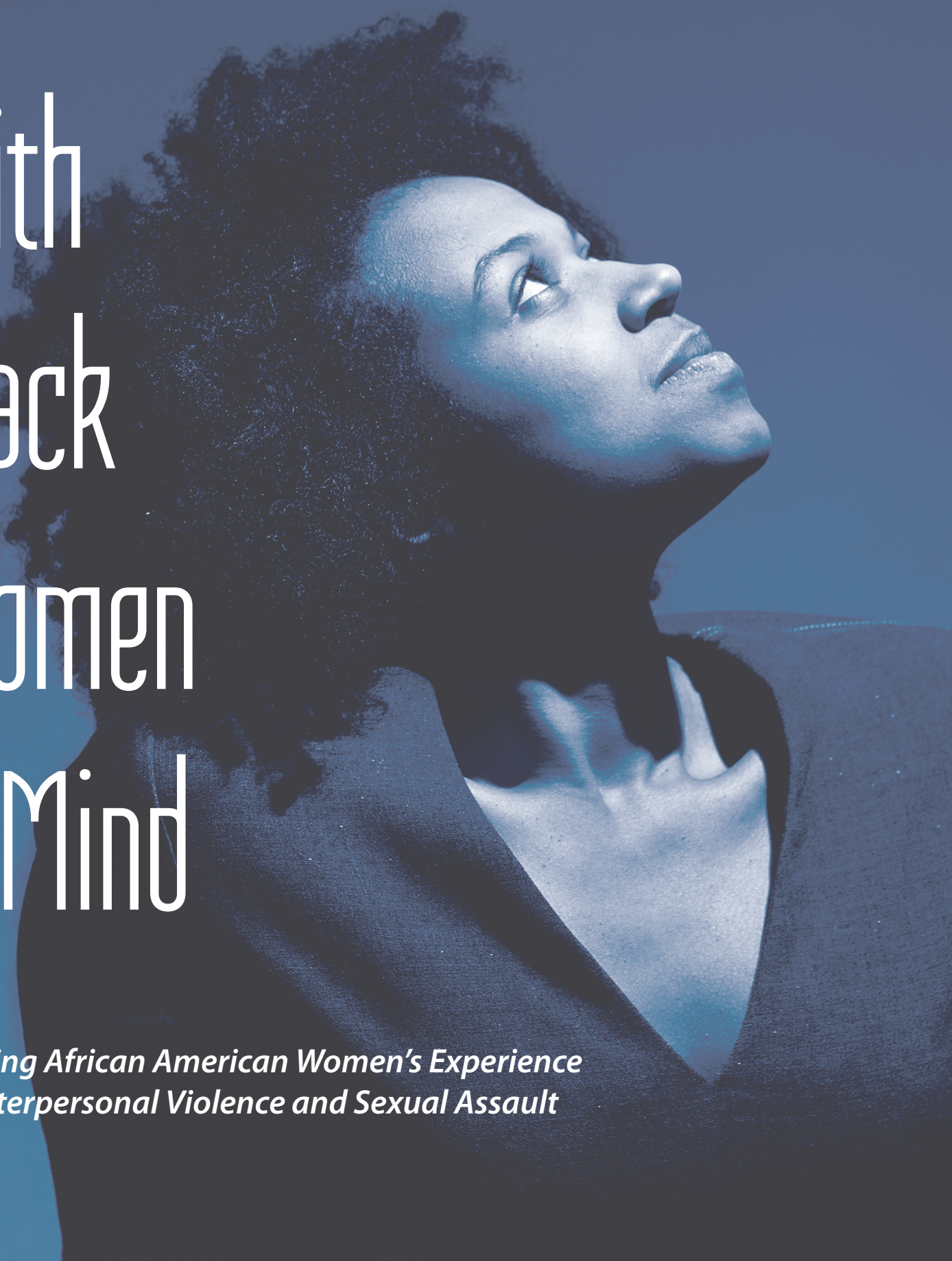


A case study by SCCADVASA's Communities of Color Engagement Project

With Black Women in Mind

*Centering African American Women's Experience
with Interpersonal Violence and Sexual Assault*



This report is a product of SCCADVASA's Communities of Color Engagement Project, led by Dr. Valerie Ekue with support from community members, member organizations and SCCADVASA staff.

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Overview

The Communities of Color Engagement Project is an effort to identify the specific needs of communities of color in South Carolina as we work to reduce sexual violence (SV) and intimate partner violence (IPV), and develop resources that address the diverse and intersecting needs of victims and survivors across our state. Through this project, we hope to increase equity and access to culturally appropriate services in South Carolina through collaboration with member organizations, community partners, grassroots leaders, faith leaders and other allies. Our focus will be to elevate the best practices for engaging marginalized communities of color, particularly African American communities, by utilizing a trauma-informed lens and taking a holistic approach to inform the work.

Listening sessions and small focus groups provided an open place for community members to speak to the barriers that people of color, and particularly African Americans, face when attempting to access services. These sessions also cultivated a space for participants to acknowledge the historical and contemporary injustices and the cultural norms that continue to have an impact on survivors. By acknowledging the diverse experiences and shared commonalities within the stories and needs voiced by these participants, we can increase our member organizations' and allied partners' capacity to serve these and other marginalized communities in a holistic and trauma-informed way. We are deeply thankful for the participants' willingness to speak about their experiences and to provide input into how programming can be more inclusive and effective.

Unlike other key moments in feminist history, the advent and widespread use of social media has amplified the voices of the silenced among us. #MeToo (created by activist and advocate Tarana Burke), #TimesUp and especially #MuteRKelly have proven to be effective tools for both shedding light on IPV and sexual violence in communities of color and for creating virtual safe spaces where the harmed can seek counsel, refuge and direct assistance. In a similar manner, we hope the voices and diverse experiences of women of color who participated in our listening sessions can be heard and elevated, informing a possible path forward that will increase the cultural responsiveness of organizations working with survivors, including SCCADVASA, our member organizations and our community partners. We believe that by centering the voices of historically underserved African American women, we create safer thriving communities for everyone, where all survivors can access services that meet their individual needs.

Utilizing an Intersectional Framework

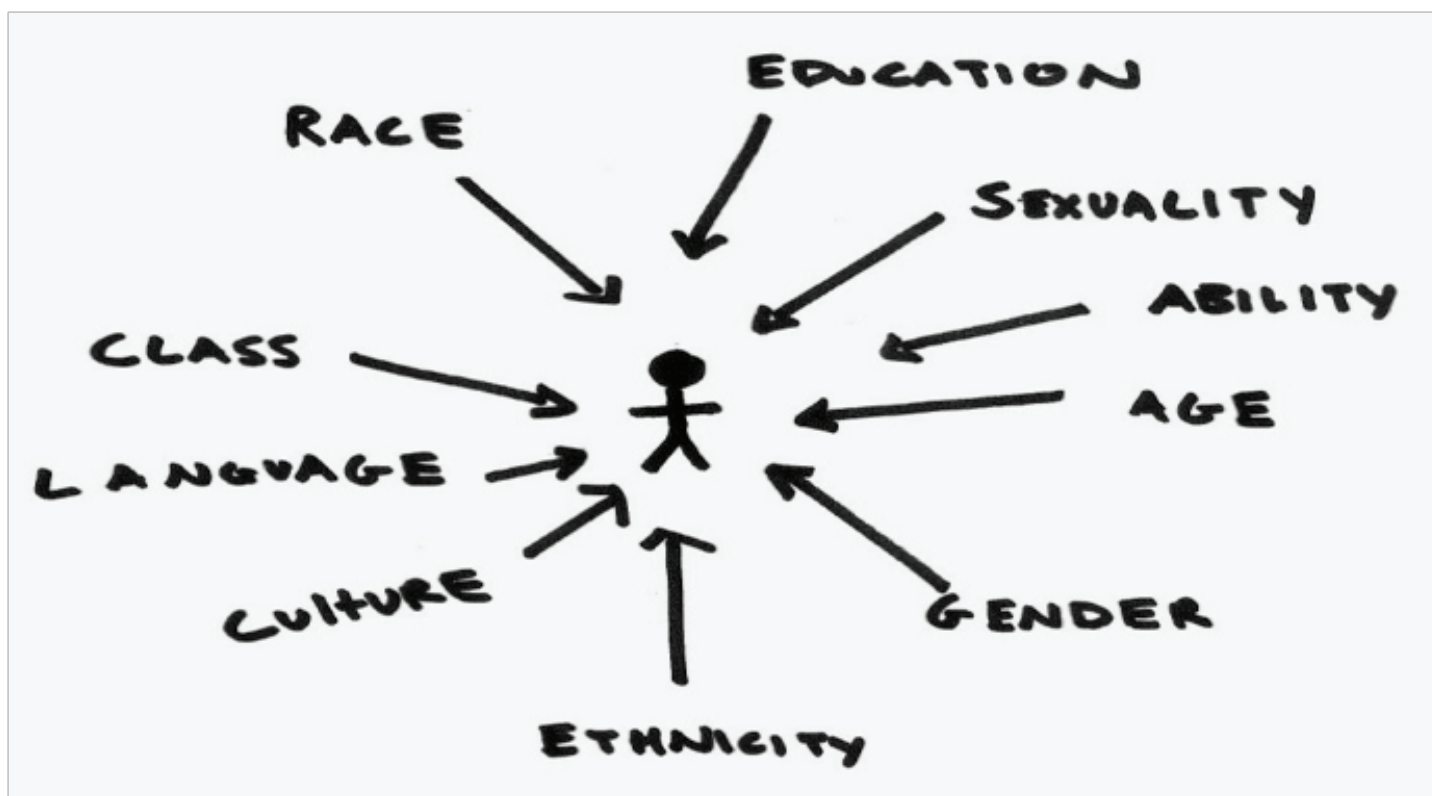


Image Credit IWDA

Kimberlé Crenshaw coined the term intersectionality in 1991 to describe a “prism to bring to light the dynamics within discrimination law that weren’t being appreciated by the courts.”¹ An intersectional framework allows us to consider how an individual’s experiences are shaped by the ways in which their social identities intersect with each other and with the systems of power and oppression within society. Although often linked to gender and race, a true intersectional framework goes further, to look at how education, culture, sexuality, ability and disability, class and language impact experience. For example, imagine a survivor who self-identifies as an elderly African American woman with a disability. This means she may simultaneously experience racism, sexism, ableism and ageism as she navigates her daily life, including how she experiences IPV and sexual violence and attempts to access services and systems.

While this report focuses on communities of color, and specifically African American women, it’s important to recognize that people of color and African Americans are not monolithic. Instead, the survivors we serve come to us with diverse identities, backgrounds and histories, all of which can affect their responses to IPV and sexual violence, their particular needs and their ability to gain access to services. One way to simultaneously recognize and address these various factors is to implement an intersectional framework. Dr. Tricia Bent-Goodley revealed in several of her studies addressing IPV in African American communities that IPV “affects diverse groups of people, so it should be treated as a diverse issue” with service provisions that are culturally relevant and take into account survivors’ differing and intersecting needs.

1. Coaston, J. *The Intersectionality Wars*.

Retrieved from: <https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discrimination>, July 2019

In terms of this report, African American survivors have multiple identities that are shaped by their individual situation, history, societal and systemic relationships. Intersectionality asks the question: What else beyond the experience of violence is impacting the lives of each survivor? How does it impact their path to healing? How should advocates support survivors as they navigate their safety? For instance, assuming that all survivors of IPV should immediately leave their violent partner does not take into account the barriers they face. Unemployment, disability, community support or the increased danger that may result if they leave are just some of the hurdles to safety survivors must navigate.

During the listening sessions SCCADVASA held for this project, participants made it quite clear that survivors may also be experiencing racism, poverty, health disparities, food insecurities, homelessness, lack of transportation, transitional and permanent housing in addition to low wages, educational inequities, and a lack of formal and informal supports in geographical localities, particularly in rural communities of color. IPV and sexual violence may not be a survivor's main concern as they are grappling with these and other interrelated issues all at the same time.

Another narrative that emerged during these sessions echoes Kimberlé Crenshaw's concern that women of color are neglected by the social institutions that are supposed to help them. Crenshaw identifies that "Women of color are differently situated in the economic, social and political worlds. When reform efforts undertaken on behalf of women neglect this fact, women of color are less likely to have their needs met than women who are racially privileged."² Participants shared that there is significant distrust in formal supports designed to help survivors of color living on the margins, including law enforcement, judicial systems and mainstream domestic and sexual violence community-based organizations.

An example of the importance of intersectionality: a focus on poverty

Poverty disproportionately impacts the African American population in the United States. Data for South Carolina indicates that while the overall poverty rate is 16.7%, the rate for African Americans is 26.4%, more than twice the rate for the state's white population (talkpoverty.org). Community impacts can be severe and wide-reaching, with 75% of poor African Americans living in communities with other impoverished African Americans while only 25% of low-wealth Caucasians live among other poverty-stricken Caucasians. Minorities who live within poverty-stricken city neighborhoods face many disadvantages associated with living in low-wealth urban neighborhoods.

Low-wealth individuals residing in rural areas are divided into further subgroups based on their job status and whether or not they have transportation or own land. Rural low-wealth communities often face greater challenges than urban low-wealth populations because public services, community resources and charitable organizations are even less available to them. Service providers may find value in understanding how poverty in urban and rural communities affect African American survivors' willingness to remain, leave or self-report abuse as well as seek formal support services.

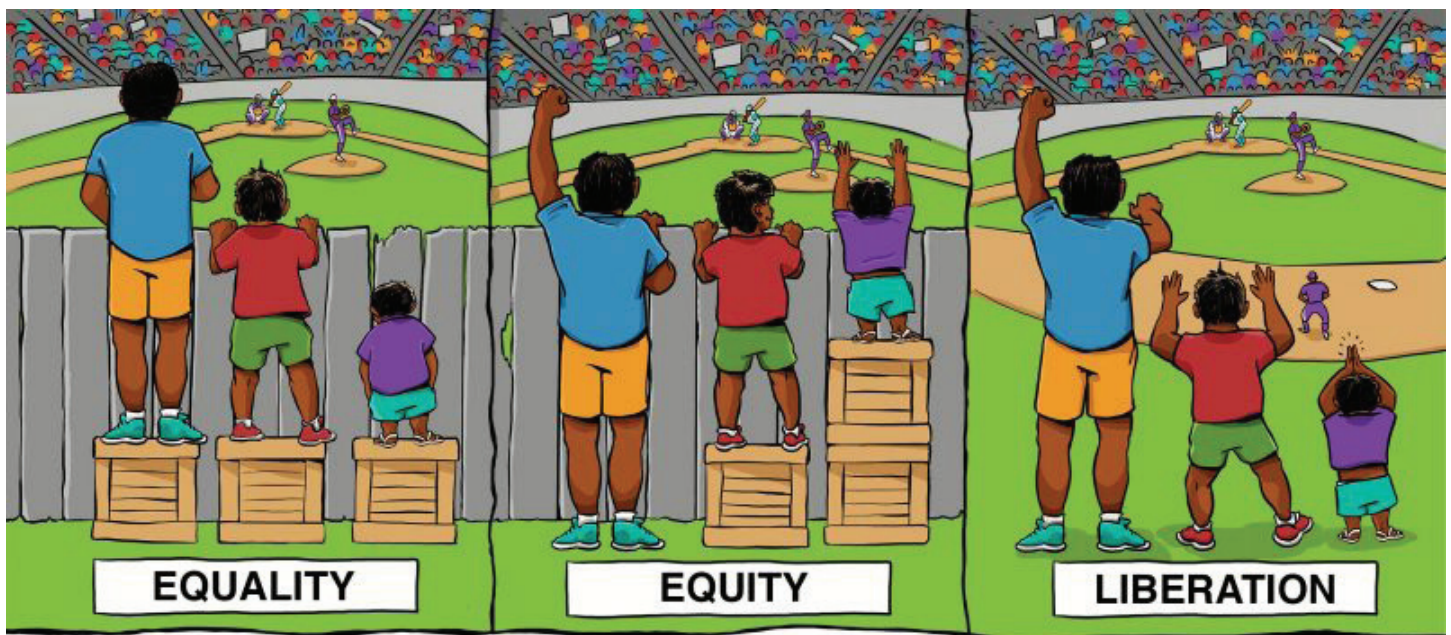
There are deep contradictions regarding oppressive structures and whether some of what low-wealth communities face is a form of internalized oppression or whether systemic oppression is causing those living on the margins to experience poverty and community violence. It is important to examine how poverty is being addressed in the state of South Carolina and what solutions are necessary to improve the economic stability of survivors. It is equally important to consider what empowerment, self-sufficiency and justice means to survivors. This will improve service provisions and responsiveness to low-wealth communities of color.

2. Crenshaw, K., *Mapping the margins: Intersectionality, identity politics and violence against women of color*. Retrieved from <https://www.racialequitytools.org/resourcefiles/mapping-margins.pdf>, July 2019

Advocacy + Economic Justice = Empowerment for Survivors

There are economic obstacles and barriers that are mired in bias and discrimination within our social systems. One way to center marginalized communities of color and empower survivors is to address economic inequities and other compounding factors and barriers that increase vulnerability for survivors. Self-sufficiency is not just about being able to pay your bills; it's about having long-term economic stability. When we work with survivors to help them navigate systems, we help provide the options that increase the sense of empowerment and self-determination. Listening session participants shared that low-income families must earn livable wages and have access to an equitable education and equitable employment opportunities. They believe that this is an essential place to start in building the economic justice critical to survivor safety.

The well-known image below illustrates this concept of empowerment. **Equality** is aimed at giving everyone the same services and is used to promote fairness. **Equity** is giving survivors services they need to thrive and promotes justice. **Liberation** is removing all barriers survivors face when trying to access services. Equitable service provisions can lead to empowered survivors who are thriving thus creating safer communities. Advocacy and outreach with marginalized communities, the creation of innovative programming and the development of trauma-informed services are foundations on which empowerment can be built. Always examine whose voice is missing from the table when establishing collaborative responses and coordinating efforts around IPV and sexual violence. Including grassroots community leaders and faith leaders will build stronger collaborative partnerships that are survivor-centered and will directly link to favorable client outcomes.



Intimate Partner Violence and Sexual Violence in African American Communities

While intimate partner and sexual violence affect people across all races, ethnicities, socioeconomic statuses, classes, religions, sexual orientations, abilities and genders, African Americans are disproportionately impacted in comparison to most other races. The high rates of victimization are further compounded by other intersecting factors and identity categories that make already vulnerable groups even more vulnerable. For example, Black and African American transgender women face extraordinary rates of violence and low life expectancy. It is also important to remember that identities are not static but instead shift during a person's lifetime, changing the landscape of challenges they face.

A survivor's response to IPV is often determined by cultural values, social status and available resources. There is increasing evidence that African American women may respond differently to various forms of abuse than women from other racial groups. African American survivors remain in abusive relationships longer than women from other ethnic groups, experience higher rates of injury and face additional obstacles to finding safety because of social norms and cultural barriers, job instability, risk for unemployment, homelessness, low-wages, limited resources, higher rates of community violence and fewer available help-seeking options.

The type and severity of abuse may be a significant factor in how African American women respond to IPV. Research has shown that the levels of verbal and emotional abuse are more accurate predictors than physical abuse of whether or not a survivor leaves or remains in an abusive intimate relationship. In fact, emotional and psychological abuse can be more harmful, creating greater fear for survivors often lasting long after the perpetration has ended. Other common threads that connect African American survivors and impact their ability to leave abusive relationships include:

- desire for a nuclear family
- hiding IPV from formal and informal supports
- conforming to hegemonic family models
- protecting black men from institutional racism
- using drugs or alcohol as a coping mechanism
- involvement in crime

Cultural and economic barriers preventing African American women from self-reporting their victimization must be addressed and culturally relevant programming to meet survivor's diverse and intersecting needs should be developed and properly implemented across agencies to meet survivor's diverse and intersecting needs.

Even as there has been an increase in the community's formal institutional response to IPV in recent years, the majority of available resources, support and counseling services continue to be underutilized by African American women either because they don't know they exist or because of perceived (or actual) cultural insensitivity from service providers that undermines trust.

"To be honest, I don't like the police and I try to stay away from them as far as I can."

Testimony of T.B, one of the women raped
by former Oklahoma City Police Officer, Daniel Holtzclaw (2014)

Homicide Rates for Victims of IPV

If people do pay attention to domestic and sexual violence, it is when lethal violence occurs, and the already high rates of femicide in our country disproportionately impact African American women. More than 50% of female homicide victims in the United States are African American, and homicide by an intimate partner is the leading cause of premature death among African American women ages 15-44. The Violence Policy Center's (VPC) annual report *When Men Murder Women* details the ongoing reality of homicides committed by men against women in single victim/single offender incidents. According to this report, the rate of African American women who are murdered by men is more than twice that of White women. During the 21 years this report has been published, South Carolina has been among the top 10 states for women murdered by men and has been identified as the most lethal state for women three times. Moreover, the data show that though African Americans make up only 27% of the South Carolina population, they experience a disproportionate rate of lethal violence.

VPC Report 2012-2016: South Carolina

Year	State Ranking	Number of Women Murdered	Number of White Women Murdered	Number of African American Women Murdered	Average Age of African American Victims	Homicide Rate per 100,000 for Black vs. White Women
2012	2 nd	50	25 (50%)	18 (36%)	10% were > 18 yrs. of age. The average age was 34.	2.46 per 100,000 vs. 1.00 per 100,000
2013	1 st	57	34 (60%)	21 (37%)	10% were > 18 yrs. of age. The average age was 35.	2.36 per 100,000 vs. 0.95 per 100,000
2014	5 th	43	25 (58%)	18 (42%)	11% of victims were > 18 yrs. of age. The average victim was 35.	2.19 per 100,000 vs. 0.97 per 100,000
2015	5 th	46	23 (50%)	22 (48%)	10% of victims were > 18 yrs. of age. The average victim was 35.	2.43 per 100,000 vs. 0.96 per 100,000
2016	6 th	48	24 (50%)	23 (48%)	10% of victims were > 18 yrs. of age. The average victim was 34.	2.62 per 100,000 vs. 1.03 per 100,000

A Focus on Sexual Violence

The National Intimate Partner and Sexual Violence Survey (NISVS) published by the CDC reports extraordinarily high levels of sexual violence. Nationally, nearly one in five women report having experienced rape at least once in their lifetime, and 36.3% report experiencing contact sexual violence. In South Carolina, those numbers are higher with 40% of women reporting contact sexual violence and 20% experiencing rape. The rate of rape victimization for African American women is estimated to be as high as 22%.

Data from the Office of Violence Against Women estimates that between 34.1 and 65% of African American women are survivors of child sexual abuse (CSA). Among Black CSA survivors who were raised in two-parent families, 43.6% were victimized by a household member. Although 28% were victims of incest, living with a step-father was not associated with higher rates of CSA. This pattern of victimization continues through the lifespan, with 27% of child sexual abuse survivors reporting being raped during adolescence, and 42% as adults. When you translate these statistics into numbers, the CDC estimates that almost 200,000 Black South Carolina women have experienced contact sexual violence, a number that rises to over 5 million nationally. Some groups of Black women are especially vulnerable to sexual victimization, including those who are from low-wealth communities, who are living with HIV, who identify as LGBTQ+, or who are incarcerated.

Statistics destroy common stereotypes of rape being a crime committed by strangers. Over 50% of women who reported rape victimization in South Carolina identified a current or former partner as the assailant. 45.8% revealed that the rapist was an acquaintance. In most the vast majority of cases, rape is an intra-racial crime (eg. 91.7% of Black college survivors report that they were raped by Black men). Rapes involving multiple perpetrators are also distressingly common, with estimates that 19% of Black women who seek hospital services for rape report that more than one assailant participated in the assault. (VAWnet.org)



“Black women were and continue to be sorely in need of an anti-rape movement.” — Angela Davis

Increased Impacts on the LGBTQ+ Community

The LGBTQ+ community faces higher levels of IPV and sexual violence than people who identify as heterosexual. Forty-four percent of lesbian women and 61% of bisexual women compared with 35% of heterosexual women experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (CDC). As noted earlier, transgender women of color are facing heightened levels of IPV, sexual violence and/or death. The Human Rights Campaign (HRC) reports that in the US during 2017, twenty-nine transgender women were murdered and seven of those were African American. In 2018, twenty-six homicides were reported, including that of Sasha Wall, a black transgender woman who was shot and killed in Chesterfield County. This trend of violence is continuing. At the time of writing (August, 2019), three additional homicides of black trans women have been reported in South Carolina this year.

In 2015, the U.S. Transgender Survey cited that nearly half (46%) of study participants shared that they were verbally harassed in the past year because they were transgender. Nearly one in ten (9%) participants were physically attacked in the past year because they were transgender. Nearly half (47%) of participants were sexually assaulted at some point in their lifetime and one in ten (10%) were sexually assaulted in the past year. These numbers are even higher in communities of color with 53% of African American participants reporting that they were sexually assaulted in their lifetime and 13% reporting they were sexually assaulted in the last year. 61% of respondents with disabilities reported being sexually assaulted in their lifetime. More than half (54%) of participants experienced some form of IPV, including acts involving coercive control and physical harm. Homelessness, which increases the risk of experiencing IPV and/or sexual violence impacted 65% of respondents.

African American transgender women face increased rates of violence and harassment at the intersections of race, poverty and gender. Transgender women are uniquely vulnerable and further marginalized when experiencing intimate partner or sexual violence. "The ways in which social and legal structures governing gender identity contribute to an abuser's ability to isolate their victim also illuminates the ways in which the conscious and unconscious transphobia of service providers heightens this isolation," which is also compounded by race and rurality (Greenberg, K, *Berkeley Journal of Gender, Law and Justice*, June 2012). There are also stereotypical views that transgender, lesbian and or queer women of color are aggressive and less deserving of the same legal protections as heterosexual women, with racial bias adding additional barriers to care.

During SCCADVASA's listening sessions, participants were asked: Are LGBTQ+ individuals accepted within your community or are they being further marginalized by the community at large? Participants reported that the LGBTQ+ population are being furthered marginalized within the communities in which they live. Faith communities are also sources of ostracism and judgment for LGBTQ+ people because of religious doctrines that produce guilt, shame and stigma. It was also shared that many communities of color are not open to LGBTQ+ individuals and there is a lack of community resources to address their diverse and intersecting needs.



Barriers, Blind Spots and Roadblocks: Past, Present and Future

A growing body of evidence supports the notion that specific cultural barriers unique to African American survivors may play a major role in the high rates of IPV and SV among African American communities. Furthermore, such barriers often contribute to undermining the health and livelihood of victims, survivors and their loved ones. The following sections explore such barriers, their origins and suggestions for overcoming them.

Historical Context

The dehumanization and objectification of women has historically, and continues to, contribute to the violence committed against them. This link between dominant white and patriarchal cultures and violence against people is even clearer when considering how African American women's bodies have been dehumanized, sexualized and used since slavery. The history of rape and violence continues to wreak havoc within marginalized communities as illustrated in the statistics, and the individual life experiences they represent that are referenced in this document.

In 1855, a 19-year old enslaved black woman named Celia killed the white man who owned her and was trying to rape her. Missouri law allowed a woman to use force when in "imminent danger of forced sexual intercourse," but the judge ruled an enslaved woman had no right to refuse her "master." Celia was convicted of murder, sentenced to death, and hanged on December 21, 1855. (Source: Equal Justice Initiative)

Celia's story may date from the 19th century, but a variation on these dynamics continues to play out today. In 2014, former Oklahoma City Police Officer, Daniel Holtzclaw was convicted of sexually assaulting multiple African American women. He consistently preyed on African American women who were from higher crime communities, or had existing legal problems as he did not think that the women would report, and that if they did, they would not be believed. His defense at trial, at which 13 women testified, was a recitation of the false beliefs and barriers victims face when reporting, barriers that are higher for Black women, including that they were lying, they had "agendas", they used drugs or were sex workers.

Until recently, research on the unique experiences of African American women has been minimal to nonexistent and very little attention was given to African American women's experience with IPV or sexual violence. Yet, understanding the historical context of IPV and sexual violence is vital in moving the needle forward in healing and restoring communities of color.

Historically, women of all races were considered to be the property of men. Traditional gender roles were firmly in place under which males were dominant and females were taught to be submissive to their partners. Men were able to assault their partners without fear of punishment, and there was limited legal response to men beating their wives. If we explore the historical context of slavery, it is evident that being held in bondage created strains and tensions which were traumatic and which manifested into violence. Enslaved families faced confusing familial arrangements in which slaves had more than one partner. Female slaves were not only the property of the slave owner but may have been considered private property by male slaves, which provoked further violence since slaves could not declare legal rights over their families. Keep in mind that none of this was their choice; African American women had no autonomy over their bodies and could not deny slave owners sex.

One of the ways in which we see Black bodies still being perceived differently, and that supports the rape culture that leads to such a high level of victimization is through the early adultification of Black girls. Black girls are viewed as less innocent and more adult-like than white girls of the same age, and are perceived as needing less nurturing, protections, and support. Black girls are also identified as being more independent and knowledgeable about adult topics such as sex.

Today, communities of color still view IPV and sexual violence as a private matter. In order to change the high rates of violence, it is essential that we begin to dismantle this messaging and create a new narrative. We must also recognize the larger implications families face when making the decision to self-report abuse; particularly individuals who distrust formal support systems, a distrust rooted in historical experience. One question asked during the listening sessions speaks to this point:

Do members of your community trust Law Enforcement, Judicial Systems and other formal support services, why or why not?

The overwhelming response from all regional sessions was a unanimous “NO”. Among the responses shared were:

- People of color are presumed guilty and have to prove their innocence.
- “You have to make sure your nose is clean” and “We see how the sentencing differs; people of color get longer sentencing for the same crime others commit.”
- “There are no protections of immigrants; there is a fear of ICE arrests and deportation for Hispanic populations.”
- Poor community-policing.
- There is no accountability for the mistreatment or murder of people of color.
- People of color have their civil rights violated every day.
- We must have “the talk” with our children very early in an effort to keep them safe from police brutality.

Participants also shared examples and stories of injustice and mistreatment of people of color by law enforcement and judicial systems.

- An African American women told a story of her adult daughter who was pulled over by a State Trooper and how terrified her daughter was. She had to stay on the phone with her daughter to keep her calm until she was safe to leave.
- Another participant revealed that she lost a son and another shared that Law Enforcement shot a wife and her child.
- A participant shared that there is a White female judge in the county she resides in and “If you are black you will not get a break.”

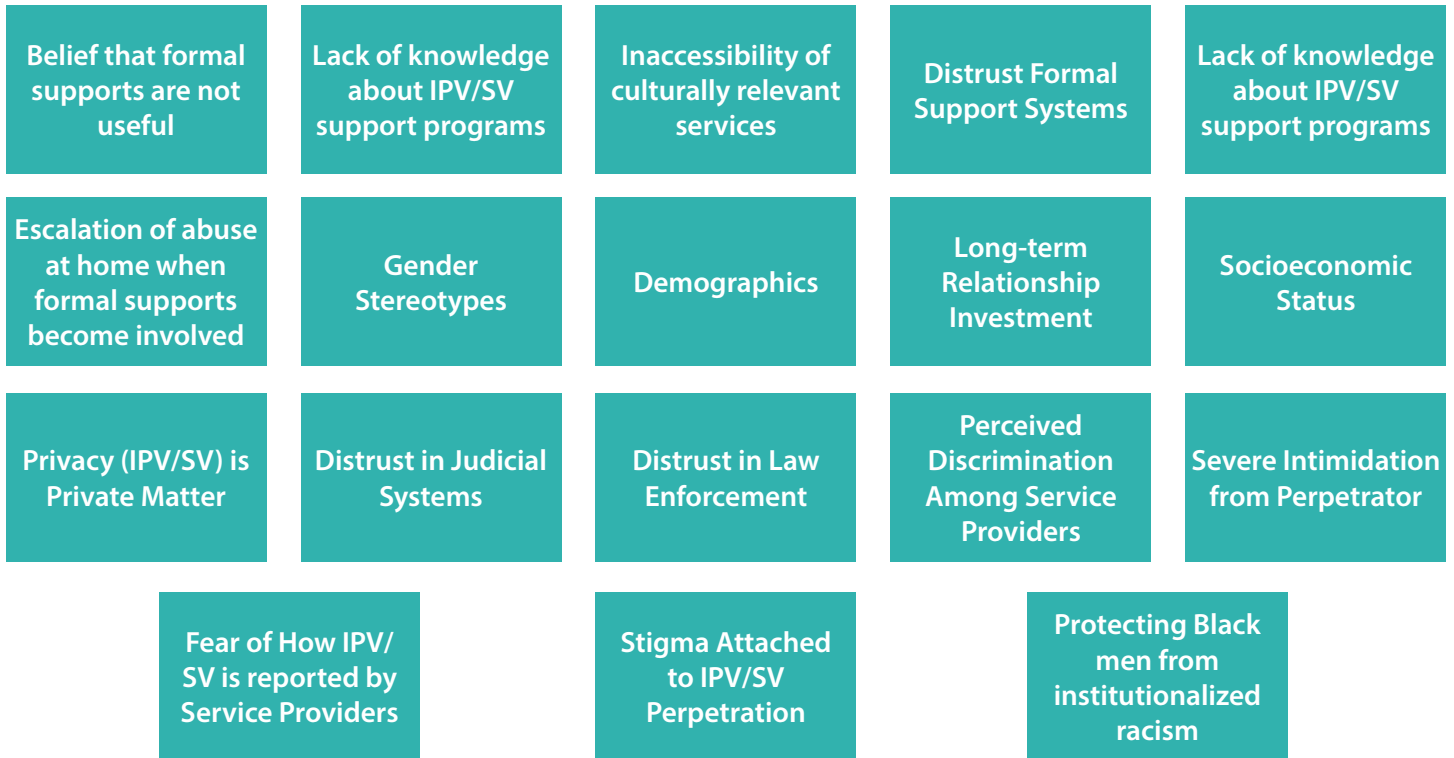
Higher Barriers: Why African American Survivors Don’t Seek Help from Service Providers

A survivor’s response to IPV and sexual violence is often determined by cultural values, social status and available resources. By understanding the internal and external barriers faced by African American survivors, and especially African American women, service providers can improve their organizations’ responsiveness to this community and, ultimately, help more survivors find safety, support and healing.

Internalized barriers

African American women are often typecast as strong, independent and tenacious women who are able to take care of themselves, their families and communities. Internalizing and conforming to these stereotypes discourages seeking help and may compound a sense of learned helplessness that results in the underreporting of IPV and sexual violence and a reluctance to access support services. African American women also report experiencing internal barriers that create feelings of confusion, guilt and shame. For example, they sometimes do not acknowledge the violence perpetrated against them to ensure intimate partners and their communities are protected from historically hostile societal systems. Survivors may also fail to separate personal needs from those of family members, intimate partners and their community.

BARRIERS TO SELF REPORTING



Gender Inequality

African American women are the backbone of their families, churches, civic organizations and communities. They have made strong contributions in the lives of their children, families, communities and formal institutions and perform many tasks essential to the survival and success of their communities. They are viable and effective influencers not only to their communities and families but also to mainstream society. Even as African American women have made great strides forward, leadership roles have been reserved for men, and women who sought them could be perceived as threatening the male's position as the head of the household.

African American women have never been totally subservient within the Black community and continue to fight for equality at every intersection. Their struggles are different from White women's battle for equality due to the additional impact of racial biases and racism. The stark reality of racial oppression, combined with black men's reluctance to confront and address issues of sexism, gender inequality, IPV and sexual violence continues to negatively impact the overall health of African American women.

Distrust of Systems

As has been outlined above some barriers for African American survivors are deeply rooted in the history of slavery and continued racial oppression within the United States, which results in a distrust of systems that have historically oppressed communities of color. Although all survivors face barriers in working with systems that should be helping, it is even more difficult for African American survivors to access the assistance they need. For example, while some survivors find a sense of validation in pursuing action through the criminal justice system, for others, this process can be unsatisfying and re-traumatizing because of historical and ongoing injustices perpetrated by a justice system that creates a valid distrust and discourages survivors from seeking system-based assistance. It is important to recognize that biases are not limited to justice systems; healthcare, child protection, and community-based domestic and sexual violence organizations can also perpetuate bias and services that do not meet the culturally appropriate or relevant needs of survivors.

Victim-blaming

Victim-blaming continues to be a serious problem within the African American community and is especially pronounced if the perpetrator is someone of high social standing or holds a position of power. Attitudes such as these marginalize victims' and survivors' voices, making it harder for survivors to come forward. In many cases, victim-blaming attitudes also reinforce what perpetrators often tell survivors—that the IPV or sexual violence they experience is their fault. By engaging in victim-blaming attitudes, communities fail to hold perpetrators accountable for their choices and actions. Ascribing to such attitudes also reinforces biases and stereotypes, which further put survivors or victims at risk of repeat victimization.

Cultural factors

A survivor's perceptions of violence and victimization may be influenced by cultural values and social norms related to gender, class, religion and other factors. These factors can either encourage victims to utilize available services or discourage them from doing so. For instance, both IPV and sexual violence is still often perceived to be a private matter, which provides a potent explanation for why victims and survivors often do not seek formal support from intervention programs. Specific cultural barriers unique to African American women that might play a major role in perpetuating IPV and sexual violence in African American communities include stereotypes, racial loyalty and unconscious bias.



Stereotypes

Service providers sometimes make decisions about the psychological and safety needs of African American survivors based on negative racial stereotypes. Even if unintentional, these responses often create disparities in terms of the treatment and services African American survivors receive and can lead them to stop engaging in services altogether. Service providers should be intentional about identifying their own implicit or explicit racial biases and practice cultural humility in an effort to address survivors' diverse and intersecting needs. This will improve agencies' provision of services to the African American community and will help ensure that survivors are not re-victimized by service systems that are meant to support them.

Racial Loyalty

African American survivors are sometimes willing to sacrifice their physical and psychological health and safety for the greater good of their families and communities because speaking out about IPV or sexual violence can be seen as an act of betrayal. This type of self-sacrifice makes African American women easier targets for repeat victimization and more severe acts of violence. African American women who maintain a sense of racial loyalty may face devastating consequences from partners who perpetrate IPV while increasing the risk of physical and psychological trauma or death. African American women are also often encouraged by their communities to keep IPV and sexual violence private in an effort to keep Black men safe from the discriminatory and punitive systems that portray them as a threat to society.

Inaccessibility of services

Shelters and other sexual assault intervention programs are not always easily accessible, making it very difficult for African American families to keep appointments with service providers, especially in communities without public transportation. Inaccessibility is not limited to physical distance. The impacts of implicit or unconscious bias in agency operations can provide just as formidable a barrier to someone seeking assistance.

Unconscious Bias

Historical patterns of marginalization are sometimes exacerbated by providers who unconsciously display racial and cultural biases that reinforce the barriers that African American survivors face. To develop and implement innovative, effective and culturally responsive programs and services, organizations must honestly assess their staff's beliefs and attitudes, their organizational policies and their service delivery and recognize the biases and blind spots within their organization that may be preventing African American survivors from accessing their services. In order to create more culturally responsive programming, organizations should involve survivors from diverse sociocultural, racial and ethnic groups in all of their planning efforts and collaborate with grassroots organizations to ensure survivors' needs are met.

The Impact of Faith

Faith-based organizations are the cultural cornerstones for communities of color, and many are engaging with survivors who may not seek formal support services. African American religious leaders and extended family members play a significant role in responding to IPV and sexual violence. Collectively, these types of informal supports serve as a primary help-seeking option. Unfortunately, faith leaders are often passive or unreliable in their response responding to IPV or sexual violence due to traditional teachings that men are in charge of the household, and that women should forgive and forget the violence perpetrated against them. Women are seen as responsible for saving their intimate relationships and keeping families together. Many religious leaders have also reported finding it easier to regard IPV or sexual violence as a private family matter rather than responding in a trauma-informed manner or referring the survivor to formal support services.

Within this framework, survivors often choose to keep their families together and are unlikely to admit to experiencing IPV or sexual violence, particularly if the sexual assault was perpetrated by a family member or someone within their church community. Women may also blame themselves for the violence or sexual assault perpetrated against them, which may be supported by religious leaders' advice. Furthermore, within many faith traditions, marriage is believed to be a promise to God, and survivors often remain married because they fear rejection by their religious leaders and their faith community.

Overcoming Barriers: A Pathway Forward

For all the reasons (and more) outlined above, African American women may find it difficult to obtain effective support from community-based agencies, formal intervention programs and legal systems due to cultural differences, distrust, accessibility and perceived ineffectiveness of support services. In order for African American survivors to seek formal assistance from community-based agencies, they must be willing to first recognize that they have experienced violence and/or sexual assault, acknowledge that they need assistance, be able to identify the types of services that are available, believe that the services are relevant and effective in helping them create a safety plan they can safely execute and regard the services as culturally sensitive and accessible. By acknowledging the roadblocks that African American survivors face, collaborating with groups and organizations that serve African American communities and developing responses and programming that directly address the unique needs of African American survivors, service providers can create and implement programming and services that will better support these survivors.

Biases and blind spots:

Organizations should begin to think structurally and personally about where their programs may be operating in bias or where their blind spots are and examine them with the same urgency they would address the organization's mission and vision. This can be achieved by developing comprehensive organizational assessments of policies, procedures and accessibility of service provisions. Additional and ongoing training and technical assistance on cultural humility and cultural safety should be provided to staff at all levels of the organization. Other suggestions for increasing organizational equity include:

- Hiring from diverse pools of candidates by advertising within target communities.
- Creating the space for difficult conversations around race and racial equity and inclusion.
- Operating from social justice framework and prioritizing marginalized communities in organizational budgets.
- Center the voices of women of color within your organization and including them in decision making and offering them leadership opportunities.

The importance of community engagement:

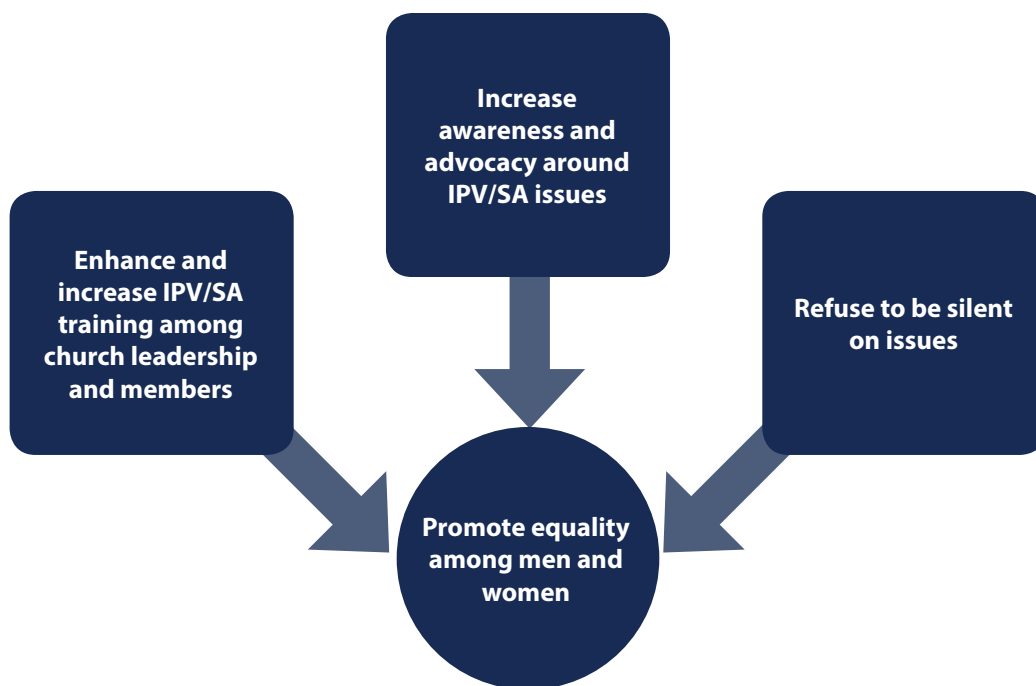
Community engagement is the process of working collaboratively with and through groups of people affiliated by geographical proximity, special interest or similar situations to address issues that affect the wellbeing of the community. It is a powerful vehicle for bringing about behavioral changes that will improve the health of the community and its members. Community engagement can serve as a catalyst for changing policies, programs and practices. Engaging entire communities around prevention and intervention efforts is vital in keeping women and children safe from abuse. By partnering with grassroots organizations and faith leaders, IPV and sexual violence organizations can increase collaborative efforts that will assist survivors' access to culturally relevant programming from multiple access points. Community engagement will also increase service providers' understanding of how to effectively serve this population and develop culturally relevant services within their organizations.

Engaging with Communities of Faith:

There is a huge potential for faith communities to be a critical voice in the response to sexual and domestic violence. Oftentimes though, they struggle to respond in a trauma-informed manner and miss key opportunities to engage with the community and connect survivors to appropriate services. Religious leaders who receive training and ongoing technical assistance from organizations providing advocacy services to survivors will be more equipped to offer effective support, resources and to empower survivors.

Church leaders who are effective in improving and increasing their response to IPV and SV may better be able to

implement potentially life-saving measures where healing and transformative experiences can be achieved. Faith communities and their leaders can strengthen their response to IPV through education and training and by identifying financial stakeholders within the community to sponsor cultural relevant programming, prevention and intervention efforts, collaborate with direct service providers, other faith-based organizations, and actively participate in Sexual Assault Response Teams (SART), Domestic Violence Coordinating Committees and Fatality Review Teams.



Practicing Cultural Humility and Cultivating Cultural Safety:

Although service providers often believe that they are culturally competent, they are not always sensitive to the diverse and intersecting needs of communities of color. Service providers who practice cultural humility engage in an ongoing self-reflective process that pushes them to challenge their own biases both personally and within their organizations. Cultural humility is the means by which service providers strive to protect the physical, psychological, emotional and cultural safety of the survivors they serve. By demonstrating a humble and respectful attitude toward others, advocates are better able to center the survivor in their own healing process, increasing the organization's ability to provide equitable and meaningful services.

Cultural safety can be described as creating a safe environment for all cultural variance to be celebrated, and its cultivation within agencies plays a major role in reducing any further harm to survivors. African American survivors are not a monolithic block of people and within Black communities there is a great diversity in culture and experience. The adoption of an attitude of cultural humility, where response is rooted in the individual survivor's needs is a step taken toward providing cultural safety. By equitably engaging with grassroots efforts and organizations working within African American communities, service providers can work to continually increase their ability to provide culturally responsive crisis intervention, advocacy and safety planning that will provide African American survivors with greater safety and access to effective services.



Communities of Color Listening Sessions

The communities of color listening sessions were a part of a larger communities of color engagement project hosted by SCCADVASA. The goal of the listening sessions was to identify the diverse needs of people of color related to reducing IPV and sexual violence, to increase community engagement and empowerment, and to identify vital resources to address their communities' intersecting needs. The listening sessions were conducted throughout the four regions of South Carolina (Upstate, Midlands, Low Country and Pee Dee) in an effort to learn what barriers community members face in seeking assistance and to acknowledge the harms they may have experienced both individually and as a community. Sessions were facilitated by SCCADVASA's staff and dinner was provided. Sixty-two participants contributed to the listening sessions, including advocates, community members and survivors. The following populations were represented: Latinix, African American, Native American, Asian, West Indian, Gullah, Caucasian, and LGBTQ+. Participants were 18 years of age and older and many worked in various capacities with victim/survivors of IPV, sexual violence and human trafficking and were employed at SCCADVASA's member organizations, affiliate member organizations, DSS and grassroots organizations. Representatives from member organizations in each region provided brochures and informational packets about their organizations.

Questions for listening sessions centered on community attributes, poverty, trauma histories, race, marginalization, education, community resources, community engagement, safety, LGBTQ+ populations, mental health, intimate partner and sexual violence, faith communities and other concerns participants identified. These questions were used to guide discussions and solicit honest feedback from community members and advocates.

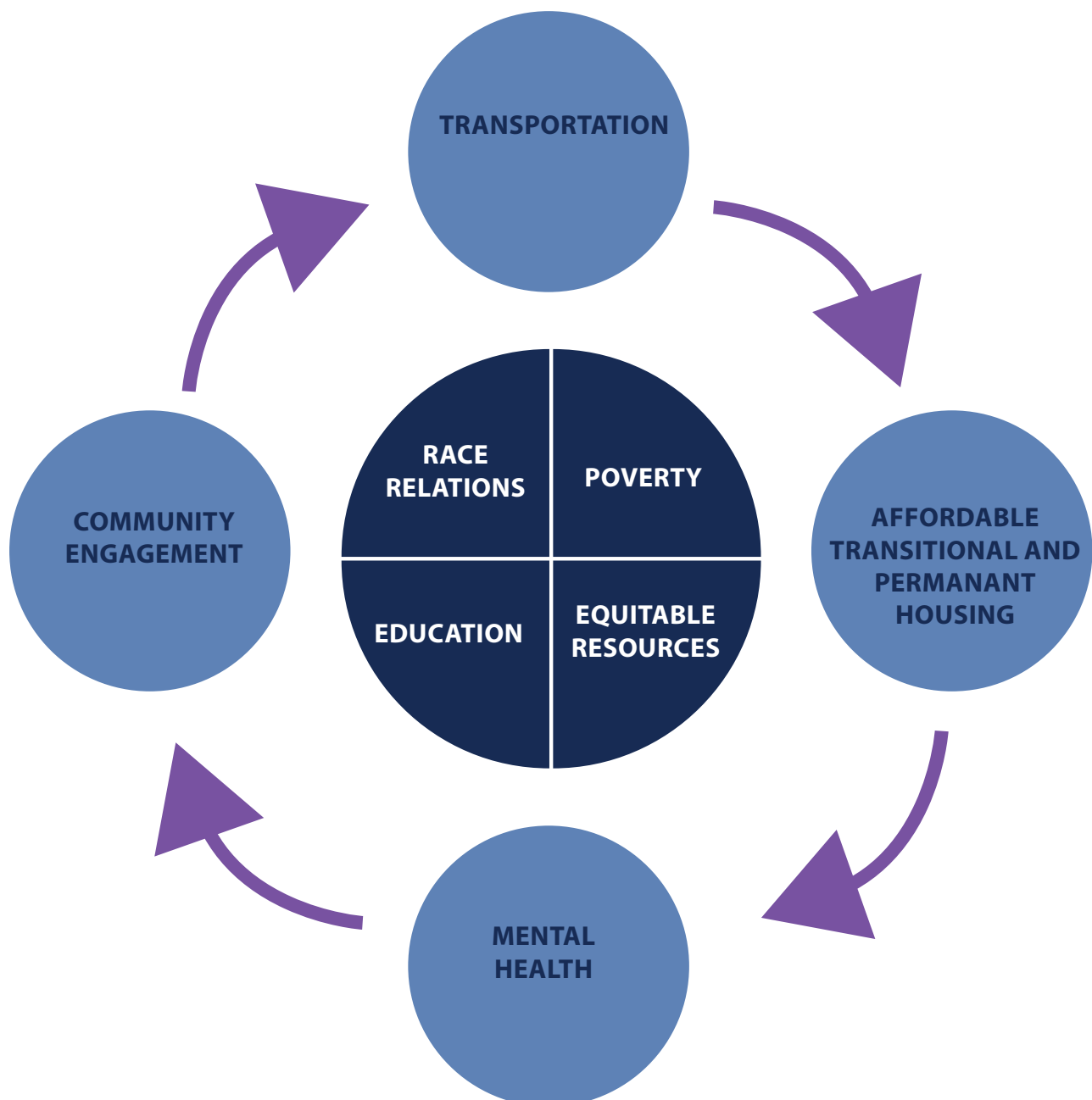
The responses gathered created a base of understanding for this report and will inform SCCADVASA's work going forward in providing education and technical assistance to organizations and systems seeking to build holistic, culturally relevant programming for survivors who identify as Black and African American.

Communities of Color Talk Back Questions

1. When you think of people of color who comes to mind? What does it mean to be a person of color in 2018? Overall, do you believe that things have improved in South Carolina for people of color? Why or Why not?
2. What are some positive attributes about your community?
3. What would you most like to see improved about your community?
4. If money was not an issue, what if any changes would you make to your community?
5. Do you feel safe within your community? If so, what makes you feel safe or unsafe?
6. How do you define resources within your community? What are the top two resources needed within your community?
7. Do you feel like your children are receiving an equitable education? Why or why not?
8. What are you most concerned about today?
9. Do members of your community trust law enforcement, judicial systems and other formal support services why or why not?
10. Have you felt the impact of racism within or outside of your community; if so, what effects has racism had on you and your community?
11. What types of trauma is your community facing? How does your cultural beliefs and values impact how you heal from past trauma?
12. Do you believe in the old adage "it takes a village"? If so, who makes up your village and is your village operating in the manner you expected?
13. Are there prevention efforts in place to teach children and adolescences about healthy relationships within your community?
14. Are members of the LGBTQ+ accepted within your community or are they being further marginalized by the community at large?
15. Do you feel comfortable talking about domestic and sexual violence within your home or among community members? Are these difficult subjects to talk about? Why?
16. What are children and adolescents in your community learning about relationships? In what ways do you think they are learning to have healthy relationships? Where do you think they are learning about healthy sexual relationships and consent from?
17. SCCADVASA is committed to preventing sexual and domestic violence from occurring in the first place; how can we help your community with prevention and early intervention efforts?
18. Do you partake in smaller elections or only the presidential elections?
19. Is there something we did not cover that you would like to discuss? What would you like to see happen as result of this listening session?

It is important to recognize that there are clear and additional impacts that influence the experiences of women of color and African American women in terms of IPV and sexual violence. The historical, vicarious and childhood trauma these survivors experience is alarming and African American women carry the trauma of systemic racism and serving others before taking care of themselves. Yet, while participants were concerned about intimate partner and sexual violence, they were also emphasized the importance of other intersecting issues that impacted their families and communities. There were several reoccurring themes throughout the Communities of Color listening sessions which echoed through all four regional meetings including:

- race relations and how people of color are targeted
- poverty at the intersections of race and geographical localities
- health equity and the impact of mental health on communities of color
- the lack of transportation and affordable transitional and permanent housing
- equitable education and resources.



Many participants shared that this was the first time they were able to have open dialogue about issues impacting their communities. Participants said they felt liberated and that they were grateful that they finally had a space to share their lived experiences and histories. Several participants left the listening sessions feeling empowered and inspired to make a difference in the lives of survivors and their respective communities. Participants reported that they felt their voices were heard and affirmed by the facilitators and other community members who shared similar experiences. After the sessions were conducted, community members and advocates asked for additional talkback sessions in the future.

Limitations:

The major limitation to this project was in recruiting more survivors who do not also work in the field to attend the listening sessions. IPV and sexual violence advocates and community members were well represented, and provided keen insights into the issues impacting their community and highlighting the work they are doing to support survivors. The questions gave the opportunity for them to think about the larger context of their work and many participants discussed other problems impacting their communities. They described those issues as more central to their daily concerns, but also identified the ways they intersect in many ways with the difficult paths survivors travel to find safety and healing. Participants also shared that perhaps holding listening sessions at different locations or times could bring more community members to the table. As SCCADVASA moves forward with this project, we will consider these and other challenges.

Lessons Learned from the Field:

SCCADVASA's Communities of Color Engagement Project is an ongoing initiative to address the diverse and intersecting needs of communities of color. This project was well supported by participants, directors and staff from our member organizations, as well as by grassroots leaders, affiliate members and allies. We deeply appreciate the insights, values and stories each of them shared.

The mission of SCCADVASA is to be the collective voice for the prevention of domestic violence and sexual assault in South Carolina. The four pillars of our work are Advocacy, Education, Collaboration and Prevention. While we work towards a future in which prevention is the center of our efforts, we recognize that effective service provision for all survivors is necessary to reduce revictimization. The experiences and stories shared by participants in our listening sessions made it evident that women of color in South Carolina face additional cultural barriers in reporting, accessing services and that there continues to be ongoing trust issues with service providers that require additional attention. Centering those with the highest challenges is critical in ensuring the development of a society that values the humanity and worth of all people. We commit to continuing to make this a central tenet of our initiatives and operations.

"We are reverting backwards."

"We thought it was getting better because it was subtle; now it's just blatant because of the current climate."

"My skin color doesn't change."

"We have to have those talks with our children, talking about racism and uncomfortable things. It should not be like that."

"Hispanics have it worst."

"Even though we are in 2018, we have historical trauma. We still feel the impact because of the mindset."

"It's there in places where it should not be. We have a long way to go."

"As a single mother, I am having to have 'The Talk' with my 12 year old."

"I came up in the 60s. It's like reverting backwards."

"It's always been divided."

"There is turmoil in the world for POC."

"It's been hidden for a while."

"There is still a battle with POC in general. The country is not in line. We are still struggling in 2018."

"My color is there. I don't check the box when looking for a job. Engaging in conversation, they don't get it."

Issues Around RACE

"It's becoming more blatant than before. We see it more in education, and it's in your face. We tiptoe around it."

"I recently moved from NC to SC, and here things are really in your face."

"NC and SC are similar: It's more toward African Americans, but Hispanics suffer also."

"Ignorance and prejudice are prevalent."

"You have a 99% chance of being shot by your white counterpart."

"For the past 10 years; these things are rising up again since Obama."

"I have to defend who I am."

"I think things haven't changed. It's only changed a little bit."

"There has been turmoil for people of color. We thought things were getting better because it was subtle and then we realize that it has always been there. It's becoming more blatant than before."

"There is definitely a difference between races. My skin color doesn't change."

"You can get the title, but you won't get the pay."

"You make the least amount of money, less education, higher unemployment in specific areas."

"People of color don't get equal pay in SC or the nation."

"I think things have improved in our society."

"Implicit racial bias has not left the space."

"Resilience."

"Driven."

"We are creators."

"I moved here in the mid-90s. I was the only person in high school that wasn't black or white."

"Becoming more welcome economically. We are more progressive in the city."

"The women's march movement. I am more aware because of this movement."

"More of us participate in the community."

"Powerful women of color."

"I'm a single black mom that have gotten all four kids into college."

"I have kids; we seek out different activities with our kids."

"Women are leading and making it better"

"We are reaching across the aisles to work with ministries and grassroots leaders."

"Rich History"

"Driven"

Positive Attributes About Your Community

"We have been accustomed to working in silos, but we are looking at it differently. We will not run out of clients. We are reaching across the aisles to work with ministries and grassroots leaders. Historically, I have not seen that in communities. We are working with communities."

"Women are leading and making it better."

"Cultural traditions."

"We are creators."

"Being from Beaufort, we have a rich history, the Gullah culture. I feel a sense of pride in that. There is an eternal sense of community."

"I'm from the country. There are no strangers. Everyone looks out for each other. Everyone speaks."

"Would like to see more males involved."

"More diversity."

"We are working within the community."

"Younger people are opening businesses and finding ways to employ others."



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