

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

Part 3: Understanding Reproductive Coercion,
Non-Fatal Strangulation, and Intimate Partner
Homicide

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“ Someone had to speak...to the repeated fact of the blood of Black women flowing through the streets of our communities”

– Audre Lorde (1990, p. 3).

Introduction

More than one-half (53.6%) of the Black¹ women² surveyed in the [2016/2017 National Intimate Partner and Sexual Violence Survey](#) (NISVS)³ experienced sexual, violence, and/or stalking that was committed by an intimate partner during their lifetimes (Leemis, Friar, Khatiwada, Chen, Kresnow, Smith, Caslin, & Basile, 2022). In addition, Black women are overrepresented among survivors of three specific types of intimate partner violence (IPV): 1) reproductive coercion (RC), defined as any intentional attempt to control a survivor's ability to make decisions about their reproductive health, 2) non-fatal strangulation (NFS), and 3) intimate partner homicide (IPH).

At this moment in history, two rulings made by the Supreme Court of the United States (SCOTUS) will likely increase the risk faced by Black survivors of intimate partner violence (IPV). In June, the [Dobbs v. Jackson Women's Health Organization](#) (2022) resulted in a cascading wave of trigger laws and a resurgence of policies that partially or fully eliminated access to safe, legal abortion – relied on by three generations of Americans.⁴ At the same time, the Court's decision in [New York State Rifle & Pistol Association v. Bruen](#) (2022) struck down state limits on who may carry a firearm in public⁵. Considering these Court decisions, advocates should prepare for the likelihood that survivors who experience reproductive coercion and unintended pregnancies will have fewer reproductive health options and that more survivors will be victims of firearm-associated domestic homicides (Tobin-Tyler, 2022).

As a field, we must boldly design and create innovative approaches to service provision. The purpose of this Technical Assistance Guidance (TAG) series, **Serving Black Women Survivors of Intimate Partner Violence**, is to give advocates the tools and practical strategies to identify, reach, and effectively serve Black women-identified survivors of intimate partner violence. TAG 3 is designed to help advocates address reproductive coercion, non-fatal strangulation, and intimate partner homicide in the lives of Black survivors.

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).

1. REPRODUCTIVE COERCION

Sexual violence is a common occurrence in the lives of Black women. According to [The National Intimate Partner and Sexual Violence Survey’s \(NISVS\) 2016/2017 Report on Sexual Violence](#), more than 1 in 4 Black women (29%) in their sample had been raped in their lifetime. Based on these statistics, there are 4,446,000 Black survivors in the U.S. (Basile, Smith, Kresnow, Khatiwada, & Leemis, 2022). What is more, Black women are overrepresented among survivors of a unique form of sexual violence – reproductive coercion. Reproductive coercion (RC) is defined as any intentional attempt to control a survivor’s ability to make decisions about their reproductive health (Rowlands & Walker, 2019). Consider these statistics:

- In the NISVS years 2010 to 2012, 22.9% of Black women survivors of partner violence reported reproductive coercion (Basile, Smith, Liu, Miller, & Kresnow, 2021).
- In a sample of Black women who were recruited from a sexually transmitted disease (STD) clinic in Baltimore, 27.2% reported RC at some point in their lifetime (Campbell, Lucea, Cimino, Campbell, & Stockman, 2023).
- In a community sample of Black women who were recruited in Atlanta, 23% reported that they had experienced RC (Rosenbaum & DiClemente, 2020).

Reproductive coercion typically occurs in combination with intimate partner violence (Rowlands & Walker, 2019). To illustrate, in a study of 188 Black women in Baltimore, 48.9% of participants reported a lifetime exposure of IPV and 37.8% reported reproductive coercion, while 38% had experienced both forms of violence (Alexander, Willie, McDonald-

Mosley, Campbell, Miller, & Decker, 2019). Reproductive coercion can be achieved through psychological methods of abuse, such as pressure, manipulation, emotional blackmail, trickery/deception, threats, physical force, or sexual assault.

Reproductive coercion is used by the perpetrator to gain power and control over survivors or to establish an emotional attachment to their partners through pregnancy. In addition, African American survivors reported that RC was motivated by their partner's pending incarceration, unemployment, or limited access to stable housing. A 25-year-old Black woman explained:

"I wished I knew that he was going to jail for 3 years before I actually conceived my son... That is not a conscious decision I would have made. I feel like he trapped me... A lot of these men try to have babies with people that they know are there for them" (Nikolajski, Miller, McCauley, Akers, Schwarz, Freedman et al., 2015, p. 220).

RC can occur before, during, or after sexual activity and can manifest in at least three ways: 1) birth control sabotage (interfering with contraceptive and condom use), 2) pregnancy pressure (threatening or pressuring a partner to get pregnant), and 3) controlling pregnancy outcomes (threatening or pressuring a partner to get or not get an abortion) (Rowlands & Walker, 2019).

Pregnancy Pressure. Pregnancy pressure occurs when the perpetrator uses verbal or emotional pressure to coerce a survivor to become pregnant. One Black survivor described the pressure this way:

"He'd sit there and he would say stuff like, 'when are you going to have my kid' and 'you're useless if you can't have my kid'... It kind of made me feel like there was something wrong with me..." (Paterno, Moret, Paskausky, & Campbell, 2021, p. NP2261).

Some Black survivors feared that their partner would terminate the relationship if they used contraceptives to prevent pregnancy.

"He said he didn't want to use them anymore... that he was tryin' to get me pregnant... I wanted to [use condoms] but I didn't want him to go to anybody else" (Nikolajski et al., 2015, p. 219).

Birth control sabotage. Despite Black survivors' desire to use birth control, their abusers may use contraceptive sabotage to interfere with their efforts. For example, to ensure pregnancy, abusers may:

- Withhold, hide, or destroy contraceptives;
- Intentionally break or poke holes in condoms;
- Remove a condom without the survivor's knowledge or permission, referred to as stealthing; or
- Remove a survivor's contraceptive patch or vaginal ring (Rowlands & Walker, 2019).

Black survivors described contraceptive sabotage this way:

"I had condoms, he threw them away. I have contraceptive stuff, the foam stuff, he threw it away... And I had a whole bag of stuff, the day after pills, he threw the whole bag away. I was like, 'how did I get pregnant when I put a rubber on you every time?' He was like, 'Oh, I pulled it off three times'" (Nikolajski et al., 2015).

As a result, RC is associated with reduced contraceptive use and increased sexually transmitted diseases (STDs) among African American adolescent women (Kraft, Snead, Brown, Sales, Kottke, Hatfield-Timajchy, & Goedken, 2021).

Controlling Pregnancy Outcomes. For Black women who experience IPV and RC, an unintended pregnancy can result from coercion, rape, or an abusive partner's sabotage of contraception. In fact, researchers who interviewed Black women over a course of a year discovered that survivors of RC or birth control sabotage were more likely to become pregnant than women who did not report these forms of victimization (Rosenbaum & DiClemente, 2020). Once a pregnancy has occurred, abusers can engage in RC by controlling pregnancy outcomes by pressuring the survivor to either terminate or continue the pregnancy, in opposition to her desire. For example, a 19-year-old African American survivor planned to terminate her pregnancy during her partner's incarceration:

"He wouldn't let me have an abortion if he was out... He wouldn't even let me come here [for the study interview]. If I was going to [neighborhood where interview being held], he'd think I was going to [the women's hospital] and he was comin' with me" (Nikolajski et al., 2015, p. 220).

Partners also may use extreme physical violence to cause a miscarriage or compel the survivor to terminate a pregnancy. For example, when Danielle refused to have an abortion, the abuser coaxed his dog, a pit bull, to attack her, which caused serious injuries:

"The dog bite incident happened [during the abortion argument] and he lost it... he choked me... punched me in my stomach... then out of nowhere he pulled out a gun, like you know, pointing to me like 'I'll kill you'" (Harper, 2022, p. NP13753).

Advocates can use the suggestions below to provide survivor-centered, culturally responsive, trauma-informed, and strengths-based care to Black survivors of rape and reproductive coercion.

Get Educated

Get educated about sexual assault in the lives of Black women. Advocates can learn about the range of sexual assault in the lives of Black women. In addition to elevated rates of sexual violence and reproductive coercion that is committed by relationship partners (Basile, Smith, Liu, Miller, & Kresnow, 2021; Stockman & Gundersen, 2018), Black women are overrepresented among the following forms of sexual victimization.

Childhood sexual abuse, which may be perpetrated by family members, authority figures, and strangers, can make Black survivors more vulnerable to IPV during adulthood. To learn more:

- Read *Love WITH Accountability: Digging up the roots of child sexual abuse* (Simmons, 2019).
- Visit the website [Love WITH Accountability®](#), which centers Black survivors' stories of healing.

Sex trafficking and survival sex. Black girls and women, many who are IPV survivors, are victims of sex trafficking . To learn more:

- Read [Snapshot on the State of Black Women and Girls: Sex Trafficking in the U.S.](#) (Davey, 2020).

Sextortion is a combination of “sexual” and “extortion” and involves the act of threatening to expose or sharing sexually explicit material unless the survivor complies with the demands of the abuser. During the COVID-19 pandemic, an increasing number of Black women reported this form of IPV (Eaton, Ramjee, & Saunders, 2023).

Advocates can visit the following websites to learn more about organizations that address sexual violence in the lives of Black women:

- [National Organization of Sisters of Color Ending Sexual Assault](#) (SCESA): This advocacy organization of Women of Color is dedicated to working with communities to create a just society in which all Women of Color can live healthy lives free of violence.
- [Sasha Center](#): This non-profit organization serves the Black community by educating the public, raising awareness, and providing support to self-identified survivors of sexual assault.
- [We, As Ourselves](#) is a collaboration, powered by the ‘me too’ Movement, National Women’s Law Center, and TIME’S UP Foundation to reshape the narrative around sexual violence and its impact on Black survivors.

Get educated about reproductive coercion. In a national study, only 26% of advocates reported that they incorporated RC concerns into their safety planning process even when they knew or believed that a survivor had experienced this form of abuse, and 60% of advocates cited the “need for more training” as a major barrier to addressing RC (McGirr, Bomsta, Vandegrift, Gregory, Hamilton, & Sullivan, 2020). If the survivor is not pregnant, is trying to avoid pregnancy, or is already pregnant, advocates can ask about the context of RC, the abuser’s intentions, extent of coercion, and consequences of RC, including unintended pregnancy and sexually transmitted infection. With this information, advocates can use role-play scenarios to build comfort and confidence to raise RC-related issues proactively and prepare them for a variety of potential survivor responses (McGirr et al., 2020).

Advocates can use the following resources to regularly screen for sexual and reproductive coercion, for example, during hotline calls, safety planning, group sessions, and individual interviews/sessions.

- Use the [Reproductive Health and Intimate Partner Violence Wheel to identify various forms of reproductive coercion](#) (Cappelletti, Gatimu, & Shaw, 2014).
- Read [Reproductive and sexual coercion: A toolkit for sexual & domestic violence advocates](#) (Virginia Sexual and Domestic Violence Action Alliance, 2020).
- Read [Exposing reproductive coercion: A toolkit for awareness raising, assessment, and intervention](#) (Cappelletti et al., 2014).

Get educated about reproductive health care laws in your state. Issued on June 24, 2022, the SCOTUS decision *Dobbs v. Jackson Women’s Health Organization* overruled [Roe v. Wade](#) (1973), which allowed states to set their own abortion laws, including outright bans, with no exceptions for rape or incest. According to statements issued by anti-violence organizations, such as the [National Network to End Domestic Violence](#) (2023), the *Dobbs* decision will make it difficult for survivors to access safety. Moreover, anti-violence agencies may struggle to provide housing, legal assistance, and other resources to survivors with children (Morczek & Posey, 2022; Morczek & Posey, 2023).

The social, political, and legal landscape of reproductive health care is ever-changing. Advocates and their organizations must strive to keep abreast of current guidelines, laws, and practices. Visit the Guttmacher Institute’s geographical tool, [Interactive Map: U.S. Abortion Policies and Access After Roe](#), which provides an updated, comprehensive list of state policies. In some states advocates may face criminal charges for assisting survivors to leave the state to obtain abortions. To learn more, read [Roadblock to Care: Barriers to out-of-state travel for abortion and gender affirming care](#) (Lee, Darmon, Lokhandwala, Sikdar, Upadhyay, & Manis, 2023).

With this knowledge, advocates can establish relationships with reproductive health care providers in their local area that provide non-biased, anti-racist, comprehensive information, resources, and services. In collaboration with these partners, advocates can do the following:

- Encourage their community partners to implement policies and procedures to screen for sexual and reproductive coercion and refer survivors to medical professionals for treatment of gynecological and physical injuries;
- Connect survivors with forensic nurse examinations and physical evidence, collection/recovery when appropriate;
- Offer resources for family planning counseling and medical consultation, including adoption services and safe and legal abortion; and
- Build relationships with local midwives and doulas to support pregnant and parenting survivors (Virginia Sexual and Domestic Violence Action Alliance, 2020).

Survivor-Centered Advocacy

Advocates can be survivor-centered by using a reproductive justice approach and honoring the reproductive health decisions of the survivor.

Take a reproductive justice approach. Black women scholars and activists coined the term *reproductive justice* – a combination of reproductive rights and social justice – to emphasize a person’s human right and bodily autonomy to: 1) have a child, 2) not have a child, and 3) parent their child in a safe and healthy community free of violence and coercion from individuals or the state (see [A Black Reproductive Justice Policy Agenda](#) (Howell, Barnes, & Diallo, 2021). For more information, advocates can use the following resources.

- Visit the website, [SisterSong: Women of Color Reproductive Justice Collective](#), a Southern based, national membership organization designed to build an effective network of individuals and organizations to improve institutional policies and systems that impact the reproductive lives of marginalized communities.
- Read the Virginia Sexual & Domestic Violence Action Alliance’s Our Reproductive Justice Series:
 - ◊ Part 1: [What is Reproductive Justice?](#)
 - ◊ Part 2: [How Does Reproductive Justice Intersect with Sexual and Intimate Partner Violence?](#)
 - ◊ Part 3: [How Can We Foster Reproductive Justice within Sexual and Domestic Violence Agencies?](#)

Honor the reproductive health decisions of survivors. In addition to an abusive partner, a Black survivor’s relatives, community members, and even medical providers may attempt to influence their decision to maintain or terminate a pregnancy (watch [Rep. Cori Bush](#), D-Mo., testify during a House Oversight Committee hearing on Thursday about making her decision to have an abortion after being raped as a teenager). Black women IPV survivors expressed a desire that advocates provide nondirective pregnancy options and reproductive care counseling (O’Connor-Terry, Burton, Gowda, Laing, & Chang, 2022). Advocates should be prepared to talk about a range of reproductive options, including parenting, adoption, and abortion. When appropriate, advocates also can offer emergency contraception or pregnancy tests on-site, referrals to community reproductive health resources, and assist survivors in developing safety plans that support the reproductive health choices of the survivor (McGirr et al., 2020).

Culturally Responsive Practice

Culturally responsive practice requires advocates to meaningfully and proactively integrate awareness of the cultural identities of survivors and staff into their services (Warshaw, Tinnon, & Cave, 2018). This requires advocates to understand the cultural barriers to disclosure and help-seeking. With this knowledge, service providers can create culturally specific services.

Understand cultural barriers to disclosure and help-seeking. Black sexual assault survivors face multiple barriers to disclosure and help seeking, which can include:

- The internalization or fear of reinforcing the image of Black women as sexually promiscuous Jezebels or Black men as sexual predators;
- The cultural mandate that survivors should be “Strong Black Women” who are able to handle sexual trauma without assistance;

- The cultural expectation that Black women should protect Black male offenders from legal and social consequences; and
- Prior negative interactions with legal, medical, and social service systems that treat sexual assault survivors (Gomez, 2023; Sualp, Forgetta, Anderson, Revell, & Godbee, 2021).

To learn more about cultural barriers to disclosure and help-seeking, advocates can use the following resources:

- Watch [NO! The Rape Documentary](#) (Simmons, 2006). This groundbreaking feature length film uses first-person testimonies, scholarship, spirituality, activism, and cultural work of Black women to address intra-racial rape healing and community accountability.
- Read [Unveiling the Silence: No! The Rape Documentary Study Guide](#) for additional information (Tillet & Quinn, 2007).

Create culturally specific sexual assault services. Culturally specific sexual assault treatment and interventions for African American sexual assault survivors have been very effective. For example, Black survivors found healing in support groups with self-identified African American group facilitators who infused the treatment with culturally specific topics (e.g., impact of race and culture on experiences of sexual assault) and case examples (e.g., the depiction on African American women in print or visual media). As a result, Black survivors reported a reduced sense of isolation, an increase in disclosure and help-seeking, and greater use of healthy coping strategies (positive affirmations, mediation, etc.) (Ayeni, 2022). To learn more about culturally responsive care for Black rape survivors see Gomez (2023).

Educate the public and media about sexual assault. Advocates can use high-profile cases that involved Black women as an opportunity to educate the media about racism and sexual violence. For resources, see the following:

- Review Color of Change’s 2022 [Media Coverage Style Guide on Protecting Black Survivors](#) to identify ways to prevent the dissemination of harmful stereotypes about Black survivors and their communities.
- See [National Sexual Violence Resource Center & Pennsylvania Coalition Against Rape’s Joint Statement on Guilty Verdict in R. Kelly Sex Trafficking Trial](#) (2021) for an example of how to issue a statement of educate survivors, the general public, and the Black community.
- See Black Women’s BluePrint’s (2019) toolkit [Beyond Lights, Camera, Action & Surviving R. Kelly Viewing Parties](#) for an example of how anti-violence organizations can host watch parties to discuss cases in the media and offer support to survivors and their allies.

Trauma-Informed Care

Trauma-informed care describes an organizational approach that recognizes and seeks to repair the ongoing and historical experiences of trauma, discrimination, and oppression and is committed to changing the conditions that contribute to the existence of abuse and

violence in people’s lives (Warshaw et al., 2018). Advocates can provide trauma-informed care by preventing retraumatization and learning about historical trauma.

Avoid retraumatizing Black survivors. When African American survivors were interviewed about their post-sexual assault care, they reported being dehumanized, discredited, dismissed, shamed, and blamed for their assault (Ruiz et al., 2023). Consider the question that a nurse asked Ashley, a pseudonym for a 13-year-old Black girl from Mississippi, who in the fall of 2022, according to her mother, was raped by a stranger in her yard, impregnated, and forced to give birth due to an abortion ban: “*What have you been doing?*” (Alter, 2023). Embedded in this question is suspicion, implicit blame, culpability, and equal parts derision and judgement. Advocates can strive to avoid retraumatizing survivors by asking more compassionate questions, such as: “*What happened to you?*” “*What do you need?*” and “*How can I help?*”

In cases of intra-racial rape, advocates should be knowledgeable about *cultural betrayal trauma* that deepens the rape-related trauma when sexual assault is committed by a Black community member (Gomez, 2023). In addition, advocates should be prepared to address the mental health challenges that Black women often experience following sexual assault. For example, in a community sample of Black survivors of RC, 69% reported depression and 47.1% reported posttraumatic stress disorder (PTSD) (Alexander et al., 2019). Advocates can take a [health equity approach](#) (Branco, Keene, Ortiz, Vassell, Winters, Grove et al., 2021) that is trauma-informed and connect Black survivors to long-term mental and physical health care services.

Learn about historical trauma. Black women have a long history of sexual trauma. Here are a few examples:

- During slavery, Black women were frequently raped and subjected to forced breeding. Their children were frequently sold, which increased the wealth of White slave owners.
- After slavery and well into the 20th century, Black women were victims of nonconsensual reproductive and gynecological examinations and experimentation. For example, Dr. J. Marion Sims, called the father of modern of gynecology, used enslaved Black women to develop surgeries to repair vaginal fistulas. Before her death, doctors from Johns Hopkins University removed cervical tissue from [Henrietta Lacks](#), which became the first human cells to be successfully cloned (HeLa Cells).⁶
- Black women who were deemed “feeble-minded” or promiscuous received “Mississippi Appendectomies,” which were state-sponsored sterilizations without their consent (Posey, 2023).

One survivor explained why it is critical to understand this history:

“We need people to consider the inhumane treatment that Black women have received on this continent... we carried not only the sexual assault that happened to us, but also what happened to our mothers and our grandmothers and our ancestors” (Ruiz et al., 2023, p. 8).

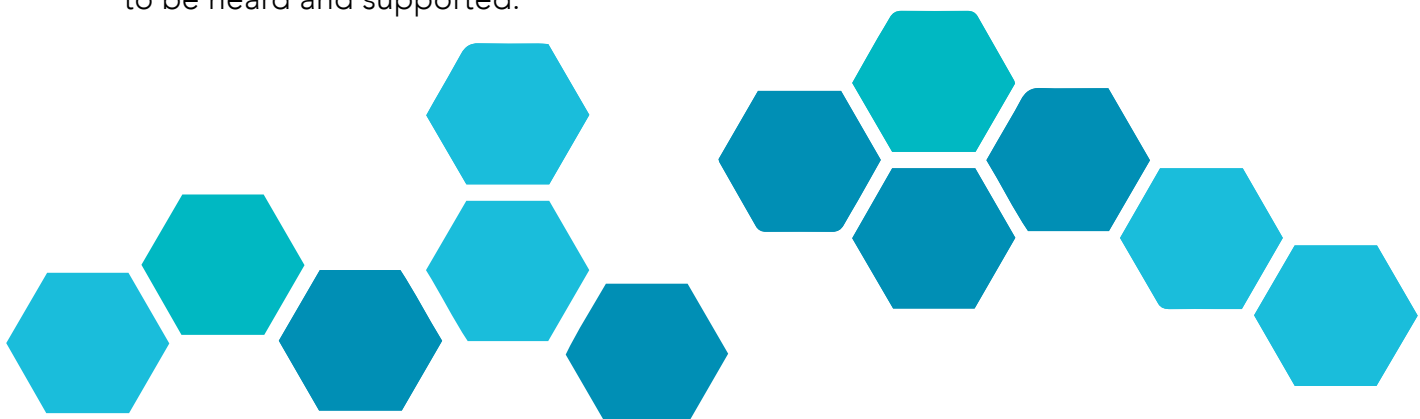
Advocates can avoid retraumatizing Black survivors by understanding how intergenerational and historical trauma impacts the experiences of contemporary Black women (see Feinstein, 2019; Posey, 2023). Also, watch documentaries on reproductive oppression of Black women, including [The State of Eugenics](#) (Shapiro, 2017) and [Belly of the Beast](#) (Cohin, 2020). When advocates used a trauma-informed approach, Black survivors found exploring sexual violence in the context of historical trauma to be a liberating, insightful, and essential part of their healing journey (Ayeni, 2022) (See TAG 4 for more suggestions to address historical trauma).

Strengths-Based Approach

Create Holistic Treatment. Advocates can use holistic techniques that are designed to help survivors heal their bodies, minds, and spirits. For example, in support groups, sometimes called “Sister Circles,” Black sexual assault survivors have benefited from communal activities and holistic healing practices (e.g., burning bowl ceremony, candle lighting ceremony, libation ceremony, and opening and closing affirmation in a call and response format). In this setting, Black survivors promoted their healing by using adaptive coping strategies such as positive affirmations and mediation exercises and techniques (Ayeni, 2022; Gomez, 2023). For an example of a program that uses holistic treatment for Black sexual assault survivors, visit the website [Sasha Center for Sexual Assault Services for Holistic Healing and Awareness](#) (www.SASHACenter.org) and review the [Sasha Center Toolkit](#) (Johnson, 2022).

Support activism by Black survivors. Black rape survivors who participated in culturally specific programs were inspired to become activists by facilitating conversations with family, volunteering with sexual assault organizations, connecting survivors to resources, and engaging in public education and awareness campaigns (Ayeni, 2022). Advocates can use the following resources to promote activism among Black survivors:

- Read about Black women’s long history of anti-rape activism (Burke, 2021) and watch related documentaries, such as [The Rape of Recy Taylor](#), the true story about a brave 24-year old Black mother and sharecropper from Alabama who was gang-raped by six White men in 1944 (Buirski, 2017).
- Read [The Black Women’s Truth and Reconciliation Commission Report](#) (Tanis, Brown, Wagner, Tesfay, Tomlinson, Middleton, 2017) and watch the powerful [testimony from the Black Women’s Truth and Reconciliation](#) to see Black anti-rape activism in action.
- Visit the website [WeAsOurselves.org](#), a call-to-action to center the voices and experiences of Black survivors and to create the cultural conditions for Black survivors to be heard and supported.



2. NON-FATAL STRANGULATION

Non-Fatal Strangulation (NFS) is pressure on the throat or the neck that restricts oxygen and blood flow to the survivor's brain. Perpetrators may use *manual strangulation*, which is using the hands or forearm to strangle the survivor, or *ligature strangulation*, defined as the use of a rope, scarf, belt, or another similar object to strangle the survivor. Victims of severe IPV may experience strangulation induced brain injury, which is caused by the restriction of oxygen to the brain, and *traumatic brain injury* (TBI) caused by a bump or blow to the head that disrupts the normal function of the brain. For example, in a sample of 95 Black survivors, about one-third of the participants (n=32) had probable TBI, among them 12 women were hit on the head and 12 were strangled to unconsciousness, and 8 were both strangled and hit on the head (Cimino, Yi, Patch, Alter, Campbell, Gundersen, et al. 2019).

NFS is a prevalent, often unreported, and potentially lethal form of IPV that disproportionately impacts Black women. In fact, among survivors who called the police in seven Oklahoma jurisdictions, when compared to Latinas and white women, African American women were at greater risk for all forms of NFS that were measured (attempted, completed, and multiple) (Messing, Patch, Wilson, Kelen, & Campbell, 2018). Consider these statistics:

- Among a convenience sample of 537 African descent IPV survivors from Baltimore and the U.S. Virgin Island, 36% (n=194) reported NFS (Campbell, Anderson, McFadgion, Gill, Zink, Patch, et al., 2018).
- In a Baltimore sample of 95 Black survivors of IPV, childhood abuse, and forced sex, 38% (n=12) had been strangled into unconsciousness (Cimino et al., 2019).

Strangulation often occurs within the context of severe intimate partner violence. Alexis a 24-year-old African American mother of a 2-year-old daughter with her abuser, Calvin, described her abuse:

"I wanted to say he probably choked me more than 20 times before, even while being pregnant... he gave me black eyes, dragged me by my hair, got spit on, stomped on... And I'm actually kind of surprised that I didn't lose my daughter because there was times where I got pushed in my stomach" (Harper, 2022, p. NPI3742).

Get Educated

In a sample of domestic violence shelter staff, knowledge about IPV-related TBI was high; yet advocates perceived themselves as less competent in screening, making referrals, and accommodating the needs of survivors. To be effective, advocates:

- Must have adequate knowledge about IPV-related TBI and screening methods;
- Feel comfortable and capable of completing screening and accommodating for the effects of TBI;
- Successfully make referrals to other agencies/providers for specialized TBI rehabilitation (Campbell, Howland, Insalaco, & Lawrence-Soto, 2023).

Advocates can get educated by reviewing the following resources:

- Visit [The Training Institute on Strangulation Prevention \(https://www.strangulationtraininginstitute.com/\)](https://www.strangulationtraininginstitute.com/) to receive training and technical assistance on strangulation and suffocation crimes.
- Visit the [Ohio Domestic Violence Network \(ODVN\) and The Center on Partner-Inflicted Brain Injury \(https://www.odvn.org/brain-injury/\)](https://www.odvn.org/brain-injury/) website for training and information about TBI caused by IPV, and read their report [*Partner-inflicted brain injury: Promising practices for domestic violence programs*](#) (Montgomery & Ramirez, 2021).
- Watch the Centre for Research & Education on Violence Against Women & Children's webinar [*Traumatic Brain Injury \(TBI\) and Intimate Partner Violence: Implications of the Co-occurrence of PTSD & TBI*](#) with Dr. Akosoa McFadgion (2019) to learn more about screening for brain injuries among Black survivors.

Survivor-Centered Advocacy

Educate survivors about the dangers of strangulation. Advocates can explain that strangulation is often a form of coercive control. For example, Black survivors reported that NFS was triggered by:

- Partner's jealousy, which centered around accusations of the survivor's infidelity;
- Survivor's attempt to terminate the relationship;
- Survivor's failure to comply with her partner's demands (Thomas, Joshi, & Sorenson, 2014).

To promote an individualized safety plan, advocates can help survivors identify their abuser's perceived motivations and triggers for NFS.

If strangulation occurs, advocates should educate the survivor about NFS and the mechanism of physical violence that have the potential to cause TBI, such as pushing, shoving, or throwing the victim against something, choking/strangulation or suffocation with objects, such as pillows, violent shaking, hair pulling, punching, hitting, and blows to the head, neck or face with a fist or heavy object (Cambell et al., 2023). Also, survivors may be unaware that symptoms, such as headaches or incontinence, are associated with TBI (Brady, Zedaker, McKay, & Scott, 2023). After experiencing NFS, one Black survivor realized:

"...it doesn't just leave marks on your neck, it doesn't just leave the signs in your eyes like where the blood vessels burst... you vomit, you pass out, or urinate on yourself" (Bent-Goodley, Romero-Chandler, & Zonicle, 2023a).

Advocates can make survivors aware of the physical consequences associated with non-fatal strangulation.

Culturally Responsive Practice

Although strangulation can be used, sometimes just once, to immobilize and terrorize a survivor, some Black women will minimize or deny the severity of this potentially lethal form of abuse. In focus group interviews, Black survivors explained:

“He choked me, I’m not going to defend that... he choked me until I passed out... but the reality is that when he choked me he only did it once... I didn’t have to go to the hospital” (Joshi, Thomas, & Sorenson, 2012, p. 805).

“He would choke me, but I would always tell myself, he’s not punching me, so I’m in a better situation than so and so because I’m being choked and not hit” (Bent-Goodly, Romero-Chandler, & Zonicle, 2023a, p. 8834).

These quotes may reflect the internalization of the “Strong Black Woman” social mandate, which includes the expectation that Black women should be resilient and able to handle any situation, even potentially lethal violence. The inability to live up to this expectation can cause a sense of shame, reluctance to disclose abuse, and resistance to help-seeking. Culturally responsive advocates should be aware of barriers to Black women’s help-seeking in the context of NFS (Harper, 2022).

Trauma-Informed Care

Screen survivors for strangulation and brain injury across the lifespan. Advocates can use trauma-informed screening and assessment methods to improve the identification of Black survivors of strangulation.

- Use the [Danger Assessment-5 \(DA-5\) Brief Risk Assessment for Clinicians](#), which has a [Brief Strangulation Protocol](#) and suggestions for further assessment and referral in practice settings (Messing, Campbell, & Snider, 2017).
- Use the updated [Danger Assessment](#) (Campbell, 2019) to screen for multiple strangulations and loss of consciousness due to strangulation, which is a risk factor for domestic homicide (Messing, Campbell, AbiNader, & Bolyard, 2022).

Advocates can capture the complexity of NFS and TBI by asking survivors about multiple and repeated injuries across the lifespan. For example, adult survivors have experience sustained head injuries from childhood abuse, adolescent dating violence, or community violence (St. Ivany & Schminkey, 2019).

Screen by using the language of survivors. Black survivors may make the distinction between strangulation and choking:

“...strangling is like a cord or something wrapped around the person’s neck. And choking is like actually taking their force and their anger and that energy and just placing their hands upon someone’s neck and gripping it tighter” (Joshi et al. 2012, p. 805).

Advocates should screen for strangulation using terms that survivors understand and use, such as “choked” or “blacked out.” Also, it may be useful to ask a behaviorally specific question, a practice that will improve disclosure, such as: *“Has a partner tried to assault you by putting his hands around your throat and squeezing it or by putting his hands around your throat and squeezing it or by putting a piece of clothing/wire/cord around your throat and pulling it tightly?” (Joshi et al., 2012, p. 810).*

Assess for mental health problems associated with strangulation. Researchers found higher levels of depression and PTSD among Black survivors who experienced a probable TBI that was associated with strangulation and head trauma (Cimino et al., 2019). In addition, when compared to non-abused Black women, survivors, particularly if they suffered a TBI, experienced more central nervous system problems like memory loss, blacking out, ears ringing, hearing problems, and difficulty concentrating) (Campbell et al., 2018). Advocates should become familiar with health consequences that are associated with NFS and TBI, including:

- *Physical*, which can include changes in hearing and vision, headaches, feelings of dizziness, seizures, tremors, and sleep disturbance;
- *Cognitive*, which can include impaired memory and reasoning and difficulty communicating understanding information;
- *Affect and mood*, which can include mood swings, anger, irritability, depression, and PTSD; and
- *Behavioral*, which can include suicidal thoughts, impulsive behavior, substance abuse, and aggression (Montgomery & Ramirez, 2021).

Every act of strangulation or blow to the head can produce unique and unpredictable symptoms and possible long-term health problems. Accordingly, advocates can think about brain injury as a chronic condition (St. Ivany & Schminkey, 2019).

Educate professionals and racial differences in strangulation. People with darker skin tones produce more melanin, which can make it more difficult to detect NFS-related injuries and bruises. One Black survivor explained:

“My ex-husband can hold me and I won’t even bruise at all. I don’t know because I’m darker skin or what but I hurt to a point where you’re gonna like just give in” (Deutsch, Resch, Barber, Zuckerman, Stone, & Cerulli, 2017, p. 769).

As a result, Black survivors may appear less credible when they describe their injuries. In their attempt to escape NFS, a Black survivor may physically resist, which causes physical injuries to their partner. Consequently, some Black survivors have been mistaken for primary aggressors:

“My daughter did call the cops one time, but they didn’t arrest him because he said that I attacked him, and he did have a scratch, but it was from me trying to swing at him to get him to get him off my neck” (Thomas, Joshi, & Sorenson, 2014, p. 131).

Compared to cases involving white and Asian survivors, officers were less likely to identify external injuries on Black survivors’ neck, chin, and chest/shoulders. Also, officers may attribute disorientation to intoxication rather than symptoms of strangulation or TBI (Brady et al., 2023). Advocate should strive to educate other service providers about these racial differences and ensure that strangulation and the associated injuries are well-documented (Deutsch et al., 2017).

Make referrals for trauma-informed care. If there has been a recent TBI, either from head injury and/or strangulation, emergency care maybe necessary and advocates should refer women for a medical assessment and rehabilitation. Advocates can use the

[Brief Strangulation Protocol](#) (for additional assessments and referrals see Messing and associates, 2017). Advocates also can facilitate linkages to mental/medical treatment by cross-collaborating with TBI rehabilitation agencies (Campbell et al., 2023).

Strengths-Based Approach

Survivors of non-fatal strangulation and brain injury may appear to be disorganized and unreliable when they present with irritability, fatigue, and cognitive problems that impair their decision-making, long term planning, and problem-solving skills. Given the complex expectations of victim-serving agencies that are required to receive assistance – meeting curfews, maintaining employment, following shelter rules, etc. – advocates may misinterpret a survivor’s missed appointments or failure to participate in safety planning as noncompliance, inability to prioritize, or lack of care, when these behaviors are indicative of brain injury.

Tailor services to assist survivors of brain injury. Advocates can strive to use a strengths-based approach. Rather than treating survivors who suffer from TBI as “damaged” or “incompetent,” which can increase stigmatization and a sense learned helplessness, advocates can change the way they interact with these survivors (Campbell et al., 2023). For example, service providers can:

- Speak at a slower pace and use repetition to ensure that survivors understand complex information and instructions;
- Ensure the meetings are short, paced to meet the survivor’s needs, and include regular confirmation that the information that is presented is accessible and understood;
- Take frequent breaks to avoid survivor fatigue;
- Create space with low stimulation (e.g., low light, minimal noise);
- Help survivors with concentration, organizational difficulties, or memory loss by creating “work arounds” such as calendar reminders, cell phone or memory improving apps, or writing down important dates; and
- Engage in ongoing safety planning that takes into consideration the needs and strengths of the survivor, including protecting against another TBI (e.g., removing tripping hazards) (Campbell, Messing, Patch, Bergen, & Cimino, 2020; Montgomery & Ramirez, 2021).

To conclude, Black women are at elevated risk for non-fatal strangulation. Service providers might consider using CARE tools (**C**onnect, **A**cknowledge, **R**espond, and **E**valuate) as an advocacy framework to address NFS and TBI in the context of relationship violence:

- **C**onnect with self, survivors, and other systems;
- **A**cknowledge that head trauma and mental health struggles are common among survivors and that advocates need ongoing education;
- **R**espond using accommodations within victim services and referrals to other providers; and
- **E**valuate accommodations and referrals regularly (Kemble, Sucalidito, Kulow, Ramirez, Hinton, Glasser et al., 2022).

3. INTIMATE PARTNER HOMICIDE

Femicides are homicides that involve female victims independent of the victim-offender relationships. A large proportion of femicides are *intimate partner homicides* (IPH) because the victim is killed by an intimate partner. *Pregnancy-associated femicide*, which is the homicide of women during pregnancy or within one year of pregnancy, refers to the timing of death and does not imply that the homicide was necessarily caused by pregnancy or postpartum status (Kivisto, Mills, & Elwood, 2022).

Guns are frequently used to kill intimate partners. In fact, intimate partner homicide has spiked by 22% in the past year. Shockingly, Americans now fatally shoot an intimate partner every 12 hours. Data collected by the Gun Violence Archive, [Brady: United Against Gun Violence](#) (2023) a gun reform advocacy group, found that between 2018-2020, 739 people were killed by a current or former spouse or dating partner.

Although Black women are about 14% of the U.S. population, they are overrepresented among each of these types of homicide. Consider these devastating statistics:

- Based on analysis of 2020 homicide data from the Centers for Disease Control and Prevention, 1,821 Black women and girls were killed, which is an average of 4 to 5 homicides per day (Beckett & Clayton, 2022).
- Based on the 2020 Supplementary Homicide Report data, Black females were murdered by males at a rate of nearly three times as high as white women: 2.96 per 100,000 versus 1.07 per 100,000. Of the Black victims who knew their offenders, 56% (259 out of 464) were current or former wives, or girlfriends of the offenders (Violence Policy Center, 2022).
- According to the Violent Death Reporting System, pregnant Black women three times more likely to be murdered by an intimate partner than White and Hispanic women. What is more, pregnant Black women were 8.1 times more likely than nonpregnant Black women to be victims of IPH (Kivisto et al., 2022).

In addition, the rates of homicide-followed-by-suicide, a tragic event in which an abuser murders one or more victims prior to completing suicide, is higher among African Americans, particularly in the times of economic challenges (Huguet & Lewis-Laietmark, 2015). Anna, an African American survivor explained the risk:

"I saw the bullets on the floor, and said, 'No, that doesn't look right.' I knew it was time to get that out of the house. So, I took it to the gun trader. The police and the ADA felt that he might have been planning a murder-suicide" (Waller & Bent-Goodley, 2023, p. NP4178).

Get Educated

Learn about racial disproportionality in intimate partner homicide. Advocates can get educated about racial differences in their community and state by using the resources below:

- Review the Violence Policy Center’s Report (2022) [When Men Murder Women: An Analysis of 2020 Homicide Data](#).
- Review task force reports to learn how cities, such as [Los Angeles](#) (Maddox, 2023), and states, including [Minnesota](#) (Squires, Lewis, Martin, Kopycinski, & James, 2022), have developed best practices for addressing the growing number of missing and murdered Black women.
- Watch [A Dangerous Silence: Domestic Violence Documentary \(2019\)](#), a J Love Media Production that focuses on family, friends, and experts in Columbus, Georgia who discuss domestic violence and homicide in the Black community.

Become familiar with the intimate partner homicide risk factors. Based on a review of the literature, intimate partner violence that turns lethal or nearly lethal follows predictable patterns with well-documented risk indicators. The strongest risk factors for IPH include an offender who has:

- Direct access to a gun;
- Threatened the survivor with a weapon;
- Engaged in acts of coercive control;
- Committed previous acts of nonfatal strangulation; and/or
- Committed previous acts of intimate partner rape (Spencer & Stith, 2020).

Advocates should strive to get additional training on evidence-based lethality assessments tools for IPH.

- Use the [Danger Assessment-5 \(DA-5\) Brief Risk Assessment for Clinicians](#), which has a Brief Strangulation Protocol and suggestions for further assessment and referral (Messing, Campbell, & Snider, 2017)
- Use the 20-item [Danger Assessment](#) (Campbell, 2019) for a more comprehensive IPH assessment.

These assessments are free and available to the public in a variety of languages. The Danger Assessment requires weighted scoring and interpretation, which is provided after service providers complete the [Online training](#) (see <https://www.dangerassessment.org/>).

Survivor-Centered Advocacy

Consider the multiple intersecting identities of survivors. Although survivors of all backgrounds have been tragically killed by intimate partners, Black women who are young, pregnant, and transgender are at elevated risk of IPH.

- **Young women:** In 2020, the average age of Black women IPH victims was 35, which was 5 years younger than the national average, and 9% of Black IPH victims were Black girls who were less than 18 years old (Violence Policy Center, 2022).

- **Pregnant women:** When compared to other high-income countries, deaths during pregnancy and childbirth (maternal mortality), have increased between 2000-2019, with stark racial disparities – when compared to white women, Black women are twice as likely to die (Huang, Spence, & Abenheim, 2023). In addition to health problems, homicide is a leading cause of death during pregnancy and the post-partum period. For example, there were 189 pregnancy-associated homicides identified in the 2020 mortality file and more than one-half (55%) were Black women (Wallace, 2022). Advocates can do risk assessments with pregnant women and post-partum women.
- **Black transgender women.** Based on data from the National Violent Death Reporting System, when compared to heterosexual and cisgender Black women, Black sexual and gender minority women (lesbian, bisexual, and transgender women) were more than 7.8 times as likely to have been killed by an intimate partner (Anderson, Marlow, & Izugbara, 2023). In focus groups, Black transgender women identified disclosure of gender identity as a potentially high-risk period for severe violence or homicide by abusive partners. Without patronizing or stigmatizing the survivor, advocates can help Black transgender women plan the time, location, and manner of disclosure to minimize risk for violence (Sherman, Peitzmeier, Cimino, Balthazar, Klepper, Chand et al., 2023).

For additional information on high-quality, evidence-based research on homicides of transgender individuals, see community organizations such as the [Transgender Day of Remembrance](#) and the [National Coalition of Anti-Violence Programs](#). To find shelter and other resources for transgender survivors visit [Trans LifeLine \(https://translifeline.org/\)](https://translifeline.org/) or call their crisis line at 1-877-565-8860.

Culturally Responsive Practice

Explore culturally specific domestic homicide risk factors. Become aware of culturally specific risk factors for IPH. For example, in focus groups with Black survivors, community members, and service providers, participants identified engaging in public violence, repeated violence with no consequences, disconnection from the community, such as unhoused survivors, and membership in a marginalized group, such as a lesbian or transgender woman, as indicators of potentially lethal IPV (Bent-Goodley et al., 2023a). Advocates should also be aware of additional risk factors for Black women, including escalating arguments, access to firearms, non-fatal strangulation, and pregnancy.

- **Escalating arguments.** Nearly two-thirds of non-felony related homicides (256 out of 416) involved an argument between the Black woman and male offender (Violence Policy Center, 2022). In focus groups of Black survivors and service providers, one participant explained how arguments can increase the risk of IPH:

“It’s a standoff. No one deescalates the situation. She doesn’t know the fight is actually abuse because it has become normalized. On top of that Black women are taught not to back down and if a Black man backs down, he’s not viewed as a man. So now no one backs down and the fight just goes” (Bent-Goodley, Zonicle, & Romero-Chandler, 2023c, p. 9544).

- **Access to firearms.** In a national study of IPV survivors, women, particularly if they were Black, divorced or separated, poor, had less than a high school education, and lived in the South experienced the highest rates of nonfatal firearm abuse.⁷ More specifically, two-thirds of the survivors reported that their partner had displayed a firearm or threatened to shoot them, and more than 80% reported feeling fearful and concerned about their safety (Adhia, Lyons, Moe, Rowhani-Rahbar, & Rivara, 2021). Moreover, in the 571 homicides for which the murder weapon could be identified, 72% of Black women (411 victims) were shot and killed with a gun, most often a handgun (254 victims) (Violence Policy Center, 2022).

Advocates should become educated about gun laws in their state, defend existing laws, lobby for stronger laws, and promote enforcement. In June 2022, the Supreme Court's decision in [New York State Rifle & Pistol Association v. Bruen](#) (2022) struck down state limits on who may carry a firearm in public, a ruling that will likely to lead to IPV-related gun injuries and deaths. In November 2023, the Supreme Court prepares to hear a closely watched case that will decide whether people subject to protective orders for domestic violence can retain their gun rights ([United States v. Rahimi](#)) ([Brady: United Against Gun Violence](#), 2023). With a greater awareness of the law, "Advocacy efforts should focus on elevating the voices of women, particularly Black women, about gun violence and the role that firearms play in IPV" (Tobin-Tyler, 2023, p. 73).

- **Non-Fatal strangulation.** Strangulation increases the risk of IPH. In fact, Black victims of strangulation were 4 times more likely to be killed by an intimate partner than Black women who had not experienced this form of violence (Glass, Laughon, Campbell, Block, Hanson, Sharps, et al., 2008). Advocates should screen Black survivors for strangulation. In brief or treatment practice settings, such as the Emergency Departments and protective order hearings, advocates can use the [Danger Assessment-5 \(DA-5\) Brief Risk Assessment for Clinicians](#), which has a [Brief Strangulation Protocol](#).
- **Pregnancy.** Pregnant Black women and girls are at elevated risk of intimate partner homicide. Researchers used data from the National Center for Health Statistics (years 2018 and 2019) mortality files to identify all female decedents aged 10-44 in the U.S. Among the 273 pregnancy-associated homicide victims, 50.2% were Black females (Wallace, Gillispie-Bell, Cruz, Davis, & Vilda, 2021). Perpetrators used firearms, sharp objects, or blunt force to inflict fatal "abdomen wound injury." Abusers cited a variety of motivations for IPH, including unwanted pregnancies, desire to terminate the relationship, questions about the unborn child's paternity, and infidelity accusations (Spence & Huff-Corzine, 2023). Advocates should assess Black survivors for reproductive coercion, screen pregnant survivors for IPV, and continue to conduct IPH risk assessments during the year after survivor gives birth.

Conduct culturally responsive domestic homicide risk assessments. Advocates should consider the multiple intersecting identities of Black survivors when they conduct domestic violence homicide risk assessments (see Tag 2). For example, there is a growing population of Black immigrant and refugee women in the United States who are vulnerable to IPV

(Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013). 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 IPH risk.

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 risk assessment, to assess the risk of revictimization and severe IPV to assist immigrant women with safety planning (Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013).

Also, female same-sex couples are at risk for severe IPV (Glass, Perrin, Hanson, Bloom, Gardner, & Campbell, 2008). To assess for reassault and domestic homicide risk among Black women in same-sex relationships, advocates can use the Danger Assessment Revised For Use in Abusive Female Same-Sex Relationship (Glass & Campbell, 2007). In addition, advocates should be aware of additional risk factors for IPH among Black transgender women, including substance abuse history, the survivor having used a weapon against an abusive partner, and firearm use by the perpetrator (Anderson et al., 2023).

Trauma-Informed Care

Be prepared to help survivors of intimate partner homicide. A trauma-informed lens should be used to engage the surviving family members of Black victims of IPH. For example, advocates can help the descendant's family members to develop strategies to address:

- *Shame and guilt:* Provide individual counseling and crisis intervention to family members, particularly the mother of the victim, to address shame, guilt, or responsibility for the inability to prevent the homicide.
- *Interactions with the perpetrator and the perpetrator's family:* Family members have reported stressful interactions, particularly if there were children involved, with the offender of IPH and the offender's relatives. For example, these interactions may occur in mutual community networks, such as neighborhoods or faith-based communities. If appropriate, advocates can incorporate opportunities for collective healing and spiritual coping.
- *The impact of trauma and retraumatization:* The trauma of IPH doesn't end after the initial crisis. Survivors of IPH may experience trauma around child custody, trials, and court hearings. Advocates may consider working with the victim's family to determine what is best in terms of custody, visitation with the offender and the offender's family, and suggestions for how to navigate the court system (Bent-Goodley, Romero-Chandler, & Zonicle, 2023b).

Strengths-Based Approach

Understand the help-seeking process for Black women facing intimate partner homicide. The help-seeking process is particularly complex when Black survivors face potentially lethal violence. For example, to maintain their identities as strong, capable, resilient women, some Black survivors resisted formal help-seeking, which can further isolate and entrap them in violent relationships. Kayla, a 38-year-old African American survivor explained:

“I always feel like I had to do everything on my own, that’s how I grew up... I didn’t say anything or get help from anyone, I just kept it to myself cause I’m figuring, I thought I could fix it” (Harper, 2022, p. NP13744).

Then, Black survivors often *delayed* formal outreach for fear that the violence would escalate to homicide. Finally, when the abuse became unmanageable, severe, or caused life-threatening injuries, survivors *hastened* their help-seeking when they perceived that to be their last resort. Using a strengths-based approach, advocates can conduct frequent follow-up and reassessment of a survivor’s individual’s resource needs across time and strengthen the support infrastructure of Black survivors who can help provide resources and assistance (Harper, 2022).

Create bystander-education programs. Due to mistrust or fear of the legal system, some Black survivors resorted to “street justice” to retaliate or prevent revictimization. In interviews, Cynthia and Monique, respectively, describe this form of retribution:

“Well, street justice is if somebody’s beating you up, a family member will retaliate, or someone will retaliate or either you could plan and then do something yourself.”

“They will tell you, ‘You better go get so-and-so from down the block ago, to beat him with a bat.’ But remember, that’s what stopped him. It wasn’t the cop” (Waller & Bent-Goodley, 2023, p. NP4177).

To avoid an escalation of violence, advocates can conduct bystander training to help the survivor’s social support network identify risk factors for lethality and provide safety planning.

Conclusion

To conclude, in her poem [Need: A Chorale for Black Women's Voices](#), Audre Lorde (1990) wrote:

"Someone had to speak... to the repeated fact of the blood of Black women flowing through the streets of our communities" – so often shed by our brothers, and so often without comment or note. Or worse, having that blood justified or explained away by those horrific effects of racism which we share as Black people" (1990, p. 3).

At this moment in history, a [racial justice reckoning](#) in the United States, must deal with this Black "womanslaughter" (Lorde, 1990, p. 4). Advocates can play a critical role by using a survivor-centered, culturally responsive, trauma-informed, strengths-based approach to address reproductive coercion, non-fatal strangulation, and intimate partner homicide in the lives of Black survivors of intimate partner violence.

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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.

Endnotes

¹ In this TAG, the term “Black” is used to refer collectively to individuals of African and Caribbean ancestry and “African American” is used to refer specifically to those of African ancestry who were born in the USA.

² In this TAG, the term women-identified is used to refer to cisgender women, people who were assigned female at birth (AFAB) and identify as women, and transgender women, people who were assigned the male sex at birth (AMAB), but who identify and live as women.

³ The National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally representative random-digit-dial telephone survey of U.S. noninstitutionalized English- and/or Spanish-speaking adults (15,152 women and 12,419 men) (Leemis et al., 2022).

⁴ In June, the [Dobbs v. Jackson Women’s Health Organization](#) (2022) overruled both [Roe v. Wade](#) (1973) and [Planned Parenthood of Southeastern Pennsylvania v. Casey](#) (1992). In *Roe*, the Supreme Court held that women had a constitutional right to abortion and that states couldn’t restrict this right in the first trimester of pregnancy; states could restrict abortion access in the second trimester, but only if the restrictions were reasonable and “narrowly tailored” to protecting pregnant people’s health. In *Casey*, the Court found that states could impose some restrictions on access to abortion in any trimester, but restrictions that unduly burdened access were unconstitutional (Tobin-Tyler, 2022).

⁵ In the [New York State Rifle & Pistol Association v. Bruen](#) (2022) – which was decided the day before *Dobbs* – the Court made it more difficult for states to place restrictions on who may carry a gun in public, striking down New York’s requirement that a person seeking to obtain a license to carry a handgun outside the home must demonstrate “a special need for self-defense” (Tobin-Tyler, 2022).

⁶ Before her death in 1951, without consent doctors from [John Hopkins](#) took cervical cells from Henrietta Lacks’ cancerous tumor, which were the first human cells to be successfully cloned. T HeLa Cells enabled countless scientific and medical innovations including the development of the polio vaccine and COVID-19 vaccines.

⁷ Black women of all economic backgrounds have experienced gun-related intimate partner violence. Hip-hop superstar Megan Thee Stallion got into an argument with her then boyfriend Tory Lanez, who shot her in the foot with a semiautomatic gun. In August 2023, Lanez was sentenced to 10 years in prison for assault, possession of a concealed, unregistered firearm, and negligent discharged of a firearm (Morino & Coscarelli, 2023).

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