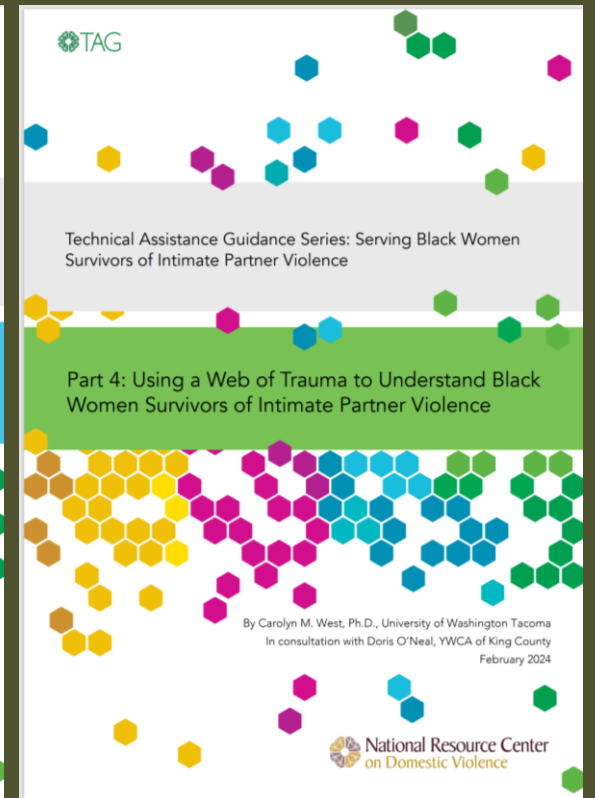
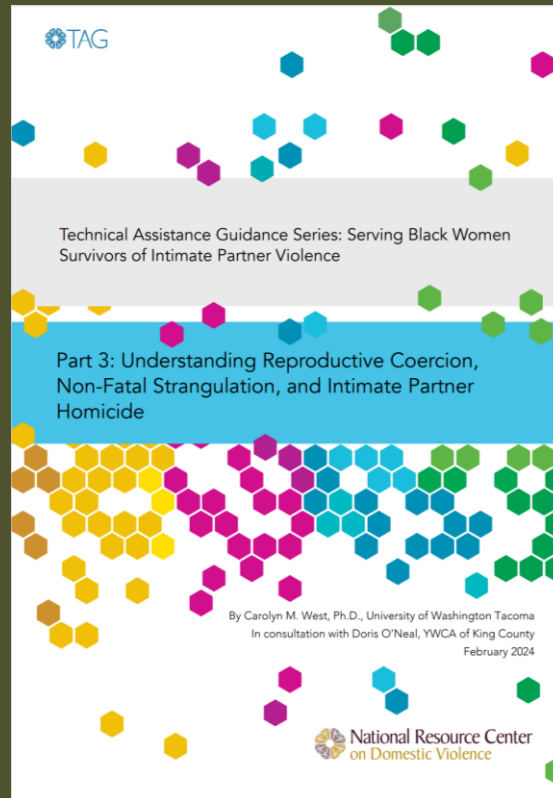
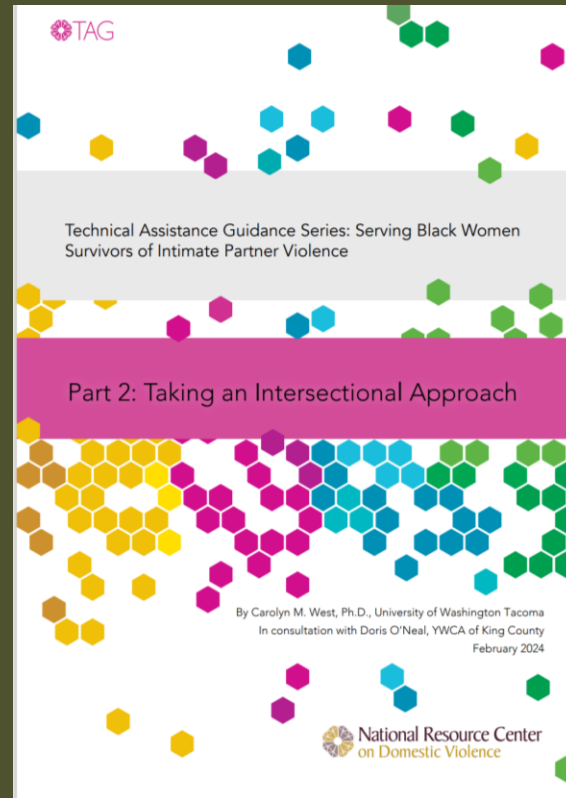
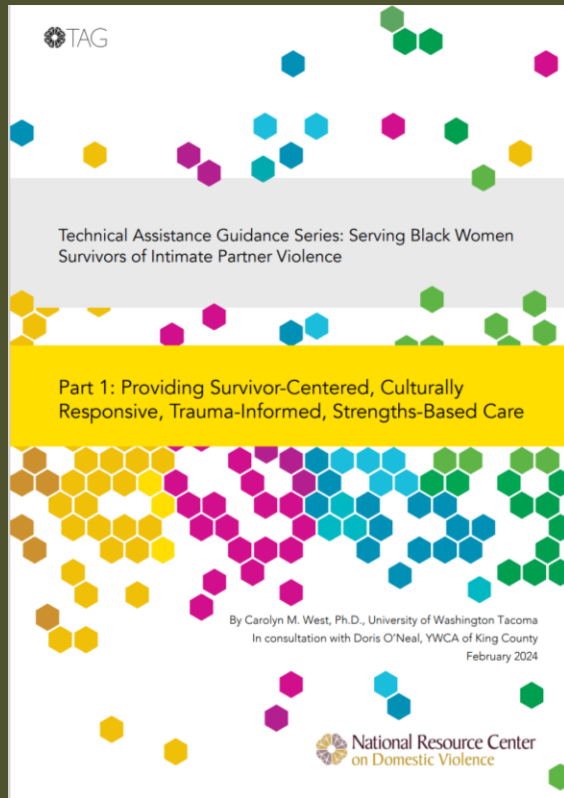


DOMESTIC VIOLENCE VICTIMS AND CHILD WELFARE

Providing Culturally
Responsive Care

Dr. Carolyn M. West



4-Part Technical Assistance Guidance Series

2020



Moment of Truth-2020



B The Boston Globe
The intersection of Black women, COVID ...

'An unspoken epidemic': Homicide rate increase for Black women rivals that of Black men

Supported by



About this content

Lois Beckett and Abené Clayton

Sat 25 Jun 2022 05:00 EDT





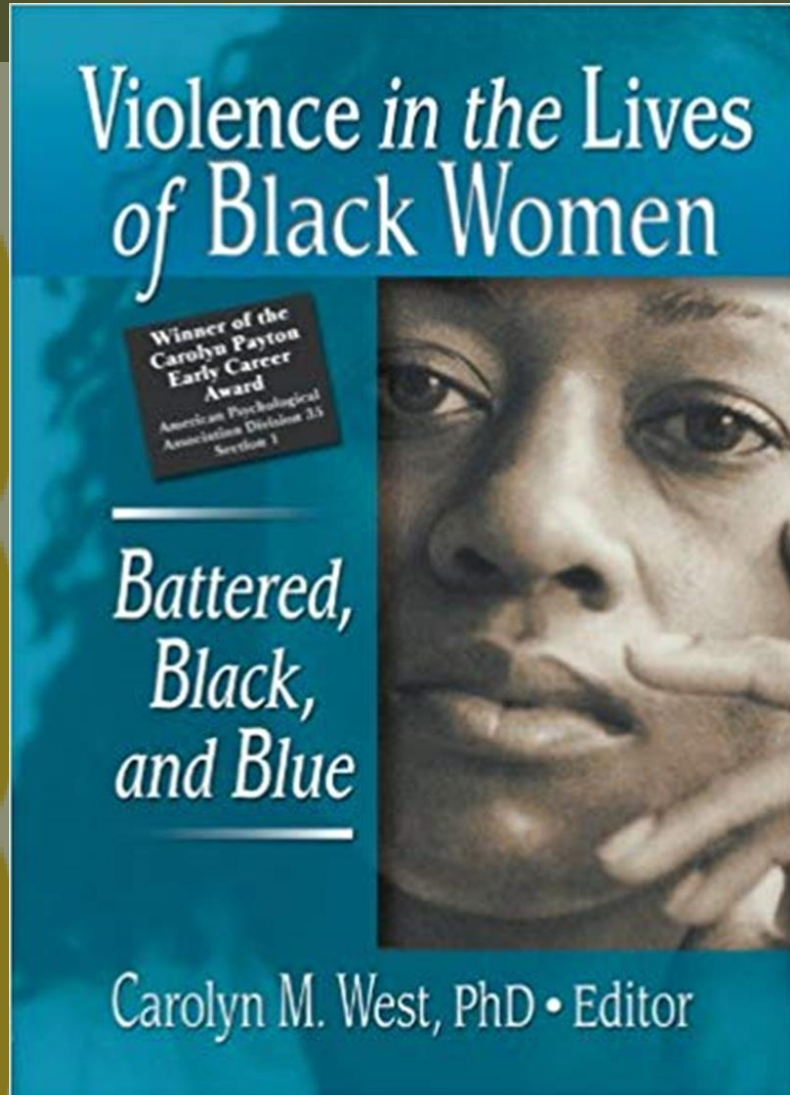
Part 1: Providing Survivor-Centered, Culturally Responsive, Trauma-Informed, Strengths-Based Care

Color Blind Approach

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

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

Color Blind Approach



“...articulating the many similarities among survivors, without negating the particular experiences of Black women”

Survivor-Centered Advocacy & Survivor-Informed Care

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

Recognize the individuality of survivors

"If you think you already know because you already been trained how to be competent; you won't take that next step to ask the right questions or to humble yourself enough to even ask the client in front of you, 'What is it that you need?'"

Recognize the individuality of the survivor

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

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

Understanding the leaving process

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

Provide a range of healing modalities

- Transportation
- Housing
- Substance abuse treatment
- Mental/behavioral health services
- Warm-hand off



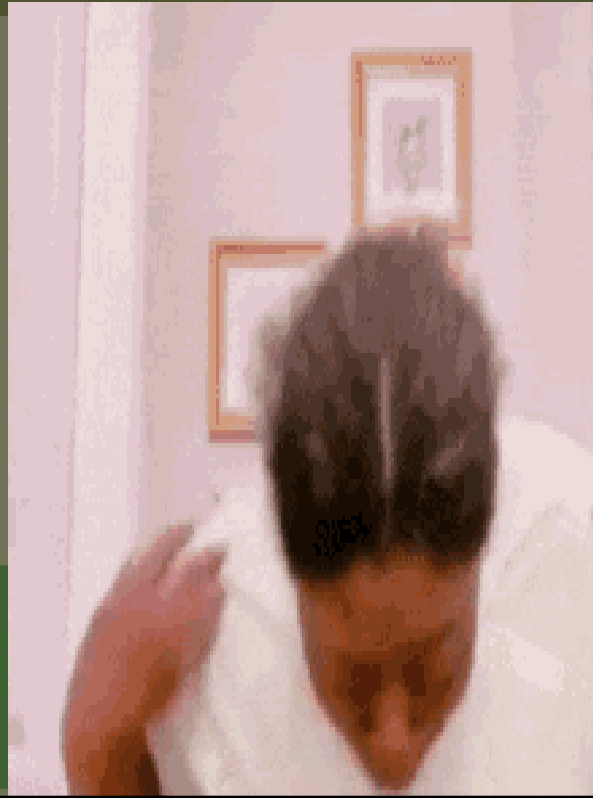
Culturally Responsive Practice

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

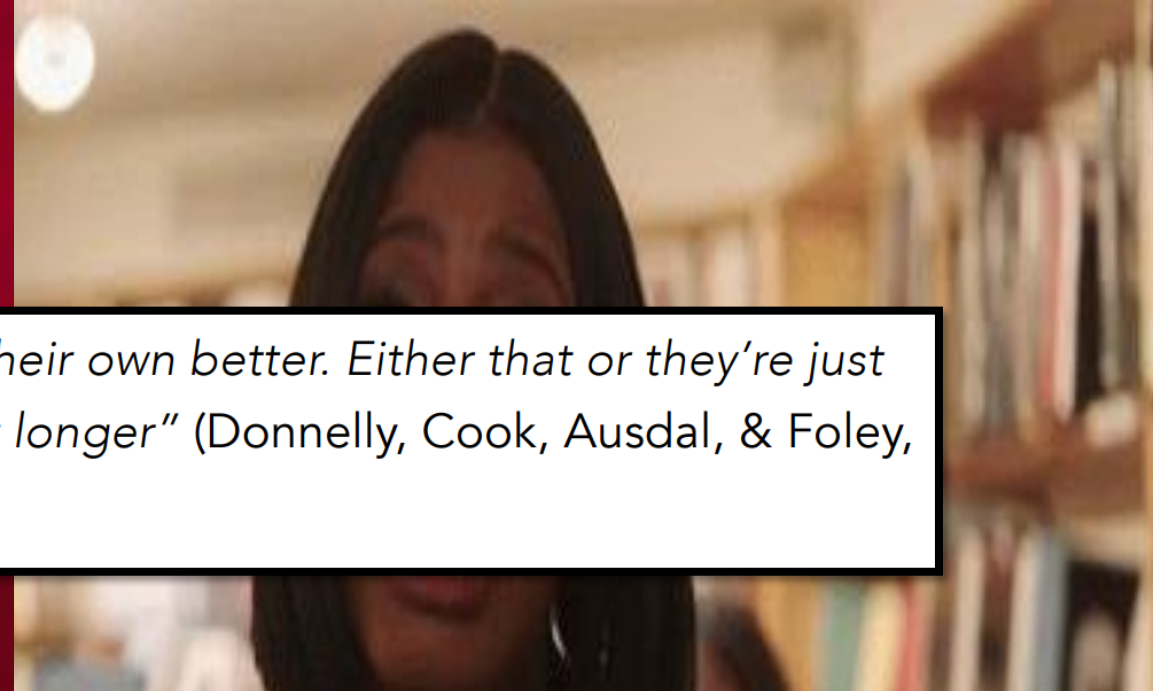

Recognize implicit biases

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

Angry Black Women

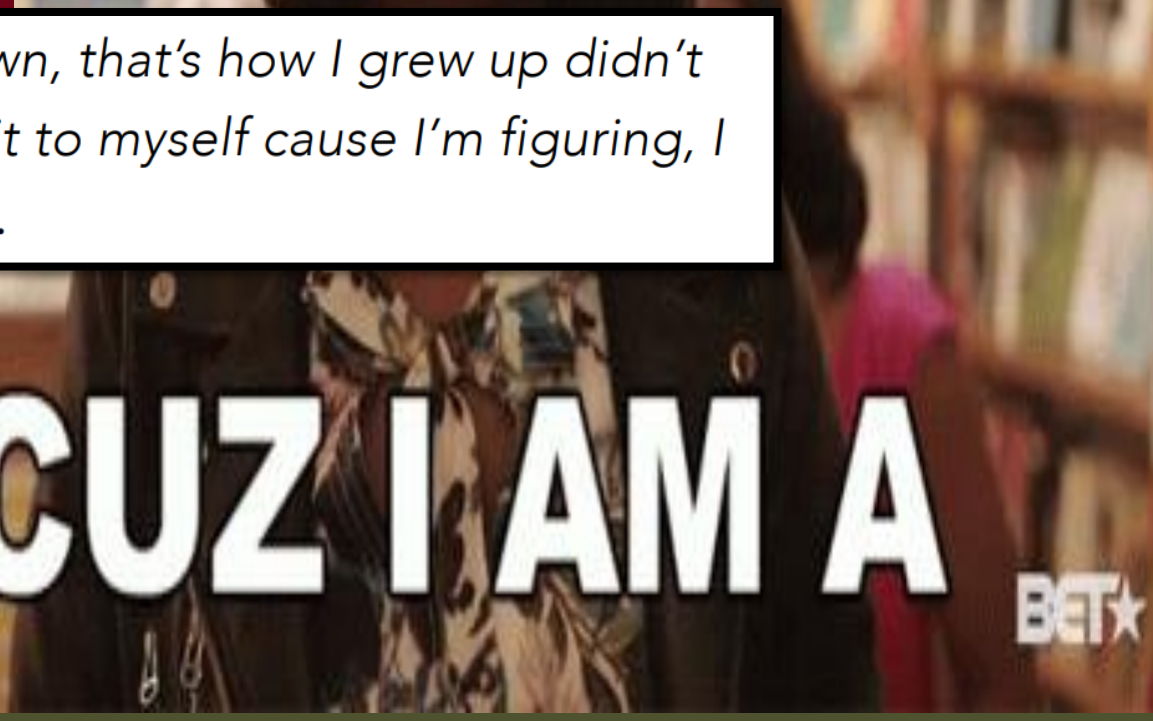


"There are higher rates of Black and brown survivors being labeled aggressive, and being exited from shelter as a result. There's a different idea that happens when someone with brown skin gets upset than someone who's white" (cited in Kippert, 2020, p. 3).




"It's almost like the Black take care of their own better. Either that or they're just tougher, more used to it, [or] tolerate it longer" (Donnelly, Cook, Ausdal, & Foley, 2005, p. 25).

I know I'm simply a strong black woman!



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



I'm a strong black woman,

CUZ I AM A

BET★

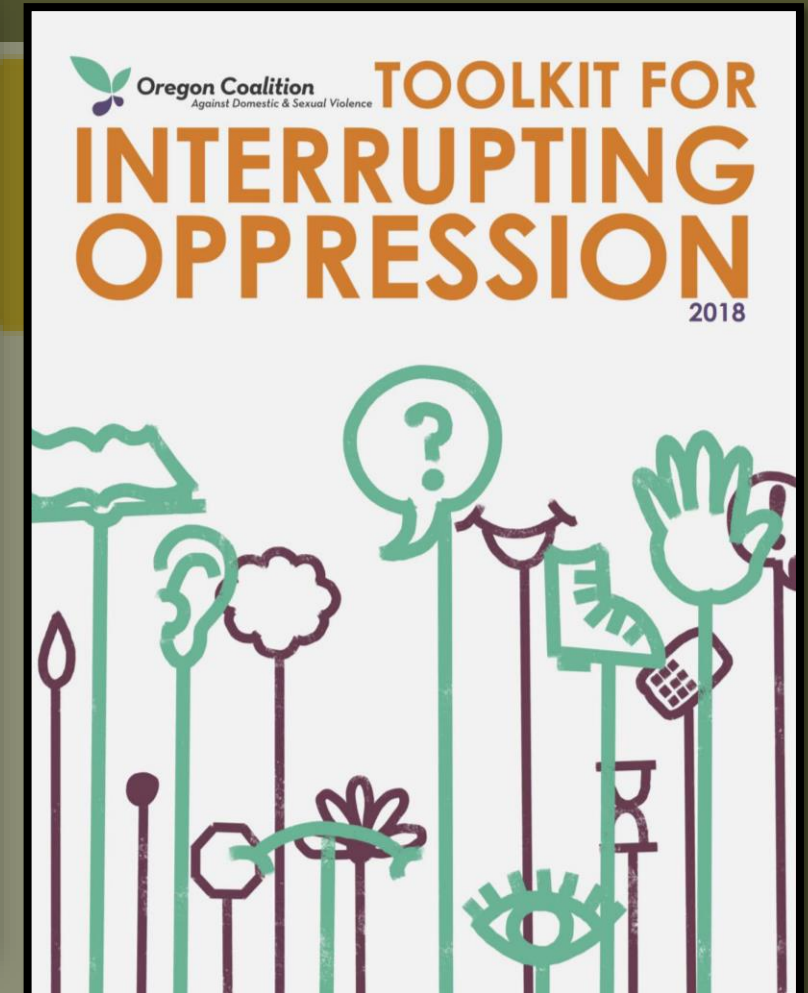
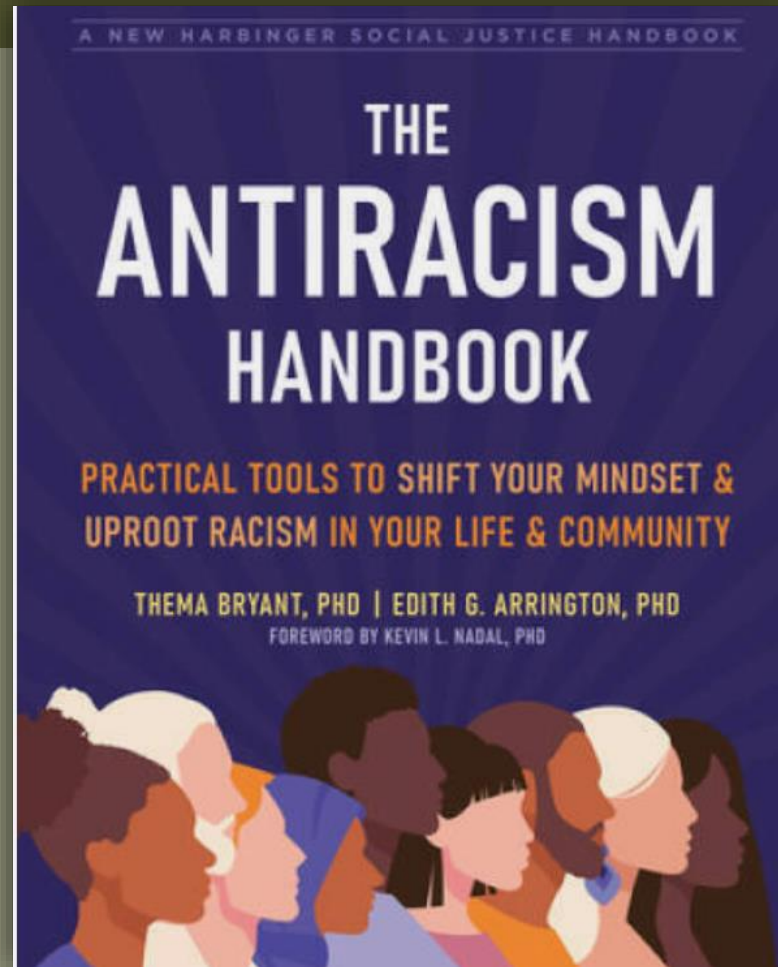
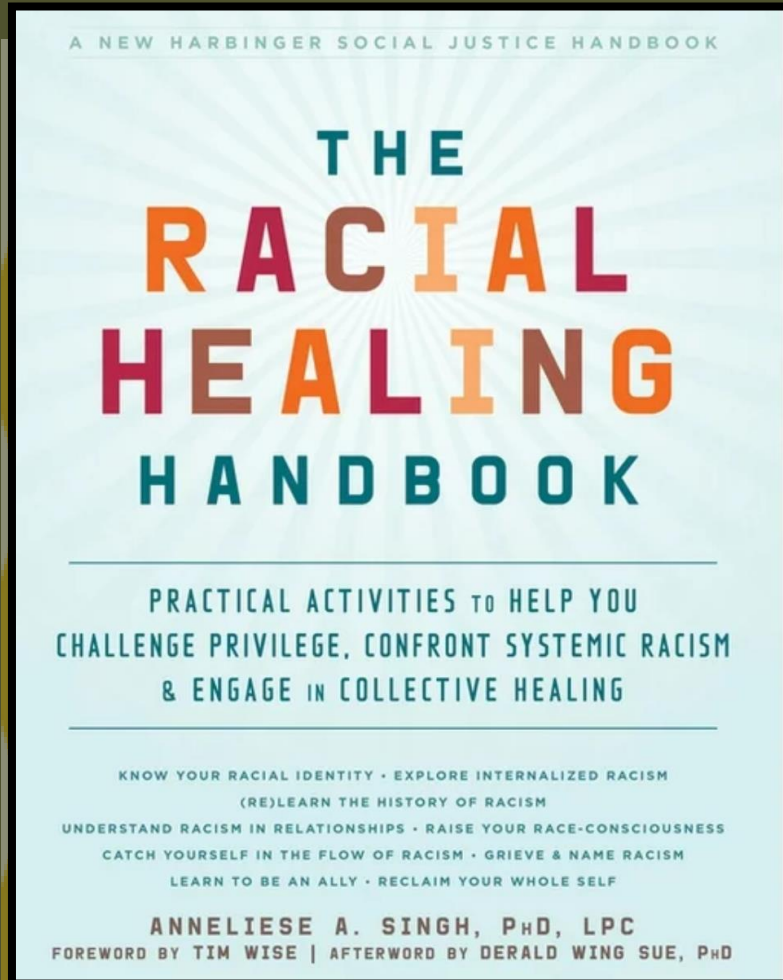
Implicit Bias

As advocates gain a greater awareness of their implicit biases, they can ask themselves difficult questions when interacting with survivors, such as:

- “May some service providers (including me) find it difficult to work with this survivor?”
- “Could the interactional style of this survivor alienate some service providers, evoke potential stigma, stereotypical biases, and negative moral judgments?”
- “Could aspects of this survivor’s appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some advocates to think this survivor does not deserve/want, or care about receiving services?”
- “May some service providers assume this survivor deserves her/his/their plight in life because of the survivor’s lifestyle or appearance” (Bourgois et al., 2017, p. 302).

With this awareness, advocates can avoid perpetrating cultural violence by seeing each survivors’ individuality and humanity.

Recognize implicit biases



Have honest conversations about race

"I see that you prefer having a Black therapist and I just want you to know that I am aware that I am a white woman, and I am aware of where I stand in race relations to you, so if it, if there is anything you need me to know about you culturally or personally that I don't know, that will help our interactions, then we can feel free to talk on it and every so often we'll check in about how you're feeling in regards to me being white and you being a Black person" (Kulkarni, Stylianou, & Roberts 2023, p.1198).

Trauma-Informed Care

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

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

Trauma informed care requires advocates to assist survivors in strengthening their psychological capacities as they address their multiple complex issues, access safety, or recover from the effects of IPV and other traumatic experiences. A trauma informed organization provides advocacy services in an environment that is inclusive, welcoming, destigmatizing, and avoids re-traumatizing survivors (Vides, Middleton, Edwards,

Trauma-Informed Care

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

Strengths-Based Approach

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

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



A swath of beautiful flowers put on a surprise show in the driest desert on the planet.

Source: Arizona State University

▶ ⏮ ⏭ 🔊 00:02 / 00:31

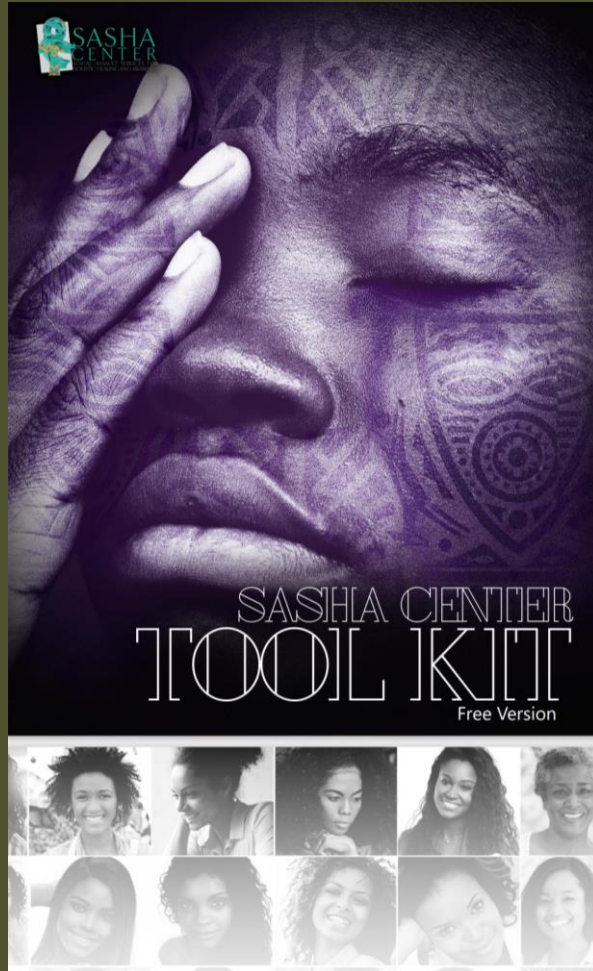


Rare Bloom Of Brilliant Flowers In Chilean Desert

July 9, 2024

The desert is a vast, arid landscape with sparse vegetation and a few scattered shrubs. The ground is dry and sandy, with some small, dark rocks visible. The overall scene is one of a remote, natural environment.

Strengths-Based Approach



Storytelling

Dancing

Journal writing

Creating/listening to
music

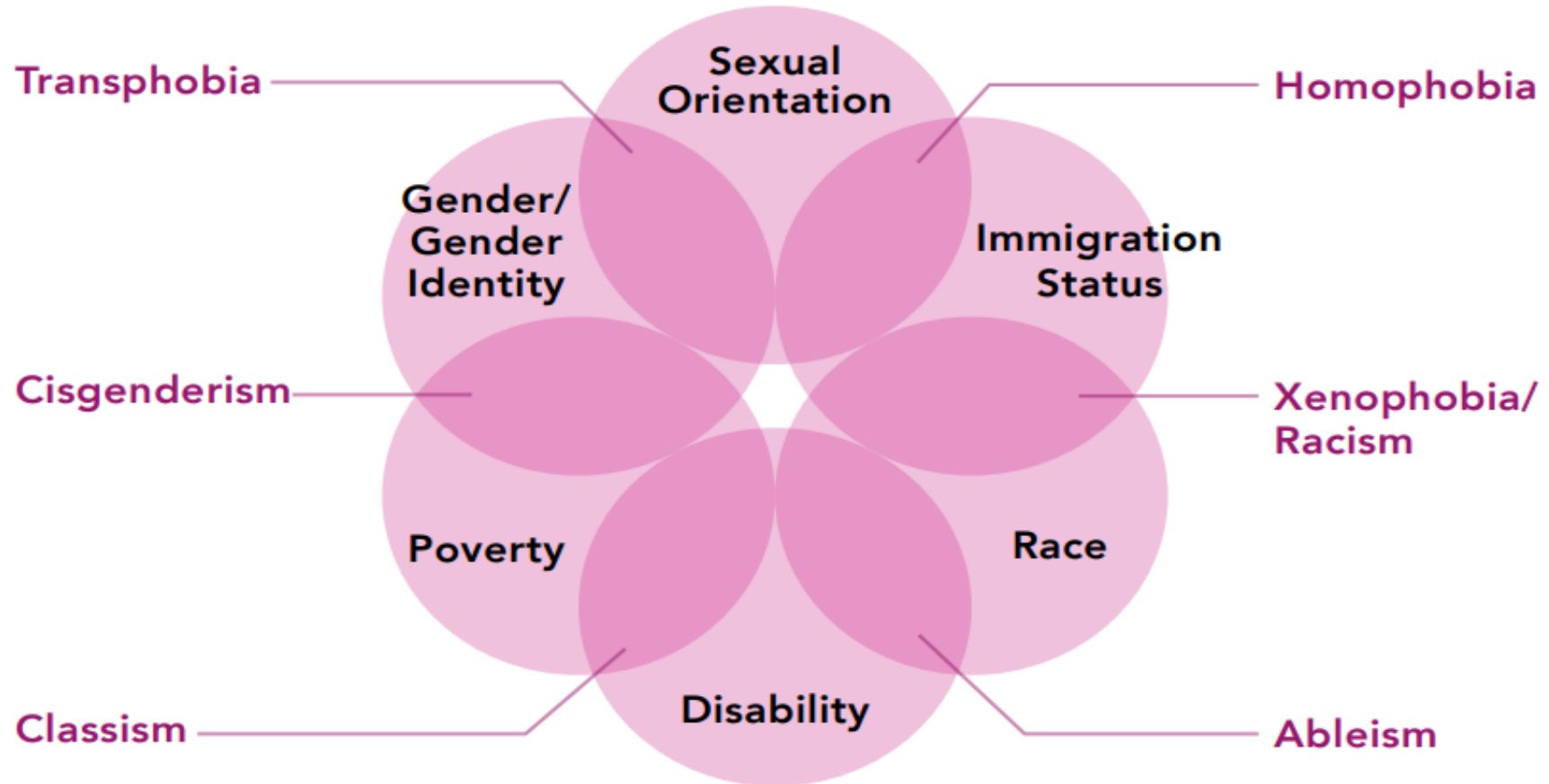
Artistic expression by
Black women

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

Part 2: Taking 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).

Intersectionality



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Culturally Responsive Care

• What is your location?



Oppression and Privilege Self-Assessment Tool

In a quiet and safe space, take some time to read through these areas, circling those that apply to you. As you go through the statements, identifying the areas in which you have privilege or find yourself at an intersection of oppression, *be kind to yourself*. The more we deepen our understanding of ways in which we can advocate for spaces free of violence, the more we learn about ourselves and this can result in some personal discomfort. We invite you to lean into this discomfort, allowing these feelings to provide a space for genuine understanding and empathy.

Disadvantages OPPRESSION

1. I worry about not having enough money to pay for housing, food, clothing, or education.
2. I cannot talk openly about who I am dating or in love with.
3. I face physical barriers accessing public buildings and using the transportation systems.
4. I don't own a car.
5. I cannot afford to travel nationally or internationally, whether it be for pleasure or educational purposes.
6. I worry that people may not hire me because of the color of my skin, my name, the way I look, or my gender.
7. I have a disability.
8. At home, while growing up, my family spoke a language other than English.
9. I worry about being harassed or attacked because of my gender or sexual orientation.
10. My gender does not match the gender I was assigned at birth.
11. I tend to see people of my racial or ethnic group portrayed negatively in newspapers, television, movies, and advertisements.
12. Because of financial hardship, I tend to put up with a number of problematic situations.
13. I need to hide, change, or minimize parts of my identity to reduce the chances of mistreatment.
14. The holidays I tend to celebrate are not observed as national holidays.
15. I am not white.
16. I am not a man.

Advantages Privilege

1. I, or my family, can afford to live in a comfortable home and have enough money to meet our needs.
2. I can talk openly about my partner or loved one.
3. I can easily use public buildings and transportation systems.
4. I own a car.
5. I can afford to travel, nationally or internationally, whether it be for pleasure or educational purposes.
6. I don't worry about being hired because of my appearance, color of my skin, or gender.
7. I don't have a disability.
8. At home, while growing up, my family spoke English.
9. I don't worry about being harassed or attacked because of my gender or sexual orientation.
10. My gender matches the gender I was assigned at birth.
11. There are many positive images of people from my racial or ethnic group portrayed positively in newspapers, television, movies, and advertisements.
12. When problematic situations arise, I tend to have the financial means to solve them.
13. I don't need to hide, change, or minimize parts of my identity to reduce the chances of mistreatment.
14. The holidays I celebrate are recognized as national holidays.
15. I am white.
16. I am a man.

Adapted from Diane Goodman and Paul Kivel

Strengths-Based Approach

"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).

I think we fear the visibility
without which we cannot
truly live...and that visibility
which makes us most
vulnerable is that which also is
the source of our greatest
strength

- Audre Lorde





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

'An unspoken epidemic': Homicide rate increase for Black women rivals that of Black men

There were 1,821 Black women and girls killed in 2020. That's five women and girls a day.



*"I do not even know all their names.
My sisters deaths are not noteworthy
not threatening enough to decorate the evening news..."*

“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).

Types of Intimate Partner Violence

Black women experience more of the following:

- Non-fatal strangulation
- Reproductive Coercion
- Domestic Homicide

REPRODUCTIVE COERCION

(v.) a set of behaviors that interfere with the decision making surrounding reproductive health

1. PREGNANCY COERCION

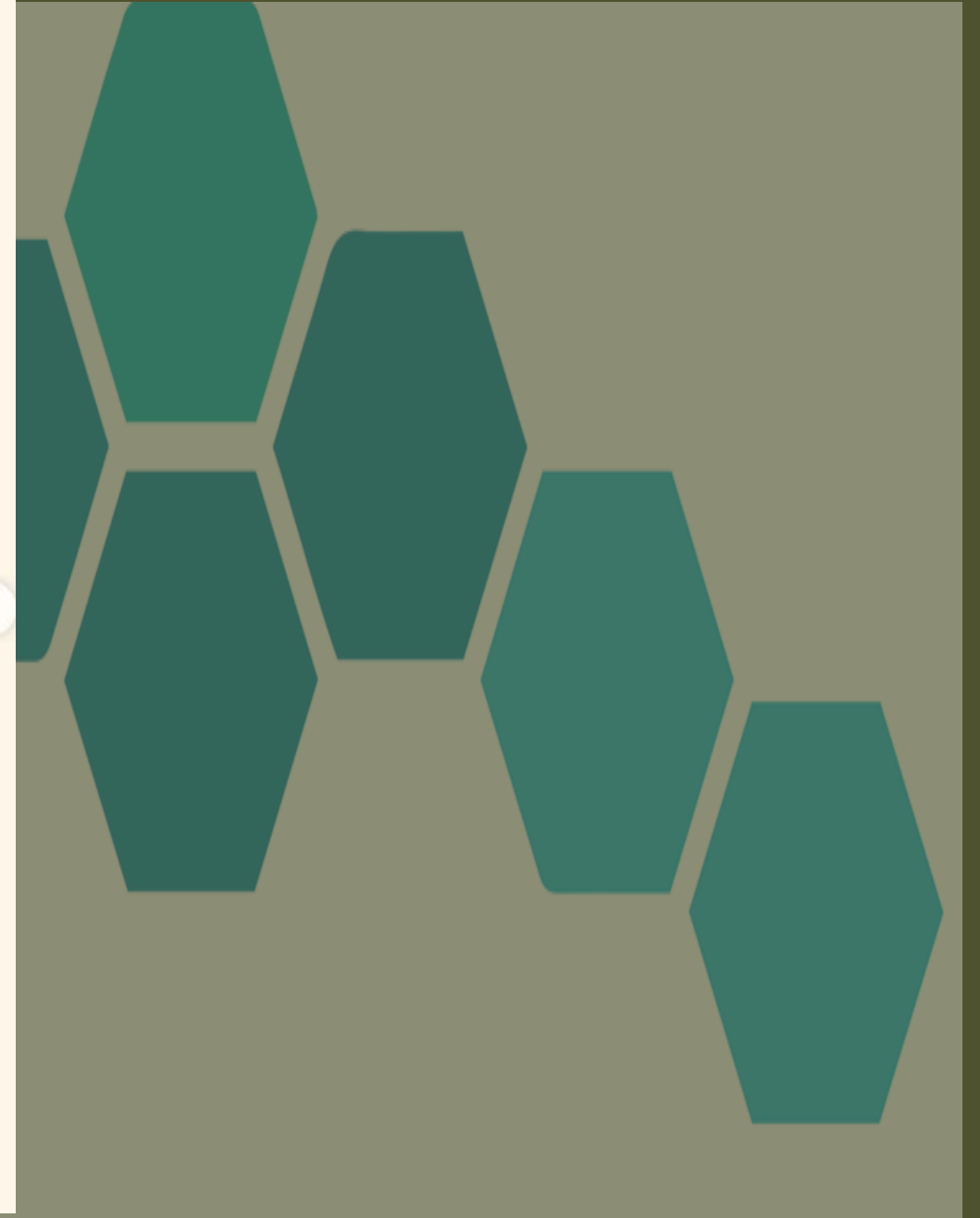
Threats or acts of violence by perpetrator to a pregnant person around decision making to terminate or continue a pregnancy.

2. PREGNANCY PRESSURE

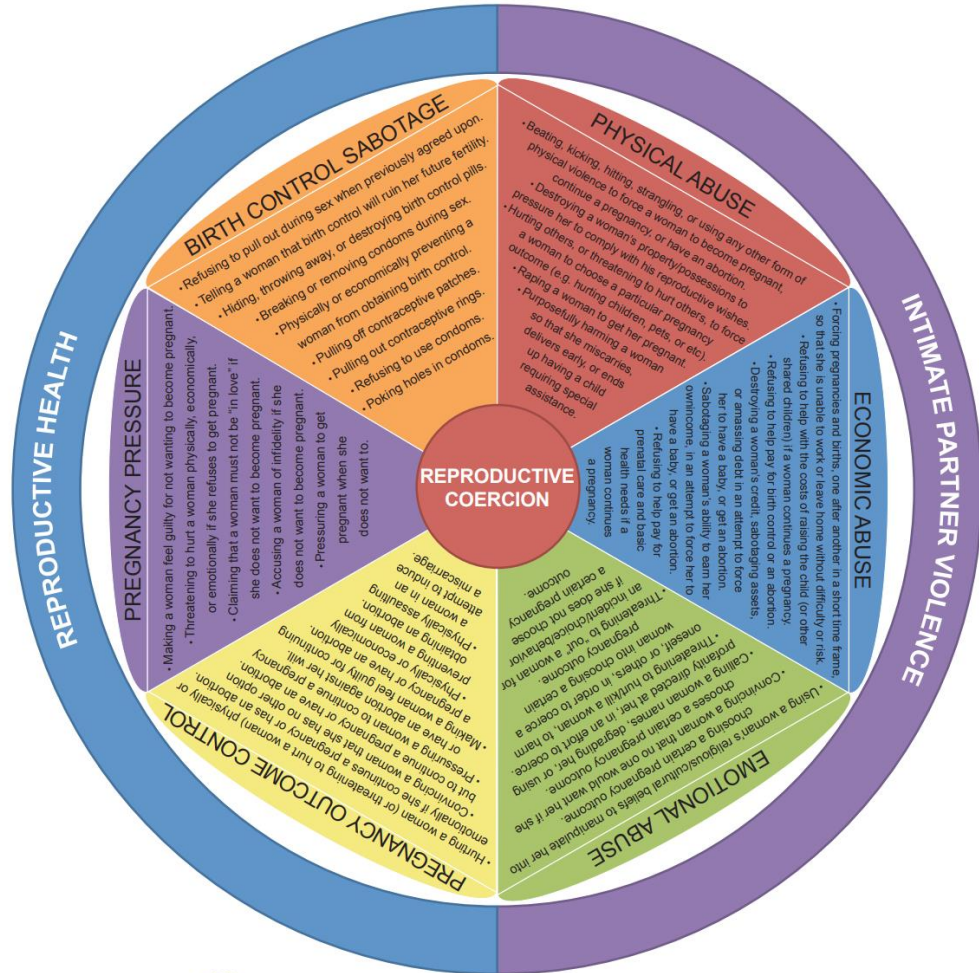
Threats and acts of violence toward a person if they do not agree to become pregnant.

3. SABOTAGE OF CONTRACEPTIVE METHOD

Tampering of birth control pills, poking a hole in the condom, or general refusal to use a condom.



REPRODUCTIVE COERCION **Reproductive health** and intimate partner violence (IPV) wheel



NOMAS | NATIONAL ORGANIZATION
FOR MEN AGAINST SEXISM

Cappelletti, M., Gatimu, J., Shaw, G. (2014). Exposing reproductive coercion: A toolkit for awareness raising, assessment, and intervention. FWHC, NCADV, NOMAS.

Exposing Reproductive Coercion: A Toolkit for Awareness-Raising, Assessment, and Intervention 34



Reproductive and Sexual Coercion

A Toolkit for Sexual & Domestic Violence Advocates

Third Edition (2020)

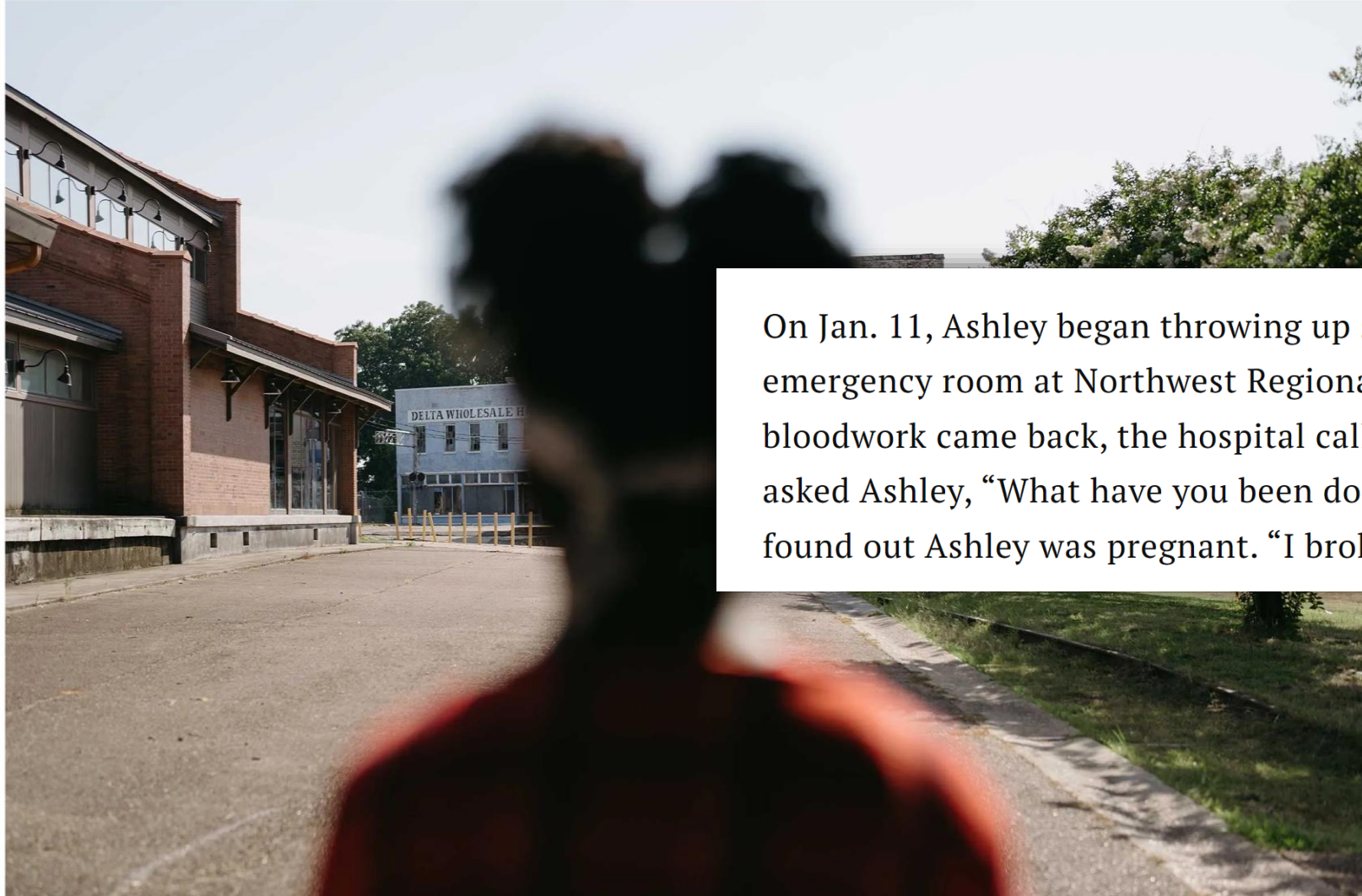


Trauma Informed Care

POLITICS • ABORTION

She Wasn't Able to Get an Abortion. Now She's a Mom. Soon She'll Start 7th Grade.

18 MINUTE READ



On Jan. 11, Ashley began throwing up so much that Regina took her to the emergency room at Northwest Regional Medical Center in Clarksdale. When her bloodwork came back, the hospital called the police. One nurse came in and asked Ashley, “What have you been doing?” Regina recalls. That’s when they found out Ashley was pregnant. “I broke down,” Regina says.

Non-Fatal Strangulation

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).



TRAINING INSTITUTE on STRANGULATION PREVENTION

Get Educated



Partner-Inflicted Brain Injury: Promising Practices for Domestic Violence Programs



An Overview of Brain Injury
Caused by Violence

The Center on Partner-Inflicted Brain Injury
By Luke Montgomery, DO and Rachel Ramirez, LISW-S

Traumatic Brain Injury (TBI) and Intimate Partner Violence: Implications of the Co-occurrence of PTSD & TBI

This Webinar was presented and recorded on June 11, 2019.

In this Webinar, Dr. Akosoa McFadgion will explore the relationship between TBI and PTSD in the context of IPV and the unique experiences of black women and considerations for service providers.

Webinar Recording

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).

Domestic Homicide

BLACK VOICES

The Quiet Crisis Killing Black Women

Dallas police say Delashon Jefferson, 20, was fatally shot by her boyfriend after years of abuse. Could her death have been prevented?

By Melissa Jeltsen

12/17/2018 05:45 am ET | Updated Dec 17, 2018



- Most often by intimate partner
- Handgun
- During an argument

When Men Murder Women:

A Review of 25 Years of Female Homicide Victimization in the United States



Violence Policy Center

OCTOBER 2023

ANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
5. Use of weapon; wounds from weapon
(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- _____ 1. Has the physical violence increased in severity or frequency over the past year?
- _____ 2. Does he own a gun?
- _____ 3. Have you left him after living together during the past year?
3a. (If you have *never* lived with him, check here: _____)
- _____ 4. Is he unemployed?
- _____ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: _____)
- _____ 6. Does he threaten to kill you?
- _____ 7. Has he avoided being arrested for domestic violence?
- _____ 8. Do you have a child that is not his?
- _____ 9. Has he ever forced you to have sex when you did not wish to do so?
- _____ 10. Does he ever try to choke/strangle you or cut off your breathing?
10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: _____)
- _____ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- _____ 12. Is he an alcoholic or problem drinker?
- _____ 13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: _____)
- _____ 14. Is he violently and constantly jealous of you? (For instance, does he say: "If I can't have you, no one can.")
- _____ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: _____)
- _____ 16. Has he ever threatened or tried to commit suicide?
- _____ 17. Does he threaten to harm your children?
- _____ 18. Do you believe he is capable of killing you?
- _____ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- _____ 20. Have you ever threatened or tried to commit suicide?

_____ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.

ANGER ASSESSMENT

Updated
Danger
Assessment
Click here

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The Danger Assessment

Training Options

In the Field

ESCAPE NOW 

Access Your Account

Email 

..... 



Have you [forgotten your password?](#)

Training Options

Live Training Session

Online Training

Post Test & Certification

Group Discounts

Group Prepay

Online Training (\$125 USD)

If you are unable to attend a live training, the training is also available [online](#).

After purchasing this option, you can log on to the training, which includes the exact Power Point slides that Dr. Campbell uses in her live presentation, along with her audio guide.

After the session, you will have the opportunity to take the post certification quiz, become certified in administering the tool and scoring, and print out a copy of the certification.

Please note that the certificate signature line is for the "Certified Assessor" to sign, i.e., once you have been certified, you now become the certified assessor that should sign the certificate. This is important in that an image of the certificate appears on the scoring system worksheet that should be printed and maintained on file each time you assess a woman's level of danger. The signature line validates that the assessment was completed by the person named and that the person named has been trained in use of the DA and the DA scoring system.



Part 4: Using a Web of Trauma to Understand Black Women Survivors of Intimate Partner Violence

Chart 1. Black women's intimate partner violence in the context of a Web of Trauma



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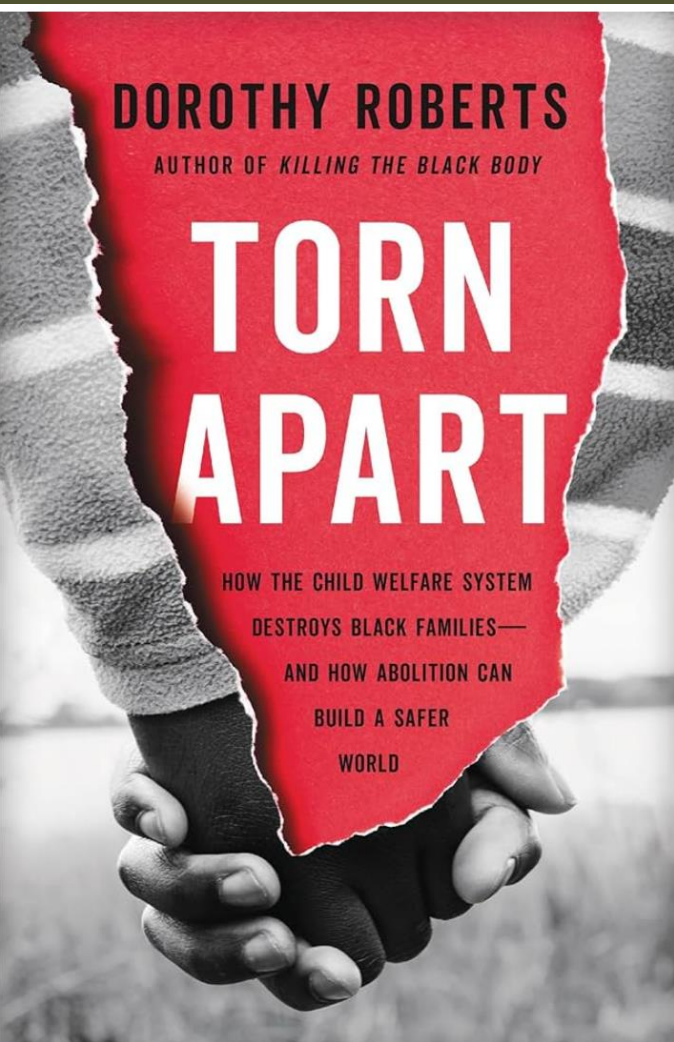
This chart is not meant to provide a complete picture of the many forms of violence that Black survivors experience in their lives. Advocates should keep in mind that all these forms of violence can vary based on the intersecting identities of Black survivors (see TAG 2). Although each form of violence will be discussed separately, advocates should recognize that each type of violence is interconnected and often share root causes, such as poverty or perpetrators using power and control over their marginalized and vulnerable victims. Also, survivors who experience one type of violence are at risk for experiencing multiple forms of victimization.

Acknowledge Power

Advocates can acknowledge their privilege. As gatekeepers, advocates often determine which survivors gain access to services. Despite their best intentions, advocates can create service barriers and policies that retraumatize marginalized survivors. Alicia Sanchez Gill (2018), a social worker and self-identified “queer, Afrolatinx survivor” asserted that:

“We determine eligibility criteria, restrict hours of service, and create and enforce punitive rules... We decide who can participate in the community advisory or client board, and disregard or actively push out clients seen as ‘troublemakers’ for their lack of gratitude, for having a disagreeable attitude, or for questioning authority” (p. 561).

Mandated Reporters



"Black women have told me they did not disclose because if they were pregnant the child protective services would be called and they would lose custody of their unborn child. They have also told me that they did not disclose their own abuse to their child's health provider, because they were afraid that protective services would be called because their children witnessed DV" (p. 26).

Addressing Institutional Violence



Survivors FIRST: Working with domestic violence survivor-defendants

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