrix of privilege and oppression.** As a result of a person’s various identities, they may experience multiple and overlapping forms of discrimination, oppression, and marginalization. A person’s identities also can confer power, which includes having influence, authority, or control over other people or resources. In addition to power, a person’s identity can allow them access to personal, interpersonal, and institutional *privilege*, which grants advantages, favors, and benefits to dominant group members at the expense of marginalized groups (Kulkarni, 2023).

Intersectionality helps us to understand how power and privilege can be fluid and contextual. Here is an example: a Woman of Color may have supervisory power over a white male subordinate in a traditional organizational hierarchy, yet this white male



subordinate may have social privileges that allow him to be perceived as having authority and credibility within and outside the organization that his supervisor does not enjoy because of her race and/or gender (Kulkarni, 2023).

As an advocate, you may have spent a lot of time thinking about your personal identities or this may be your first opportunity. Advocates should begin with an honest inventory of their own positionality, which encompasses all the ways in which a person's unique social position affects their access to power (Kulkarni, 2023). Advocates can use the following tools, handouts, and activities to begin the process of becoming critically self-aware of their location in the matrix of domination, privilege, and power vis-à-vis the survivor:

- The California Partnership to End Domestic Violence's [Oppression and Privilege Self-Assessment Tool](#).
- [The Racial Healing Handbook](#): Practical Activities to Help You Challenge Privilege, Confront Systemic Racism, and Engage in Collective Healing (Singh, 2019).
- [The Antiracism Handbook](#): Practical tools to shift your mindset & unroot racism in your life & community (Bryant & Arrington, 2022).

Advocates can show themselves grace and kindness as they identify the areas in which they have privilege or find themselves at the intersections of oppression.

## Trauma-Informed Care

**Advocates can take a collaborative approach.** Adopting an intersectional lens on Black women's trauma paves the way for a more holistic approach to trauma-informed care. Black survivors who live with multiple marginalized identities often must prioritize their problems to receive care. Sarita, a poor, Black, lesbian survivor explained:

*"You offer me this place over here for mental illness. Then I go to this domestic violence shelter...that's not helping me with my mental illness...So, I go back over here [mental health agency] so at least they can monitor my meds" (Simpson & Helfrich, 2014, p. 455).*

Advocates can avoid asking survivors to fragment themselves and to present one identity when they seek help, while neglecting other important parts of themselves. [Tonya Lovelace](#), a nationally recognized advocate said:

*"There are multiple identities that people live in, and the idea that any service that only serves one piece of that identity doesn't really see us. So, then, my full self is not at your table, you're not seeing my full self...And that is not justice" (Kippert, 2020).*

Instead, trauma-informed care would welcome survivors to bring all aspects of their identity into treatment. Allow survivors to identify the most important parts of their identity as they navigate toward safety. It may not be race, but sexual orientation or social class.

To learn more about a collaborative approach to addressing the complex mental and physical health problems associated with Black women’s IPV victimization advocates can:

- Read the report [Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersection of Sexual and Intimate Partner Violence](#) (Branco, Keene, Ortiz, Vassell, Winters, Grove et al., 2021).

## Strengths-Based

**Advocates can acknowledge how intersecting identities can create resilience.** Audre Lorde (2007), a Black feminist poet, recognized that the “visibility which makes us most vulnerable is that which also is the source of our greatest strength.” Within their multiple marginalized identities, Black survivors of IPV often find strength and resistance (Hill, Woodson, Ferguson, & Parks, 2012). For example, Joyce, a Black survivor of IPV, explained:

*“The violence is on one end, the racism and sexism is another end. And basically you are pretty much fighting both of them...I think, by being a survivor, it has given me the instinct to know how to fight, to know how to survive...”* (Taylor, 2005, p. 1482).

If appropriate, ask the survivor to reflect on how her intersecting identities have influenced her experiences with partner violence and how her various identities have been a source of resilience:

- How have your identities (age, visible and invisible disabilities, religion/spirituality, social economic class, sexual orientation, gender identity, ethnicity, and immigration status) influenced your experience with IPV?
- What cultural or racial barriers have you faced on your journey in healing from IPV?
- How has your cultural and racial identity positively impacted your healing journey and provided a source of strength (Moore-Lobban & Gobin, 2022)?

**Advocates can participate in intersectional anti-violence social justice movements.**

Although the #MeToo Movement was started by an African American activist, it became co-opted and failed to include the voices and experiences of other oppressed groups, including Women of Color and transgender women. As Tarana Burke (2021), founder of the #MeToo Movement, asserted:

*“What history has shown us time and again is that if marginalized voices – those of people of color, queer people, disabled people, poor people – aren’t centered in our movements then they tend to become no more than a footnote”* (cited in Onwuachi-Willig, p. 2018, p. 105).

This lack of intersectionality created a missed opportunity to create true social change. As Audre Lorde (2007) reminds us, *“There is no such thing as a single-issue struggle, because we do not live single-issue lives.”* This means that activists who work in the gender-based violence movement must collaborate with other social justice movements to combat this problem. For information on how social justice movements can intersect to address

gender-based violence, see the Virginia Sexual and Domestic Violence Action Alliance's one-sheet [How Justice Movements Connect](#).

To be effective, advocates should participate in social justice movements that are intersectional, inclusive, and center voices and experiences of Black survivors. For examples of such anti-violence movements, see:

- [WeAsOurselves.org](#), a call-to-action to center the voices and experiences of Black survivors and to create cultural conditions for Black survivors to be heard and supported.
- [#SayHerName](#) a social movement that seeks to raise awareness for Black women victims of police brutality and anti-Black violence in the United States (Crenshaw, 2023).

Incorporating intersectionality into their assessments and practices can help advocates to think differently about the multilayered intersections of identity, power, and privilege. Below are suggestions for how advocates can take an intersectional approach when working with Black women of different ethnic backgrounds.

## Ethnicity and Black Survivors

In 2019, more than 46 million people, which is about 14% of the U.S. population, self-identified as Black. Members of this large, diverse, and growing population have varied histories and complex ethnic/racial identities, which reflect the history of chattel slavery from 1619 until 1865, international migration, and inter-racial marriage. As a result, the Black population consists of African Americans, defined here as U.S. born Blacks of African ancestry, and 8 million individuals trace their ancestry to a Caribbean nation, such as Jamaica. More than 4 million Blacks are African immigrants, who voluntarily migrated, or became refugees when they fled political or civil unrest, armed conflict, or natural disasters. Also, more Black Americans identify as "mixed race," "biracial," or multiracial. For example, 3.7 million individuals identify as Black and another race, most often white, and 2.4 million as both Black and Hispanic. These groups differ greatly in their culture, occupations, languages, and histories (Tamir, 2021).

Every phenotypically "Black" woman does not self-identify as African American. Advocates should begin to make the distinction between race and ethnicity. Although the terms are used interchangeably, *race* refers to a group of people recognized by others through a set of common physical traits (e.g., skin color, appearance). *Ethnicity* refers to a group of people who share a similar historical and cultural background (e.g., shared attitudes, beliefs, attitudes, or practices). Usually, members of an ethnic group share a common race, but not always. To illustrate, an African American woman born in Arkansas may have vastly different cultural norms than a woman who identifies as a Jamaican and Haitian who immigrated to the U.S. ten years ago or a recently arrived African refugee from Somalia (Kelly, Spencer, Stith, & Beliard, 2020).

A survivor's ethnicity can influence how she experiences intimate partner violence. Consider these research findings:

- *The rates of IPV can vary based on ethnicity.* Rates of severe physical intimate partner violence were higher among African American women when compared to Black women of Caribbean descent (17.9% compared to 12%) (Lacey, West, Matusko, & Jackson 2016).
- *Different ethnic groups may have different cultural beliefs about abuse.* For example, Jamaicans living in the U.S. have cultural beliefs and practices that are distinct from African Americans due to their unique cultural, colonial and migration histories. As a result, Jamaican women can have different beliefs about normative privacy around revealing IPV and cultural tolerance of abuse, which influence decisions around terminating abusive relationships and help-seeking (Sears, 2018, 2021).
- *African immigrant women face unique challenges.* Although their numbers are increasing in the U.S., there is limited research on IPV among this population. Whether they are voluntary migrants or refugees, arrive alone or with relatives, immigrants face a variety of barriers, such as learning a new language, acquiring new job skills, or adjusting to new communities, all while navigating and negotiating changing family dynamics or gender roles, and seeking safety from IPV (Corley & Sabri, 2021; West, 2016).

Below are suggestions for how advocates can provide survivor-centered, culturally responsive, trauma-informed, strengths-based care to Black women based on their ethnicity.

**Get educated about the ethnic background of Black survivors.** This can be accomplished by learning about Black survivors' individual and cultural histories, unique challenges, and sources of resilience (see Kalunta-Crumpton, 2019). To build trust, advocates can display cultural humility when encountering norms and practices that are dissimilar from their own.

**Reach out to African immigrant survivors.** The arrival of diverse cultural and linguistic groups places new demands on victim-serving agencies. Advocates can improve access to domestic violence services for African women of immigrant, refugee, and undocumented status by:

- **Understanding their challenges,** cultural beliefs about abuse, and barriers to help-seeking (Muruthi, Canas, Romero, Chronister, Cheng, Taiwo, et al. 2023; Ogbonnaya, Fawole, & Rizo, 2021). For example, due to their cultural beliefs, some Black survivors are reluctant to consult with professionals outside of their communities:
 

*"Ethiopians are not encouraged to disclose problems. Especially when it comes to violence it is considered a taboo or shame thing. It's considered as a thing that should not be disclosed to outsiders"* (Corley & Sabri, 2021, p. 489).

*"I think the culture has a lot to do with it. As I said before, Caribbean people they are very secretive not only in abuse, but on almost every topic of their life they really don't talk like that, they rather keep it to themselves"* (Sears, 2021, p. 308).

- **Conduct a risk assessment with immigrant women.** When conducting domestic violence risk assessments with Black immigrant and refugee survivors, advocates can build trust by:
  - ◊ Using a conversational approach,
  - ◊ Using carefully chosen words, and
  - ◊ Asking open-ended, indirect, and probing questions to generate information regarding risk of intimate partner homicide.

Safety planning should account for variations in cultural and linguistic differences as well as social expectations about preserving their families (Messing, Wachter, AbiNader, Ward-Lasher, Njie-Carr, Sabri, et al., 2022). Advocates can use the [Danger Assessment for Immigrant Women](#) (DA-I) (Messing, Glass, & Campbell, 2013), a culturally competent assessment to assess the risk of revictimization and severe IPV, to assist immigrant women with safety planning (Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013).

- **Conduct culturally and linguistically appropriate outreach.** Special efforts can be made to reach out to African immigrant women by posting flyers at places that are commonly frequented by immigrants, such as language schools, ethnic supermarkets, hair salons, and medical facilities, African language or local community papers, African music/radio stations, blogs, or internet websites (Corley & Sabri, 2021).



## Conclusion

There is a rich diversity in the Black community and no paper can represent the fullness of the Black experience or an individual's lived experience. Therefore, the information shared here should not be viewed as representative of all members of Black communities. However, by taking an intersectional approach, we allow survivors "the opportunity to define for themselves who they are and what aspects of their identities are most important or relevant to their situation at a particular point in time" (Simpson & Helfrich, 2014, p. 459).

To conclude, in the spirit of the Domestic Violence Coalitions statement entitled [Moment of Truth: Statement of Commitment to Black Lives](#), true racial reckoning involves acknowledging past harms, apologizing, and seeking forgiveness, and establishing accountability so that racist and oppressive behaviors actions, and polices will never occur again. Advocates can strive to examine the use of power that may be "overtly, covertly, or indirectly, racist, classist, sexist, and so on and actively work to dismantle structural oppression" (Kulkarni et al., 2019, p. 148). This requires advocates to take an intersectional approach to our work that is survivor-centered, culturally responsive, trauma-informed, and strengths-based.

## Endnotes

<sup>1</sup> In this TAG, the term "Black" will be used to refer collectively to individuals of African and Caribbean ancestry and "African American" will be used to refer specifically to those of African ancestry who were born in the USA.

<sup>2</sup> In this TAG, the term women-identified will be used to refer to *cisgender women*, people who were assigned female at birth (AFAB) and identifies as women, and *transgender women*, people who were assigned the male sex at birth (AMAB), but who identifies and lives as women.

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

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