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Cover Page Footnote

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**Towards a Social Justice Agenda:
Intimate Partner Violence among Rural, African American Women**

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Abstract. The social work profession is rooted in community-based work that seeks to eradicate social injustice everywhere. Intimate partner violence (IPV) is a global phenomenon which impacts women from diverse socio-economic and racial/ethnic backgrounds. It involves power and control, economic abuse, and physical and sexual violence. When compared to other racial and ethnic groups, African American women are likelier to experience physical violence, rape, and homicide. Intimate partner violence among African American women is a social justice issue.

When compared to other racial and ethnic groups, rural and/or low-income African American women are likelier to experience IPV. They are also likelier to experience psychosocial challenges and negative physical health outcomes due to the lack of availability, accessibility, and quality of IPV services. Individual, relationship, and community factors such as aggression, economic stress, and societal norms that uphold patriarchy contribute to IPV among rural, African American women. Social work practitioners, educators, practitioners, and researchers are uniquely qualified to use multi-level interventions to address the causes of IPV among rural, African American women. This work presents multi-level solutions to dismantle oppression and violence against rural, African American women. Such solutions would help improve economic, social, mental, and physical health outcomes for rural and underserved communities largely impacted by IPV.

Keywords. African American women, black women, domestic violence, femicide, health equity, intimate partner violence, racial and ethnic groups, social justice

Intimate partner violence (IPV) describes physical violence, sexual violence, stalking, psychological aggression/abuse, sexual coercion, and controlling behaviors by a current or former intimate partner. According to the World Health Organization, globally, 1 in 3 women or 35% of women have experienced either physical and/or sexual IPV. In the United States, over 10 million women and men have been impacted by IPV from a current or former partner. Intimate partner violence is harmful to a woman's mental, physical, emotional, and reproductive health (Centers for Disease Control and Prevention [CDC], 2018; World Health Organization, 2017). The Office for Victims of Crime reports that 71% of women are victimized before the age of 25 and that households with incomes between \$15,000-\$25,000 have the highest incidence of IPV (Office for Victims of Crime, 2018).

In rural communities, only 42% of violent and seriously violent crimes (e.g., rape, sexual assault, and aggravated assault) are reported to the police, making it difficult to document and track abuse. Studies found that close community connections, a lack of confidentiality, and the fear of experiencing reputation damage prevents rural women from reporting abuse (Rural Health Information Hub, 2021; United States Department of Justice, 2018). Further, Peek-Asa et al. (2011) found that women living in small rural areas were 22% likelier to experience IPV

when compared to women living in urban areas (Peek-Asa et al., 2011). In a recent national retrospective study Perez-Patron et al. (2020) examined regional differences in IPV-related Emergency Department visits that occurred between 2009 to 2014. They concluded that rural women between the ages of 15 through 64 visited the Emergency Department at a higher rate (95%) than women from urban areas (93%) (Perez-Patron et al., 2020). Although data exists on IPV among rural women, self-reported demographic information is kept confidential to protect abuse survivors (Rural Health Information Hub, 2021; United States Department of Justice, 2018). The need for more research on rural women and IPV prevalence is evident.

The experience of IPV varies by race and ethnicity, and gender. American Indian and Alaskan Native, African American, and Multiethnic women are likelier to experience IPV when compared to Asian and Pacific Islander, Hispanic, and White women. Women who identify as gay, lesbian, and bisexual are likelier to experience IPV when compared to heterosexual women. Unfortunately, poor women are six times more likely to experience IPV. Forty-seven percent of 47% of women will experience IPV in their lifetime (Office for Victims of Crime, 2018).

Intimate partner violence is a serious threat to African American women who are likelier to experience violent domestic relationships. Tragically, IPV is the leading cause of death among African American women aged 15 to 25 (DuMonthier et al., 2017). The Institute for Women's Policy Research found that four in ten black women experience physical violence and more than 20% are raped in their lifetime. Black women who experience neighborhood poverty and those who live in Southern states are likelier to be victims of femicide (Office of Policy Development and Research, 2016). In general, when compared to other racial groups of women, black women in precarious domestic environments are likelier to be killed by a man (DuMonthier et al., 2017).

Risk Factors

Male to Female Violence

The most common risk factors associated with male to female IPV include low education, exposure to their mother being abused by a partner, childhood abuse, attitudes accepting violence, male privilege, and women's subordinate status. Male to female violence is three times likelier to occur among African American women (Lacey et al., 2016).

Individual Risk Factors

Individual risk factors associated with IPV include young age, aggressive or delinquent behavior as a youth, heavy alcohol and drug use, depression and suicide attempts, anger and hostility, lack of non-violent conflict resolution skills, antisocial personality traits and conduct problems, poor behavioral control/impulsiveness, borderline personality traits, prior history of being physically abusive, having few friends and being isolated from other people, unemployment, and emotional dependence and insecurity (Centers for Disease Control and Prevention, 2019).

Relationship Risk Factors

Relationship risk factors associated with IPV include marital conflict-fights, tension, jealousy, possessiveness, and negative emotion within an intimate relationship, marital instability-divorces or separations, dominance and control of the relationship by one partner over the other, economic stress, unhealthy family relationships and interactions, association with antisocial and aggressive peers, parents with less than a high-school education, and social isolation/lack of social support (Centers for Disease Control and Prevention, 2019).

Community and Societal Risk Factors

Community risk factors associated with IPV include poverty and associated factors (e.g., overcrowding, high unemployment rates), low social capital-lack of institutions, relationships, and norms that shape a community's social interactions, poor neighborhood support and cohesion, and weak community sanctions against IPV. Societal risk factors include cultural norms that support aggression toward others, societal income inequality, and weak health, educational, economic, and social policies, and laws (Centers for Disease Control and Prevention, 2019).

Research Evidence

Impact on African American Women

According to the CDC, IPV represents a persistent and silent crisis that impacts African American women more than any racial or ethnic group of women in the United States (Petrosky et al., 2017). In addition to being trapped in the cycle of violence, public health researchers found that African American women avoid leaving an abusive relationship due to isolation from friends, family, and support systems; because they lack financial resources; because they often fail to recognize events as IPV; have a desire to protect the perpetrator and to protect the community from shame or embarrassment; fear the perpetrator; feel personal guilt and shame about being abused; fear for their children's safety; and, experience low self-esteem (Lacey & Mouzon, 2016; Women's Center for Youth and Family Violence, 2019).

IPV: A Public Health Crisis

The American Public Health Association frames IPV against women as a public health crisis warranting serious attention from policymakers and change agents. Intimate partner violence is a direct assault on a women's health. It inhibits their ability to experience a full quality of life. Without adequate resources and financial support, many at-risk women stay in life-threatening, violent situations that impact their physical and mental health in harmful ways (American Public Health Association, 2018 & 2019). When compared to other racial and ethnic groups, rural and/or low-income African American women are likelier to experience IPV. They are also likelier to experience psychosocial challenges and negative physical health outcomes due to the lack of availability, accessibility, and quality of IPV services (Edwards, 2015; Finfgeld-Connett, 2015).

Sexually Transmitted Infections

Additionally, African American women exposed to psychological, physical, and sexual IPV were also exposed to sexually transmitted infections, and higher HIV risk-behaviors because they fear the perpetrator, lack communication and negotiation skills regarding condom use, engage in sex with multiple partners, have unprotected sex, trade sex, and are involved with partners who are HIV-positive, intravenous drug users, and non-monogamous in their relationship (Barnett et al., 2011; Zastrow & Kirst-Ashman, 2019).

Mental Health

Further, anxiety, depression, post-traumatic stress disorder (PTSD) and suicide ideation are common among all women experiencing IPV. Social science researchers found that African American women exposed to IPV experience anxiety, depression, disordered eating, learned helplessness, PTSD, multiple injuries, multiple mental health disorders, abuse alcohol, and engage in deliberate forms of self-harm (e.g., cutting and stabbing) (Lockwood Estrin, 2019).

Homicide

Unfortunately, the CDC reports that African American women are murdered at a rate of 4.3 per 100,000 compared to other racial and ethnic groups of women (Petrosky et al., 2017). Twenty-two percent of the African American women murdered in the United States were killed by domestic violence and 94% were killed someone they were dating or by someone from their community (African American Policy Forum, 2019). As such, multi-level interventions are needed to address this growing public health crisis.

Recommendations and Solutions

Intimate partner violence is a deeply personal issue many women face in silence. It is also a political and social justice issue because it impacts the emotional, mental, physical, financial, and overall well-being of rural, African American women. Reducing and eliminating IPV requires interventions that address the economic, cultural, racial, societal, systemic, and institutional barriers that increase the risk of violence against women of color. Addressing IPV among rural, African American women will require multi-level interventions as well as the support of diverse groups and organizations. There are many ways community members, change agents, lawmakers, and social workers can address this issue. Through education, economic, community, health, social, and political reform IPV among rural, African American woman can be reduced and eliminated.

Support Economic Justice

Social work practitioners can advocate for economic justice for women most susceptible to IPV: women from communities of color and those who are rural and/impooverished. Advocacy in this area might focus on reducing and eliminating gender discrimination, income inequality, and the gender wage gap. When women are empowered economically, they can create sustainable futures for themselves and their children (Lum, 2011). Also, policy change would

involve creating and revising economic policies to allocate funding to single female headed households which are largely impacted by poverty and IPV (Wilson & Webb, 2018). Doing so will empower disenfranchised women, help them achieve equality in society and attain financial independence. Further, such efforts would benefit rural, African American women who are likelier to live in poverty and experience unemployment. They are also twice as likely to be among the working poor when compared to other racial and ethnic groups of women (Lum, 2011; Peek-Asa et al., 2011).

Social work researchers found that African American women stay in violent relationships because they are financially insecure. As such, a woman's economic stability is synonymous with her ability to leave a violent domestic relationship (National Organization for Women, 2016; Walker, 2017). Future solutions might include policymakers, change agents, and IPV survivors working together to design policies that prioritize the economic needs of rural, battered women (Brown & Keith, 2003; Walker, 2017).

Support Gender Equity

Gender discrimination and sexism limit the personal and political efficacy of women. It is incumbent upon policy makers and change agents to understand intersectionality the lived experiences of marginalized women and how race, class, geographic location, and gender overlap (Crenshaw et al., 1995). Community-based focus groups and/or awareness forums with survivors of IPV would help policymakers and change agents understand the lived realities of African American women living in violent households. Through individual and community-based advocacy, domestic violence education, social activism, voting, and using social media as an advocacy tool around IPV, all people can use their voices to bring awareness and attention to the pressing concern of IPV among rural, African American women. They can also continue to empower women by supporting the Violence Against Women Reauthorization Act which protects women against dating violence, sexual violence, stalking and other forms of harassment (National Domestic Violence Hotline, 2019; Violence Against Women Reauthorization Act, 2019).

Advance Health Equity

Support health equity by addressing the systematic and institutional barriers to health equity in America. Intimate partner violence is a health equity issue. Health equity is the ability to attain the highest level of health. It involves addressing the factors influencing barriers in the areas of employment, housing, education, health care, public safety, and food access. Factors restricting health equity include racism, discrimination, and oppression (American Public Health Association, 2019). Intimate partner violence as well as diseases like hypertension and Type 2 diabetes are persistent barriers to the holistic well-being of rural, African American women (Mason, 2015). Combined, these health factors contribute to poor health outcomes for black women (Minkler & Wallerstein, 2003; American Public Health Association, 2019). Social work practitioners and researchers can work together to design interventions to address IPV in rural communities.

Further, having access to air, clean food, rest, health, safety, shelter, stability, and water are basic needs for all people. Many African American women experiencing IPV are forced to remain in living conditions that are isolated, unclean, and where they have limited access to clean water, clothing, healthy fruits and vegetables, and prenatal care. A woman's physical and emotional health (e.g., self-esteem) and her personal efficacy are diminished when her access is limited or restricted due to poverty and/or the control of a partner (Maslow, 1987; McCleod, 2018). Reducing and eliminating IPV among rural, African American women will not occur overnight. Ensuring that women's basic needs is important. Partnerships with local shelters and domestic violence agencies would help eliminate barriers to having one's basic needs met.

There are many other specific ways advocates can use their power to uplift this important social justice issue. For instance, they can champion individual, policy, and systematic IPV reform.

Micro and Mezzo Solutions

Advocates for IPV reform can choose to support federal programs that help to meet the needs of low-income families with children by providing some pregnant women and non-pregnant women in need with access to hospital, physician, and family planning services. Social workers, public servants and elected officials can also create local and state initiatives that provide insurance, childcare, education, employment, financial, housing, and technology, and transportation assistance. All people can embrace diversity and become culturally competent and take a stance against racism, sexism, and all forms of discrimination and bias (Minkler & Wallerstein, 2003). All people can challenge the systemic and institutional barriers facing women and communities of color, advocate for social change and policy reform, and serve as individual change agents.

Macro Interventions

Build community capacity. Research indicates community factors can guard and protect women against IPV. Some of those factors are neighborhood collective efficacy (e.g., community cohesiveness/support/connected-ness, mutual trust, and willingness to intervene for the common good) and the coordination of resources and services among community agencies (e.g., attorneys, churches, community health centers, hospitals, police and fire departments, schools, shelters) (Centers for Disease Control and Prevention, 2018). As such, practitioners, researchers, and educators can work to build community capacity with IPV survivors and other key community agents.

Create and fund education and prevention initiatives. African American women may or may not recognize the signs of IPV. As such, new and revised policies that direct community funding and resources to educate high-risk communities about IPV are needed. Without adequate financial resources and support, local communities may be limited in the type of assistance they can provide to women experiencing IPV.

Rural areas. The prevalence of IPV is similar among rural, urban, and suburban areas. However, the problem of IPV is distinct in rural communities as multi-racial, single, and

divorced women are likelier to experience higher rates of severe abuse when compared to other racial and ethnic minority groups. In general, African Americans in the rural South live in areas with high poverty and limited economic resources (Lum, 2011). Rural women are likelier to experience extreme poverty when compared to their urban counterparts. Rural women are less likely to have access to IPV resources (Peek-Asa et al., 2011; Mason 2015). Local and state policies designed to fund community based IPV awareness and prevention efforts would greatly benefit all women living in rural areas. Further, capacity building by incorporating the community's cultural strengths, interests, skills, and assets will help address the impact of IPV among African American women in rural areas (Lum, 2011).

Implement IPV screenings. Comprehensive clinical screenings for IPV during prenatal, emergency room, and wellness visits are needed to help reduce and alleviate the burden of IPV among all women. Sadly, African American women are four times more likely to die from pregnancy complications as IPV adds additional physical and emotional stress to pregnant women (Centers for Disease Control and Prevention, 2018; National Partnership for Women and Families, 2018). Screenings could help pregnant women and others impacted by IPV develop a safety plan and escape violent perpetrators and environments that pose a direct threat to their safety and/or the safety of a child.

Scholarship. New and innovative research on IPV among African American women; specifically, rural black women is needed. Public health and social work practitioners often engage in direct practice with women experiencing IPV (e.g., directly or through secondary exposure--relative, friend, neighbor, co-worker). Future research studies on IPV among high-risk populations might investigate the physical and mental health outcomes of rural, African American women exposed to severe IPV. Other research might explore the impact of impact of stress on the physical health outcomes of rural, pregnant African American women exposed to IPV. Such studies on IPV among racially/ethnically and geographically diverse populations will yield findings that would inform advocates, change agents, clinicians, community members, educators, policy makers and social workers of the best solutions for reducing and eliminating IPV among high-risk groups of women (American Public Health Association, 2019).

Conclusion and Future Directions

In conclusion, IPV is a social justice issue. It is a persistent and often fatal threat to the livelihood of African American and multi-ethnic women. Factors such as fear, shame, guilt, racism, gender inequality, restrictive social and gender norms, toxic masculinity, crime, and poverty make it increasingly difficult for any women to escape a violent relationship. The effects of IPV on a woman's physical and mental health are painful and long-lasting. Violence against women is not simply a personal problem.

It represents a glaring societal flaw that should be remedied at all costs. To that end, Americans are challenged to prioritize and value the lives of rural, African American women exposed to violence. Through multi-level interventions to eradicate IPV, Americans can help change public policy and discourse about IPV, empower women and girls, promote social justice, advance health equity in rural and underserved areas, and create sustainable community

change (Brennan Ramirez et al. 2008; Scales et al., 2014; American Public Health Association, 2019).

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