



KEEPING BLACK WOMEN ALIVE

**RESPONDING TO INTIMATE
PARTNER HIGH RISK IN BLACK
COMMUNITIES**

JULY 2021

BY
THE MASSACHUSETTS WOMEN OF
COLOR NETWORK (MAWOCN)

ABOUT THIS REPORT

On June 11, 2020, The Massachusetts Women of Color Network (MAWOCN) held a virtual event titled **Keeping Black Women Alive: Best Practices for Understanding and Responding to High Risk in Communities of Color**. The event was attended by 400 local and national domestic and sexual violence advocates, healthcare professionals, human trafficking advocates, policy makers, faith leaders, and many others.

On June 18, 2021 MAWOCN held it's Part II of this virtual event with over 200 attendees.

This report is an in-depth look at the data and discussion shared at these events.



WE BELIEVE IN OUR
HISTORY AND THE
ROLE OF ELDERS IN
PASSING ON
WISDOM AND
EXPERIENCE.

ABOUT MAWOCN

The Massachusetts Women of Color Network (MAWOCN), founded in 2010, is a group of women of color working in the Sexual Assault and Domestic Violence Movement across the state. We envision a movement that is not white-dominated and where women of color have access to leadership. To this end we share knowledge and resources, provide mentorship and support. In order to honor and elevate the role of women of color in ending violence, we also shed light on institutional racism and challenge the systems that uphold and perpetuate oppression.

THANK YOU

We would like to thank Quynh Dang and Taneekah Johnson from the Massachusetts Department of Health for their support of MAWOCN and their partnership in this effort. And thank you to Jane Doe, Inc. for your unwavering support.

We want to express deep gratitude for the panelists who so graciously shared their experience and knowledge— Trudy Benoit, Deborah Hall, Lola Remy, Tina Chery, and Rev. Traci Jackson. Thank you also to Alesha Breton for transcribing the meeting and to Amrith Fernandes Prabhu for drafting and designing this report.

Last, but certainly not least, a big thank you to the MAWOCN Leadership Council: Hema Sarang-Seiminski, Jean Clarke Mitchell, Josephine Pang, Lovern Gordon, Trudy Benoit. We are indebted to the many Black and Brown women surviving and working in communities everyday. Your experiences and your lives matter.

Deb Collins Gousby and Isa Woldegiorgis
MAWOCN Co-Chairs

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I N T R O D U C T I O N



"UNTIL BLACK WOMEN ARE FREE, NONE OF US WILL BE FREE." ~TINA CHERY

Black women are dying at far higher rates than their white counterparts in every health and disease category, in their daily lives, and in the onset of this year's Covid-19 pandemic. Closely linked to the pandemic are country-wide demonstrations that center Black liberation movements in an attempt to shine a brighter light on the back-to-back police inflicted violence and murder on the lives of unarmed Breonna Taylor, George Floyd, Ahmaud Arbery, Tony McDade, among many others.

As these demonstrations have gained steam in the summer months, so has the blatant rise in hate speech and hate crimes toward Black bodies, especially Black transgender women. Simultaneously, stark pandemic-related unemployment rates disproportionately impact Black families and are likely to strain their human and economic existence for the next decade.¹

The pandemic has reinforced three important bleak realities for Black women:

One, that health inequities are distinctly magnified during health crises like this Covid-19 pandemic, the second being that social distancing, lockdowns, and shelter-in-place strategies are economically regressive models that inflict hardship on the poorest families, and lastly that health inequities exacerbate already tenuous situations especially for those experiencing sexual assault, child abuse, and intimate partner violence (IPV).²

The Massachusetts Women of Color Network (MAWOCN) hosted this event to bring attention to Black women's experience of intimate partner violence, more commonly called domestic violence (DV). This virtual event, report, and subsequent call to action is specifically about Black women and their community although many parallels were drawn to BIPOC community at large. At the June 11th virtual event, MAWOCN organizers sought to raise up Black women's lived experiences in terms of how violence, specifically IPV, manifests within their bodies, within their families, and within their communities.

An expert panel of Black women activists in the Massachusetts domestic violence (DV) field held a discussion, sharing their experiences and vast

knowledge with over 400 participants. This panel was supported by a moderator from the Massachusetts Department of Public Health (MDPH). Panelists included Trudy Benoit of Brookview House, Rev. Traci Jackson Antoine of The Urban League of Eastern Massachusetts, Debbie Hall, of the YWCA of Central Massachusetts, Widmine Lola Remy of Women's Bar Foundation, and Tina Chery of Louis D. Brown Peace Institute.

The MDPH shared data about the disproportionate prevalence of intimate partner (IP) homicide as one of the leading causes of death for women of color, especially Black women. What participants found most alarming is newer data by the Centers of Disease Control (CDC) and the MDPH about that Black non-Hispanic women (44%) and multiracial non-Hispanic women (54%) were significantly more likely to have experienced rape, physical or stalking by an intimate partner in their lifetime, particularly in their teen and young adult years, compared to White non-Hispanic women (35%), which overwhelmingly led to their eventual homicide by either the same or another intimate partner.³

While 31.5% of all women experience DV in their lifetime, the same is true for more than 40% of Black women

The panelists also shared their experiences specific to working with the current responses to reduce domestic violence homicide – namely the **Domestic Violence High Risk Teams (DVHRT)**. The panel highlighted what data confirms: the DVHRT model is not effective for Black communities and communities of color.

These leaders and participants shared ways to bridge the gaps in working with Black women through survivor centered approaches and emphasized the need to raise concern about the lack of historical and current emphasis on Black women's lives and safety in the domestic violence movement, both in the state and across the country

BLACK WOMEN'S RELATIONSHIP

TO INTIMATE PARTNER VIOLENCE

Intimate partner violence is commonly identified with the patterned presence of stalking, sexual violence, physical violence, financial and/or psychological aggression by a

current or former partner, and the term domestic violence is used interchangeably with intimate partner violence. While IPV affects 10 million people in the United States, the numbers for Black women are striking. While 31.5% of all women experience DV in their lifetime, the same is true for more than 40% of Black women according to the Institute of Women's Policy Research's Status of Black Women in the United States.⁴

A 2017 report from the National Center for Victims of Crime records that 53.8% of Black women had experienced psychological abuse which is common in many of the discussions during the virtual event.⁵

Another scholarly research paper describes DV as the number one health issue facing Black women due to the overwhelming statistics that they are 2.5 times more likely to be murdered by men than white women in intimate relationships. ^{6,7}

The surge in violence toward Black and Latina transgender women and non-binary individuals in 2020 has surpassed that of previous years, indicating that lack safe

housing and job stability along with rampant systemic racism and transphobia are at an all time high.⁸ A key morbidity factor is the mental health consequences of IPV that indirectly lead to physical

The panel highlighted what data confirms: the DVHRT model is not effective for Black communities or for communities of color.



health issues and eventual death. IPV can only be intervened if it is properly diagnosed, and for Black communities, it often isn't. Part of MAWOCN's objective in hosting events such as Keeping Black Women Alive and producing reports like this one is to connect the dots between the exclusion of Black women from health and healthcare data to the disproportionate impact of IPV and by Covid-19.

CURRENT RESPONSES

SIMPLY DON'T WORK FOR BLACK WOMEN

There is limited study on Black women's experience, including Black transgender women, because of missing and ignored data and the unending vicious cycle of little attention paid to the disproportionate impacts of substantial isolation on them. This impacts the response and intervention processes.

When compared with other segments of the population, screening and appropriate response for Black women and transgender women are not a process of routine practice and inquiry even given standardized tools, according to the expert panelists. IPV and DV could be diagnosed and processed when clinicians see patterns of injury or illness that is suggestive of those forms of trauma.⁹ However, panelists and DV (and sexual assault) advocates in the work have told us that screening does not always lead to identification of IPV, intervention, or referral.



In the instances where IPV is identified, coordinated systems response have proven effective including interventions with danger assessments, culturally competent safety planning and prevention options, and referral to violence intervention resources.⁹

Social and behavioral health DV advocates are instrumental in the intervention and reducing IPV victimization. One of the statewide screening assessments, specifically the Danger Assessment was developed in 1985 by Dr. Jacquelyn Campbell, PhD, RN, FAAN. This free assessment that comes with a weighted scoring and interpretation guide and is now available in a variety of languages helps to determine the level of danger a woman has of being killed by her intimate partner.¹⁰

DVHRT's began in Massachusetts fifteen years ago and was based on Dr. Campbell's assessment in an effort to reduce IPV homicides and re-victimization by early identification of perpetrators. This model was the first in the country to establish a case-based multidisciplinary and coordinated systems response to high risk dv cases. This early identification and particularly using common language in risk assessment led to cornerstones of success in the dvhrt model across the country.¹⁰

**"SERVICES FOR US AND
MADE BY US."
~REV. TRACI JACKSON**

The most recent Safety and Accountability report cites responding to 172 high risk cases where 99% were female, 91% white, 31% Between Age 40-49, 74% Married or Dating, 43% Relationships Between 1-5 Years

Yet in almost the same time period (2003-2012), another report by Jane Doe, Inc. illustrates 247 incidents of IPV that resulted in a total of 334 homicides where 243 were victims of IPV. (8 were perpetrators killed in self-defense by IP victim, 5 were killed by someone other than the police, 72 IP perpetrators committed suicide, and 6 were killed by police.)¹²

The distribution of victims by race compared to the overall Massachusetts population showed that during this timeframe in Massachusetts, of the 256 DV homicide victims, Black victims were overrepresented at a rate 2.52 greater than their percentage of the population (16.4% compared to 6.5%). This is in line with the practices across the country where forty one states now have DV fatality review teams (similar in methodology and approach to MA's DVHRT's) that vary in terms of scope of coverage (local, regional, or statewide), where recommendations are developed in collaboration with advocacy, law enforcement, and academia.¹³

However, the intent of these teams to review fatality or near-fatality cases, including suicides, and loop in mandatory reporting including child abuse reporting laws varies state to state and our panelists



talked at length how carceral and punitive the interventions were.

"KEEPING BLACK WOMEN ALIVE WILL KEEP BLACK CHILDREN ALIVE" ~TINA CHERY



At large the components of DVHRT and fatality review teams involve enlisting the criminal-legal systems in a way that is already at discord with Black women. Black women and Black communities have a very specific, complex and mandatory arrest policies, victims' compliance with law enforcement, and aggressive and prompt persecution. This cycle perpetuates Black men's involvement with prisons and continues the pervasive cycle of state violence toward and against Black bodies. For 400 years, Black women have been trying to protect their men and boys in their families from police killings, from the systematic oppression and brutal violence they face just by going about their day.

Sending Black men and boys directly into the hands of the same people who are waiting to hurt them is not a solution for Black women and Black communities. Most of the #BlackLivesMatter movement demonstrations happening at the time of this virtual event in June 2020 are garnering attention because of heightened killings by law enforcement. Still, the data and the movement is gendered. It is about Black men. The deaths of Black women, of Black transgender women, rarely receives the level of national attention that the killings of Black men receive even as #SayHerName attempts to propel women's stories to the forefront of this urgent discourse.

And above all, other women's communities do not and will never experience state and law enforcement terror in the same way that Black women, including Black transgender women do, and that is a unique focus of this report.

RECOMMENDATIONS

DOING BETTER BY BLACK WOMEN

In the section, we delve further into moving away from mandatory arrest policies into a more survivor and family centered approach that monitors individual cases and strengthens civil protection for Black women. We can't underscore enough the impact of violence itself on Black women. A study titled "Girlhood Interrupted: The Erasure of Black Girls' Childhood" published by the Georgetown Law Center on Poverty and Inequality describes that it is the "adultification" stereotype contributes to the incarceration of Black girls.¹⁴ Across the board, accounting for age group, more Black girls and women were detained, incarcerated, and subsequently prosecuted for making 911 calls for IPV-related assistance.¹⁵

All the data cited in this report is not surprising and yet, it is

devastating to know that the numbers are underreported. It is imperative to recognize that these numbers are only those Black women who have been murdered. It does not count attempted murders, each victim of violence, and that for each of these women, there are at least 10 people who are impacted like children, families, and friends. It is important to remember that these numbers are also a product of the convergence of anti-black racism and sexism. We must keep these numbers at the forefront of our mind and maintain a Black female centered lens.

Our recommendations for DVHRT's break barriers when working with Black women. We intend for DVHRT's to approach intimate partner violence as a public justice and public health issue for Black women. It is time to reframe the questions we are asking based on this data. Instead of looking the other way or asking "Are Black and Brown communities more violent?" we need to ask "How has our movement failed Black and Brown women, particularly?"

Our three recommendations are:

A. To shift away from criminal-legal systems and policing that dominates DVHRT's;

B. To destroy the stereotypes and understand DVHRT's implicit bias, and;

"WE DON'T LEAD WITH OUR PAIN, WE LEAD WITH OUR ASSETS, OUR STRENGTH AND OUR FAITH"

C. To fund research that studies intimate partner violence impact on Black women.

A. SHIFT AWAY FROM POLICING

1. The criminal-legal system that dominates DVHRT's cannot and should not be the first option. Black women have deep mistrust and ample harmful experience with law enforcement that they no longer benefit from the system.

2. Engage faith-based leaders, BIPOC women-led organizations, and Black transgender women, all of whom have longstanding relationships with Black communities.

3. Have two-way conversations directly with Black community.

B. DESTROY THE STEREOTYPES

1. Black women are often misconceived as "strong." Identify the difference between strength with fear; Sleeping with a knife under the pillow is not strength.

2. There is a difference between assessment and engagement. See Black women as a sum of their whole parts instead of simply their incidence of IPV.

3. Check in with yourself and DVHRT teams about implicit biases and how that arises when working with Black women.

4. Make room for and promote vulnerability within yourself, and for Black women.

C. FUND RESEARCH FOR BLACK WOMEN

1. Study alternatives to carceral feminism towards changing the narrative for Black women and Black transgender women.

2. Support and fund the leadership of BIPOC women-led organizations with longstanding relationships within the Black community.

3. Support and fund organizations that can work with people who've used violence (including faith-based organizations and men's groups, not court-based intervention).

CONCLUSION

These recommendations are long-term investments. They do not and will not happen with one meeting nor with one conversation.


The panelists shared that it should go without saying that Black women's bodies hold on to a lot of guilt and shame and that it takes time to support them through that. During the course of the virtual event, one Black woman participant so poignantly remarked that, "Historically,

Black women have had to be there for everybody and then when the lights go out we are so exhausted and drained and no one is there for us."

This rang true for many participants and all of the panelists. While not all Black women share the same faith nor share the same privileges, they do experience the same inadequate response or care by state and community agencies. Bringing Black women to the forefront of every struggle-- intimate partner violence and the COVID-19 pandemic -- is to expand our vision of justice that relies on social, economic, and health equity that intentionally and positively impacts Black women. here continues to be high rates of intimate partner homicide among black people and it is important to understand their experiences if we hope to stem the tide of this level of death and keep Black women alive.



**MA S S A C H U S E T T S W O M E N
O F C O L O R N E T W O R K**

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