



Centering:

African American
& Black Women &
Girls in Indiana

Identifying barriers to health
and safety that need to **STOP**.

Promoting environments
and relationships that **HEAL**.



Indiana Coalition
Against
Domestic Violence

Prevention • Awareness • Advocacy
Until the Violence Ends.

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Disclaimer: While Black may not be the preferred terminology of some, for the sake of this document, we will use the term Black often to encompass all individuals under the African diaspora. The term Black refers to dark-skinned people of African descent, regardless of nationality, while African American refers to Black people living in the United States as descendants of enslaved people of African descent.

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Executive Summary

In Indiana and across the nation, Black women and girls disproportionately experience a wide range of negative public health and safety outcomes. Namely, experiences of multiple forms of violence, over-representation in the criminal justice and child welfare systems, and disparate rates of sexual and reproductive disease and mortality. Each has intersectional¹ and cyclical impacts on one another and is a predictor of lower quality of life and increased vulnerability. In our commitment to end intimate partner violence (IPV) with an equity lens we must reflect on the needs of those most impacted first. The Center for Disease Control and Prevention's (CDC), A Strategic Vision for Connecting the Dots (2016) affirms, "conditions in which people live and the inequities related to their identities increase risks and leave certain populations vulnerable to violence as a consequence." We cannot address domestic violence, sexual violence, or intimate partner violence in Indiana without investing in strategies that have the potential to impact multiple social conditions. Additionally, we cannot develop impactful strategies for communities without first asking them what they need. People are experts in their own experiences and must be empowered to participate in the process of defining the problem and identifying effective, meaningful solutions. To respond to the barriers to the safety and wellness of African American and Black women and girls, ICADV is in a multi-year quest for community-led solutions.

For the first phase of this project, we developed and disseminated a statewide survey requesting Black women and girls of all ages and backgrounds to participate and inform us of their communities' needs. Through surveys, completed between October 23, 2020 and November 26, 2020, we heard from 219 African American and Black women and girls throughout the state.

In January of 2021, we listened more deeply during a series of virtual focus groups and listening sessions. This included three listening sessions comprised of young women between the ages of 12-24 and three additional focus groups comprised of adults over the age of 18. Throughout the six sessions, participants disclosed their specific experiences, which often highlighted the intersectionality and complexity of the barriers they face, and initiated conversations about appropriate strategies to address the disparities. The data informed a community needs assessment that articulated barriers to wellness and safety experienced by Black women and girls and recommendations on ways to remove them.

In March of 2021, ICADV partnered with [DVN](#) to co-convene the Black and African American Women's Council to inform the project's next steps. The Council provided the leadership and expertise to develop a community action plan to map out a course of recommendations for stakeholders to make positive and sustainable changes for the Black community.

Recommendations in this guide combine violence prevention best practices from the CDC and the voices, wisdom, and lived experiences of Black women and girls across our state with insights on the systemic barriers that dis-enable Black women and girls' healing.

¹A term introduced by Dr. Kimberle Crenshaw that refers to the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or [intersect](#), especially in the experiences of marginalized individuals or groups – Merriam-Webster dictionary



Identifying the Problem

Many types of violence can be and often are interconnected. The CDC Publication [Connecting the Dots](#)ⁱⁱ explains that intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behavior, and elder abuse and neglect are not only interconnected but also often share root causes. To be impactful in preventing occurrences of violence, strategies must pivot from simply promoting individual behavioral changes toward prioritizing addressing the causes and roots of violence.

The CDC uses the social-ecological model (SEM) framework to illustrate the range of factors that influence an individual's risk for violence and access to safety and wellness. The SEM shows how risk and protective factors located at the community-level and societal-level shape attitudes, beliefs, and behaviors that contribute to health and safety at the relationship and individual levels. Although violence prevention strategies have traditionally been primarily located at the individual and relationship level, those strategies independent of outer-level strategies will have an insignificant impact.

The community level of the SEM includes settings such as schools, workplaces, and neighborhoods. Community-level prevention responds to the characteristics associated with violence perpetration or victimization located in these settings. Prevention strategies at this level focus on improving the physical and social environment in these settings (e.g., by creating safe places where people live, learn, work, and play) and by addressing other conditions that give rise to violence in communities (e.g., neighborhood poverty, residential segregation, instability, and high density of alcohol outlets).ⁱⁱⁱ

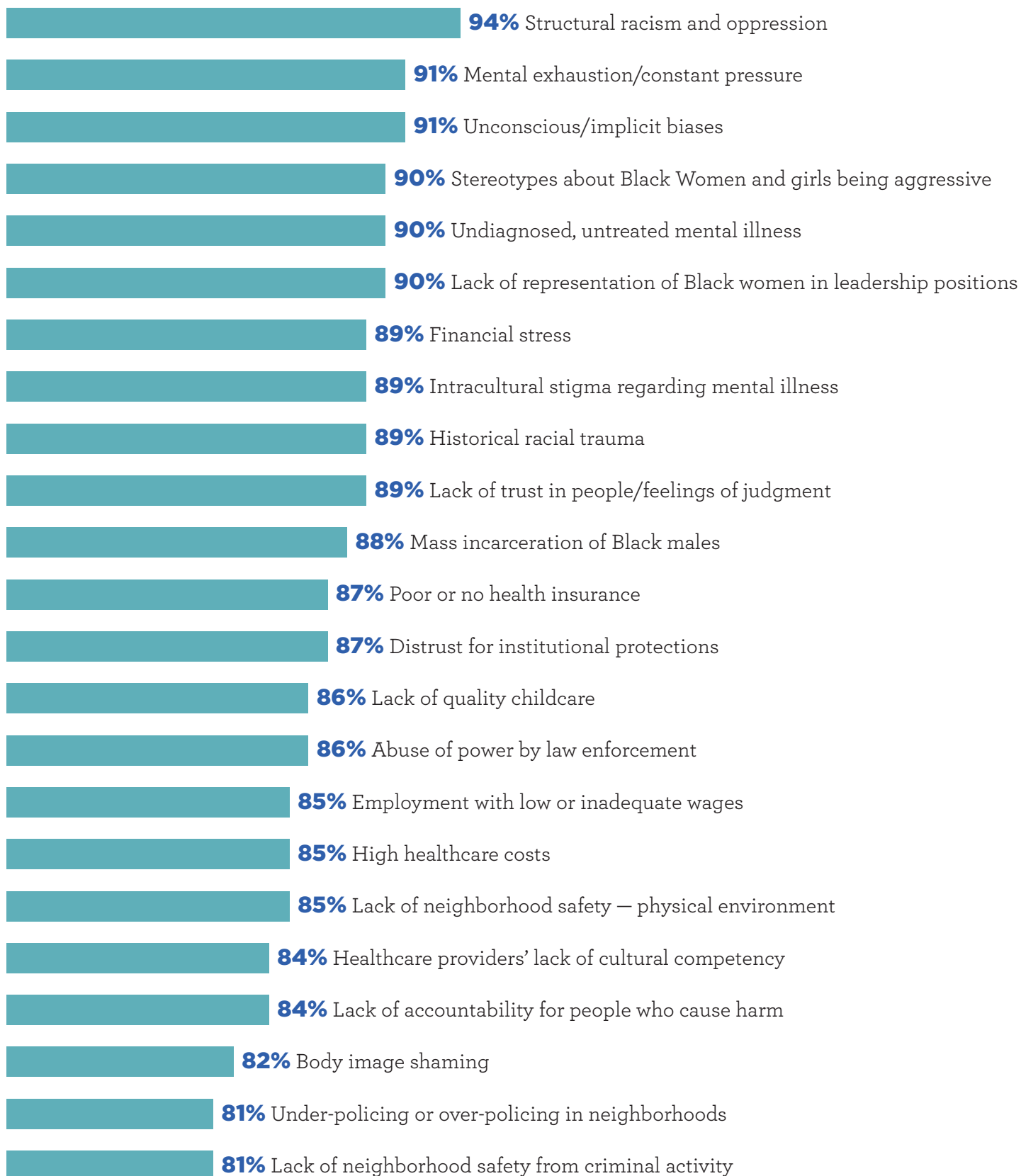
According to the CDC's framework, the societal level of the SEM looks at the broad societal factors that help create a climate that either encourages or inhibits violence. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other important societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the root causes of health inequities.^{iv}

Since prevention strategies at the community and societal levels are more sustainable and impactful, the strategies recommended in this document are located there and are directed to policymakers and decision-makers, because sustainable impact for change is within their reach. In the statewide survey, African American and Black women and girls across the state were asked about the barriers to their safety and wellness. At least 80% of survey participants identified the following as risks to their safety and wellness.



Figure 1 The Social-Ecological Model: A Framework for Prevention
Center for Disease Control and Prevention

Survey Participants Top Barriers to Safety and Wellness



Barrier Breakdown

These barriers are overwhelmingly located at the community and societal levels. The top barriers fit into four categories outlined in the next sections of this document:

1. Stigma
2. Trauma
3. Oppression
4. Pressure



1. Stigma

Stigma exists because of prejudice, stereotypes, and power inequities. Stigma discredits and dehumanizes.^v The process of stigmatization consists of linking a labeled person or group of people to undesirable characteristics and designating that person or group as being unacceptable or undeserving. Subsequently, the stigmatized group experiences discrimination and loss of status in the context of social, economic, and political power.^{vi}

91% of survey participants identified STEREOTYPES ABOUT BLACK WOMEN BEING AGGRESSIVE as barriers to wellness & safety.

The angry Black woman trope works to discredit and dehumanize Black women and girls by villainizing them in their interpersonal relationships, workplaces, and institutions of education. With these prevailing thoughts, Black women experiencing IPV are perceived as antagonists, criminals, and are blamed as equal contributors to the cycle of abuse when they are experiencing the abuse. Because of these character perceptions, children are more likely to be removed from homes, and adequate support systems are less likely to be available.

“Black women are often depicted as always being angry and aggressive when they speak their minds and or feel passionate about certain things[when] other races are considered vocal.” — *Survey participant*

Schools and workplaces may have cultures that are hypersensitive to the reactions of and interactions with Black women and girls, leaving them with a very narrow scope of acceptable expressions of behaviors before facing potential consequences. Consequences can range from being asked to smile more to work performance appraisals or school reports that explicitly name poor attitudes or aggression as characteristic traits that are hindering one's success. However, when Black women modify behaviors or characteristics to appear docile and appeasing to others, specifically at work and school, they are left with their needs unmet, and their expertise and skills are left unutilized.

During the community needs assessment process, we learned that when either of these scenarios takes place, Black women and girls are left feeling silenced and invisible. Common social norms like “the squeaky wheel gets the oil” apply to some of us but not all. Additionally, the notions of the angry Black woman are in direct contrast to traditional ideas of femininity and standards of beauty, thus challenging Black women and girls' access to positive self-images, healthy sexuality, and full humanity.

“What does humanity for African American/Black women and girls look like?”
— *Focus group participant*

Stigma creates barriers to opportunities for financial and career growth. One of the ways Black women report being hindered professionally is when wearing their hair in natural or ethnically specific styles is referred to as unprofessional. Black women also expressed experiencing micro-insults² and microaggressions³ by their non-Black counterparts in numerous other ways, including the refusal to pronounce one's name correctly.

Participants shared how “code-switching” has been a tool of survival at work and school. Code-switching is the adaptation of one's presentation to conform^{vii}. This skill often includes smiling more often to appear approachable, raising one's voice an octave, or even completely adjusting one's speech pattern and cadence, which can take a physical and emotional toll.

“ Please call me by my NAME!!! ” – Survey participant

91% of survey participants say **BIASES ABOUT BLACK WOMEN** are barriers to safety & wellness.

Although the act of “code-switching” may not specifically limit one's opportunity, by doing so Black women are less likely to feel personal connections to their professional colleagues and less likely to engage with peers casually or participate in after-work activities. This sometimes contributes to the stereotype of being angry. Black women have informed us that they are perceived as angry when they are not smiling, aggressive when they are not in agreement, and standoffish when they work quietly and keep to themselves. All of which decreases the likelihood of opportunities for advancement. Like adults, young people spoke about being targeted in schools for being “dramatic” when attempting to express themselves or disciplined for being argumentative for the same behaviors as their white peers.

Throughout the listening sessions, Black girls overwhelmingly expressed the need to be in judgment-free spaces, a typical need of young people of all backgrounds. However, Black girls articulated the need for spaces free from the judgment of racialized attributes, such as hair and standards of beauty. Black girls expressed the desire to have spaces where “all types of Black girls” are accepted and appreciated.

“ Black women are devalued, underrepresented, and unappreciated in our community. Black women are not offered the same rate in pay as opposed to other cultures. Black women are often overlooked for employment and promotion. Black women have higher rates of being seen as masculine. ” – Focus group participant

89% of survey participants identified **INTRACULTURAL STIGMA AROUND MENTAL ILLNESS** as a barrier to safety & wellness.

There continue to be intracultural norms that reduce a Black woman's likelihood to seek help for mental wellness. Participants shared that this stigma often comes from older generations and norms connected to

²A microinsult is a comment or action that communicates insensitivity to or disregard for a person's identity or heritage. Perpetrators are largely not consciously aware of the harm they're causing (2020 Wells, University of Portland <https://www.up.edu/inclusion/files/101---microaggressions-accessible.pdf>)

³A microaggression is statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority (2024 Merriam-Webster Dictionary)

strong religious beliefs. The church was identified as a staple for older generations of the Black community, stating that for many it is typical to rely on church leadership as trusted confidants and prayer as the chosen antidote for most physical, emotional, and mental distress. Participants of the Black Girls Matter listening session spoke on the intra-cultural stigma around mental health as well, adding they would be considered “weak” if they prioritized self-care to protect their mental health.

In addition to intracultural norms, Black women expressed that stereotypes and biases limited their comfort and safety in accessing mental health services. Participants believed the perception of “the strong Black woman” influences the perspectives of providers, which negatively impacts compassionate care. Participants found there to be an insufficient number of mental health providers of Color and even fewer who identify as Black women. Participants shared that they desired practitioners with shared identities. In their experiences, both health and mental health practitioners lack cultural awareness and operate in ways that coincide with faulty ideas about how much burden or physical pain Black women can carry. Participants shared that not only did they believe healthcare practitioners perceived African American and Black women and girls have higher pain tolerances than their white counterparts, but they also experienced disregard during their healthcare journey. Girls who participated in our listening sessions shared that they have had experiences with school nurses disregarding their pain regularly.

84% of survey participants identify THE LACK OF CULTURAL COMPETENCY OF HEALTHCARE PROVIDERS as a barrier to safety & wellness.

The safety of Black and African American women is directly related to the intracultural and universal stigma on mental health and stereotypes of anger, aggression, and perceptions of differential pain tolerance. There are too many scenarios to name, but overall, these create a context of vulnerability for Black women and girls and, in turn, an absence of the necessary protections.

“ Still to this day, many doctors believe that Black people, whether they are women, men, or children, don’t feel pain, or they are different than white people in assessing their pain or even being able to say their experiences, because they are unable to say the things that white women and men can do and get their needs taken care of. ” – Listening session participant

“ We’re not assessed the same way as our counterparts...not believed when we report. ”
– Survey participant

In addition to these serious risks to safety, we must also consider the adultification and hypersexuality characteristics often assigned to Black women and girls. Adultification bias is a term to reference the treatment of Black children as if they are older than their chronological age.^{viii} Several studies confirm this phenomenon. A great resource on the topic is [Girlhood Interrupted: The Erasure of Girls’ Childhood](#). Adultification bias is linked to racial disparities in school discipline and disproportionality within juvenile justice systems. Adultifying Black girls makes them more vulnerable to IPV and sexual assault, especially when we pair ideas of adultification with other tropes assigned to Black women, like the notion of hypersexuality^{ix}. We dramatically increase risks of sexual violence and IPV for Black girls, while also increasing social perceptions of their responsibility for their victimization.* Listening session participants shared being overwhelmed with the degrees in which they were expected to be responsible for things beyond their years and how often they feel unprotected and unsupported.

2. Trauma

90% of survey participants identified RACIAL TRAUMA as a risk to their safety and well-being.

Mental Health America (MHA) defines race-based traumatic stress (RBTS) as mental and emotional injury caused by encounters with racial bias, discrimination, racism, and hate crimes.^{xi} Symptoms can resemble post-traumatic stress disorder (PTSD) and impact all aspects of one's health. MHA goes on to explain that RBTS can develop through an individual's or group's experience of harm by systemic racism. RBTS can also develop vicariously, either by seeing others of shared identities' experiences or through intergenerational transmission.^{xii} The National Center for PTSD confirms that symptoms of PTSD include distrust of others and poor communication and problem-solving skills, which may disrupt relationships with close family and friends,^{xiii} thus ensuring the risks of IPV are elevated.

“Being a Black woman places us in a category of trauma. Most of us do not know that and do not get help for it until much later in life. We have been raised to assume what others call trauma as just life itself.” — Survey participant

We collected survey responses and held listening sessions and focus groups in late 2020 and early 2021. Serious concerns about both safety and health were expressed by participants. Many had lost family members to COVID-19 and were reeling after the murder of George Floyd and the death of Dr. Susan Moore.^{xiv} Doctor Moore was a Black physician who eventually died of COVID; not before posting and sharing treatment she received at an Indiana hospital—treatment she believed happened because she was a Black woman. Even our youngest participants expressed that they believed healthcare providers would discount their pain because of their race.



3. Oppression

94% of survey participants identified STRUCTURAL OPPRESSION AND RACISM as a barrier to safety & wellness.

Survey participants noted that institutional racism and structural oppression, or systems, laws, and policies that regulate the sectors of our lives, function as the greatest barriers to their wellness and safety. The stigma of being associated with the stereotypes and tropes assigned to Black women stems from the systemic oppression and institutional racism that Black women and girls experience. Racialized trauma is the result of oppression and institutional racism. Racism is a fundamental determinant of health because it contributes to social inequities.^{xv} The CDC informs that the centuries of racism in this country have had a “profound and negative” impact on communities of color and are deeply embedded in our society, creating inequities in housing, education, wealth, and employment.^{xvi}

“ The system was designed not to see fit for any other race to succeed, especially not Black people and not Black women. Both Black men and women have to work twice as hard to fight barriers which have been systematically put in place in work areas and all aspects of their lives. ” – Survey participant

Survey participants expressed an overall distrust in systems that exist to protect the general public. The listening session’s participants shared that they held concerns about systemic fairness, being afraid of law enforcement, being targeted in schools, and the justice system. Each of these destroys families and makes neighborhoods less safe.

“ [Barriers to safety and wellness are] systemic racism and disparate treatment (real or perceived) in the healthcare system. ” – Survey participant

Black women shared feelings about the healthcare system, stating that the current design does not meet the needs of Black people, because Black people do not get the same care as their white counterparts.

87% of survey participants identified DISTRUST FOR INSTITUTIONAL PROTECTIONS as a barrier to safety & wellness.

86% of survey participants identified ABUSE OF POWER BY LAW ENFORCEMENT as a barrier to safety & wellness.

85% of survey participants identified LACK OF NEIGHBORHOOD SAFETY — PHYSICAL ENVIRONMENT as a barrier to safety & wellness.

4. Pressure

91% of survey participants report MENTAL EXHAUSTION OR CONSTANT PRESSURE are barriers to safety & wellness.

Outcomes of the stigma, trauma, and oppression Black women face are unrelenting feelings of constant pressure. Pressure to overcome, endure, be resilient, and to survive. Pressure to invalidate stereotypes. Pressure to conform or rebel and the pressure of understanding the consequences of either choice. This level of pressure leads to poor health and mental health outcomes which are barriers to healthy, respectful, and nonviolent relationships.

A theme throughout the listening sessions, focus groups, and survey responses included feeling pressure to be “superwomen.” Adult women spoke of juggling typical adult responsibilities, along with the additional problems outlined in the stress, trauma, and oppression sections of this report, without the luxury of rest. Young women from the listening sessions informed us that the intra-cultural mantra of “you have to work twice as hard for half as much” has informed how they are expected to behave and influenced how well they have felt nurtured by adults in their lives. Young women shared that they felt an extreme amount of pressure to “perform,” while self-care and mental health have been framed as a luxury and dismissed as a need.

*“Black people have been forced to suppress things.”
— Focus group participant*

According to Black women and girls, addressing mental health has been challenging for various reasons, including the lack of access to providers with shared identities. Providers from different backgrounds fail to have the ability to relate to the cultural experiences or norms of the Black culture or to understand how systemic issues impact their mental health.

90% of survey participants identified UNDIAGNOSED/UNTREATED MENTAL ILLNESS as barriers to safety & wellness.

Feelings of pressure, combined with inaccessible mental health providers, and ideologies that create resistance to supporting mental health needs create communities comprised of individuals with undiagnosed and untreated mental illness as an additional barrier to safety and wellness.

“Black people are also the most overworked and underpaid...which lead to stress and other mental health issues.” — Survey participant

88% of survey participants identified FINANCIAL STRESS as a barrier to safety & wellness.

Participants shared that the pressure of financial stress is a barrier to safety and wellness, as well. The CDC developed a resource, [Intimate Partner Violence Prevention Resource for Action](#),^{xvii} to inform of the best available evidence for the prevention of IPV. One of the strategies noted is to “strengthen economic support for families.” This document reports that gender income inequality is a risk factor for IPV and explains that poverty, financial stress, and low income can increase the risk for IPV. Reducing financial stress may decrease the potential for relationship conflict and dissatisfaction, which are strong predictors of IPV, and it is not uncommon for individuals in the workforce from all backgrounds to feel as though they are underpaid for their efforts. Despite reports stating that Black women achieve higher percentages of postsecondary educational degrees than other racial groups,^{xviii} a 2024 Forbes Advisor article, [Gender Pay Gap Statistics](#), explained that Black women are paid 64% of what non-Hispanic white men are paid.

86% of survey participants report INADEQUATE OR LOW WAGE JOBS as a barrier to safety & wellness.

Black women reported difficulties finding quality childcare. [Quality Early Education and Childcare from Birth to Kindergarten](#), an article published in the American Academy of Pediatrics, informs readers that high-quality early education and childcare for young children improve physical and cognitive outcomes for children and enhance school readiness. Children who are exposed to poor-quality environments (whether at home or outside the home) are more likely to have unmet socio-emotional needs and are less prepared for school demands. Behavioral problems in early childhood education can lead to preschool expulsion with cascading negative consequences.

86% of survey participants identify LACK OF QUALITY CHILDCARE as a barrier to safety & wellness.

Stigma, Trauma, Oppression, and Pressure (STOP) are not only indicators in increased vulnerability to violence; each is also violence and must be addressed.

“I must remind you that starving a child is violence. Suppressing a culture is violence. Neglecting school children is violence. Punishing a mother and her family is violence. Discrimination against a working man is violence. Ghetto housing is violence. Ignoring medical need is violence. Contempt for poverty is violence.” — Corretta Scott King



Strategies and Recommendations

To address the complex social issues that make some people more vulnerable to harm we must invest in solutions that reduce vulnerabilities and increase protections by listening and learning about that community's needs. Primary prevention approaches to violence ensure communities have tools, resources, and opportunities so that safety, equity, and respect are the norms.^{xix} The CDC's report,

[Continuing the Dialogue: Learning from the Past and Looking to the Future of Intimate Partner Violence and Sexual Violence Prevention](#) explains that changing social norms requires addressing community and societal-level risks and protections, implementing comprehensive prevention strategies, working across sectors, and partnering with diverse organizations to prevent multiple forms of violence. Ending violence requires practitioners and systems to address SDOH, or the conditions in the environments in which people live, learn, work, play, worship, and age, which affects a wide range of health, functioning, and quality-of-life outcomes and risks.



Health Equity

The CDC's [Injury and Violence Prevention Site](#) explains that strategies to promote health equity are fundamental to ending violence. Health equity exists when all members of society have equal access to support and services that lead to optimal health, well-being, and violence-free communities.^{xx} Strategies developed to increase health equity are antidotes to the conditions that breed stigma, perpetuate trauma, endorse systemic oppression, and infect Black women with insurmountable feelings of pressure and stress. To achieve health equity, we need to both understand and address the factors that contribute to violence and safety and expose some communities to higher rates of violence. Health equity is not just the absence of the negative condition; health equity provides conditions to thrive.

Achieving health equity for Black and African American communities requires the willingness to understand and address systemic and historical racism and oppression as root causes of health inequities. Systemic inequities in any of the fundamental dimensions of health and wellbeing have a direct negative impact and lead to disparate outcomes in areas such as physical/mental illness and disease, high unemployment rates, and vulnerability, and to experience or cause many forms of violence like child abuse, suicide, human trafficking, and sexual and domestic violence. Strategies developed for communities must be developed with communities.

ICADV and DVN's Black and African American Women Council members collaborated to articulate strategies for health equity that centered the needs of Black women. Instead of using the more commonly used eight dimensions of wellness, we chose nine. A member, who works as a healthcare professional that centers her work on holistic wellness for Black people, advocated for the most comprehensive and holistic approach and included creative wellness. Creative wellness encompasses ideas of culture expression. Creative wellness is an important dimension to address the conditions that have led Black women and girls to feel stigmatized and oppressed. The chart on the following page outlines a few ways to consider advocating and strategizing for health equity for Black and African American families.



Strategies for Health Equity in Black and African American Communities

Fundamentals of Health & Wellbeing	Structural/Social Determinants of Health & Safety	Conditions to Access Health & Wellness
Physical	Access to spaces that support physical activity, sleep, and nutritious foods	• Food security • Sidewalks • Grocery stores and access to food choices • Access to reliable and culturally specific healthcare • Affordable housing in safe neighborhoods • Address medical racism
Emotional	Freedom to navigate one's feelings and share those feelings with others	• Eliminate harmful tropes (i.e., angry or strong Black woman) • Normalization of mental health needs — reduce stigma • Acknowledgment of historical, systemic, and ongoing racial trauma • Access to quality, culturally competent mental health services
Social	Norms that create connection, belonging, and a well-developed support system	• Representation in roles of influence and leadership • Cultures that celebrate diversity, inclusion, and belongingness • Affinity spaces
Spiritual	Capacity to prioritize needs	• Reduce toxic patriarchy in the Black church • Intra-cultural acceptance of diverse spiritual pathways • Normalize rest and mindfulness
Intellectual	Accessible and abundant ways to expand knowledge and skills	• Equitable, safe schools • Affordable higher education • Ensure libraries, museums, and other places for learning have culturally relevant, historically accurate, and diverse materials • Acknowledge and accommodate multiple ways of learning
Financial	Satisfaction with current and future financial situations	• End predatory lending practices • Jobs with livable wages • Address wage inequities
Environmental	Investment in developing environments that support health, well-being, and safety	• Equitable districting policy and budgets • Sidewalks • Parks, green spaces, gardens, trails, and trees • Streetlights
Occupational	Satisfaction and enrichment derived from one's work	• Living wages • Eliminate bias and aggression at work (overt, micro, implicit) • Workplace wellness policies (i.e., mental health days) • Representative leadership and leadership opportunities
Creative	Exposure to diverse forms of art & cultural experiences	• Investment in underserved schools • Investment in underserved communities

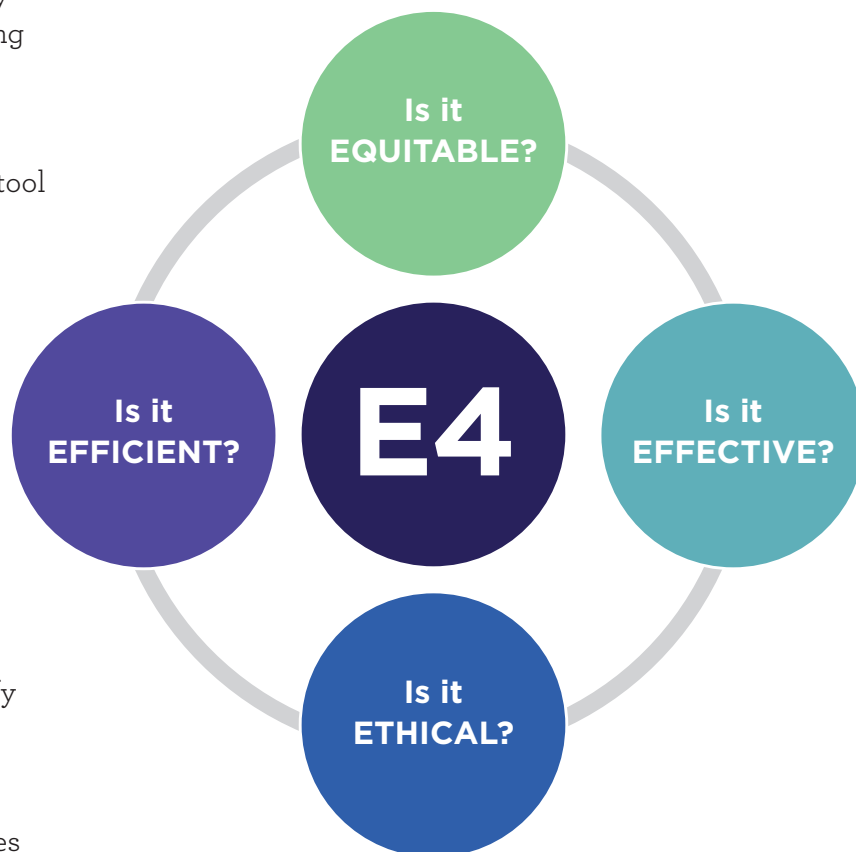
Empowerment

ICADV believes that unfair inequities between groups of people in our culture, both through identity-based disadvantage and unearned privilege, fuel multiple forms of violence. Black women and girls shared experiences of disempowerment and oppression that impacted their safety and wellness. Empowering communities involves building autonomy, power, confidence, and means to enact the needs of the community, which includes ensuring SDOH is not only equitable but also works to enable decision-making power, resources, and agency in communities that are experiencing marginalization.^{xxi}

Black women and girls shared that community empowerment included the concept of “nothing about us without us.” Black women should be at the table and leading the discussions when developing strategies that impact the Black communities. The ICADV E4 Framework is a tool to understand how to do so.

The E4 Framework guides ICADV to a disciplined approach to community-level violence prevention strategies. It is composed of four questions to consider before enacting a strategy. Is it equitable? Is it effective? Is it ethical? Is it efficient?

Equitable means centering the leadership needs and interest of the community experiencing the greatest degree of marginalization and most impacted by the problem. Effective strategies prioritize the voices of the impacted communities to identify the problem and solutions. Ethical strategies consider who carries the burden of change. Is the strategy relying on behaviors to navigate disparate risk factors in the community, or does the strategy seek to eliminate or reduce the risk factors? Finally, we ask about efficiency. Is the impact of the strategy for broad community populations or multiple social conditions? The E4 Framework is a tool to empower communities.



Actualization

Actualization refers to having the conditions to thrive. Often, when considering the concept of self-actualization we think of Maslow's Hierarchy of Needs. This pyramid outlines a tier of needs that must be achieved before one can reach their fullest potential. This theory starts with basic physiological needs then moves upwards toward safety, belongingness, love, and self-esteem needs as foundations for self-actualization.

Self-Actualization

Morality, creativity, spontaneity, acceptance, experience purpose, meaning and inner potential

Self-Esteem

Confidence, achievement, respect for others, the need to be unique individuals

Love & Belonging

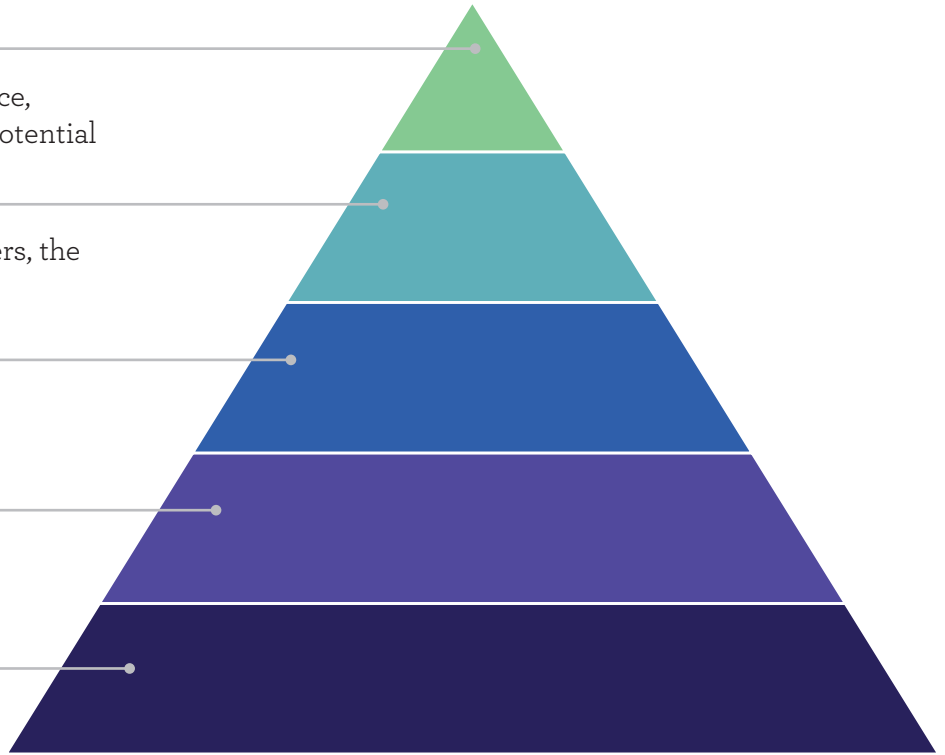
Friendship, family, intimacy, sense of connection

Safety & Security

Health, employment, property, family, social ability

Physiological Needs

Food, water, shelter, clothing, rest, air



Another more recently developed framework from the CDC's publication, [Essentials for Childhood — Creating Safe, Stable, Nurturing Relationships and Environments for All Children](#), outlines the need to create safe, stable, and nurturing relationships and environments to prevent adverse childhood experiences (ACEs). ACEs shape the development of children's physical, emotional, social, behavioral, and intellectual capacities and long-term health outcomes. Promoting safe, stable, and nurturing relationships and environments utilizes the public health approach to change the conditions of communities to achieve optimal safety and well-being. Both Maslow's theory and the safe, stable, and nurturing relationships and environments framework agree that when people have what they need, communities have opportunities to thrive. Both understand that people's needs must be met at each level of the SEM.

Approaches that promote relationships and environments that are safe, stable, and nurturing and ensure that people feel love and belonging and have their basic needs met will address the stigma, trauma, oppression, and pressure that Black and African American women share as barriers to their health and safety.

Figure 3 Maslow's Hierarchy of Needs

Strategies to Empower and Help Actualize One's Fullest Potential

- **Promote and nurture affinity spaces.** Create intentional spaces in predominantly white spaces for communities with shared identities to build connectedness and address intercultural concerns and ideas.
- **Examine the justice, educational, healthcare, and service industries** with a critical lens, and hold their policies and practices accountable to the needs of the Black community.
- **Ensure access** to culturally relevant mental health and well-being resources.
- **Reject harmful stereotypes** assigned to Black women and girls.
- **Promote and market positive images** of Black and African American girls.
- **Develop programs to strengthen understanding** of state, local, national, and international politics and the impact and power of one's vote.
- **Dismantle organizational practices** and structures rooted in white supremacy.
- **Develop welcoming spaces** through a belongingness culture approach. Intentionally develop and implement culturally responsive programs.
- **Advocate for funding** for recreational activities or other communal character-building programs within Black neighborhoods.
- **Build trust with the Black community.** Attend events, stand with and advocate for the Black community. Be willing to confront harm caused to the community.
- **Be mindful of the ratio of Black professionals to Black clients** to ensure that the community is represented in the organization. In schools, young people would like to see more Black teachers, administrators, and guidance counselors.
- **Invest in Black/women-owned businesses** as vendors and contractors.
- **Create and utilize advisory groups** of Black women and girls. Continue to listen to community members and respond to their needs.
- In schools and workspaces that are predominantly white, **initiate programs for mentors and mentees** with similar backgrounds for positive adult relationships.



Leadership

90% of survey participants identified **LACK OF REPRESENTATION OF BLACK WOMEN IN LEADERSHIP POSITIONS** as a barrier to safety & wellness.

It is extremely important to have Black women in leadership positions with decision-making power at any organization engaging in efforts to impact members of the Black community. Additionally, Black women should not exclusively be in leadership roles addressing the Black community or racial equity. Diversity improves all levels of an organization.

Diversity, equity, and inclusion initiatives alone are not enough. DEI strategies must be paired with an unbiased assessment of policies and practices to identify problematic ways organizations may continue to oppress and marginalize people.

Ways to Promote Black Leadership

- **Increase representation and visibility.** Include Black women leaders at decision-making tables. Although manager and supervisor positions are important, sometimes those roles manage people and are not afforded executive leadership.
- **Amplify the voices of Black women.** Since they may be most impacted by the decisions being made their voices should carry more weight.
- **Examine organizational recruitment,** retention, and advancement practices and policies with an equity lens.
- There are not always opportunities to hire or promote within the organization. When possible, **increase the number of interns representing the Black community.** Pay them.
- **Investigate organizational practices** for pay equity.
- **Ensure that leadership and expertise are compensated fairly.** Avoid the temptation to ask someone to conduct leadership activities without intention or opportunity for promotion or pay. There is a difference between cultivating someone for advancement and just using their expertise.
- **Redefine leadership.** Place value on the different leadership styles that come from people with different identities.



Health Equity | Empowerment
Actualization | Leadership

Conclusion

Black and African American women and girls provided us with insights into the self-identified barriers and solutions to wellness and safety. Barriers noted in the categories of Stigma, Trauma, Oppression, and Pressure (STOP) explained the challenges that Black women face. Addressing barriers requires a comprehensive and intersectional approach. Advocate and invest in strategies that promote safe, stable, and nurturing relationships and environments and that work to improve the condition of the social determinants of health. Black women have requested opportunities and conditions to HEAL — health equity, community empowerment, creating relationships and environments conducive to self-actualization, and investing in and adhering to the leadership of Black women.

We understand that we must do the internal work to support Black women. ICADV is deeply committed to ensuring that we create the environments and have the relationships for Black women to HEAL. In 2020 we reaffirmed our commitment to equity and revised our organizational equity plan. Annually, we report on our progress publicly to be accountable. We have increased the number of Black representatives on our Board of Directors. We have contracted with Black women-led organizations to help us continue to improve our commitment to equity inclusion and belongingness. We participate in and host a learning cohort of member programs, the Belongingness Cohort, led by Black women. Programs engage because they want to move beyond DEI efforts to create organizational practices and policies that support racially and culturally diverse team members and leadership. An ICADV team member participated on DVN's Council to contribute to the development of their 2024-2027 [Beyond Equity Community Wide Plan](#). This plan aims to foster an environment where the needs and solutions of Black and African Americans are centered.

We host a statewide BIPOC affinity space to encourage wellness and community connectedness among people of color in domestic and sexual violence serving organizations across the state. Annually, we host an annual BIPOC leaderships summit to celebrate diversity in leadership and to advance acceptance and authenticity of leaders of color in our movement. We acknowledge that there is much more to do before all people are supported with a society committed to equity as a fundamental human right. We will continue to work towards the prevention and elimination of violence until the violence ends.



The Process

Survey

On October 23, 2020, ICADV released a survey encouraging Black women and girls throughout the state to complete the survey and share it with others. The goal was to receive responses from diverse Indiana Black women across geographic location, socioeconomic status, and lifespan.

The survey asked participants to identify barriers to sexual and reproductive health for Black women in Indiana. The survey defined sexual and reproductive health as the state of physical, emotional, mental, and social well-being concerning sexual attitudes, beliefs, behaviors, and reproductive systems, which was summarized as “wellness” for the survey. Sexual and reproductive health and wellness was our target, because Indiana had recently released extremely alarming statistics for infant and maternal mortality rates for Black families in Indiana.

The format of the survey included seven categories with multiple-choice selections and one open-ended question. The seven categories were (1) social-cultural norms, (2) stereotypes and biases, (3) mental health, (4) basic needs, (5) healthcare, (6) neighborhood composition, and (7) institutions. We also asked respondents additional open-ended questions — and if there was anything else that they wanted to share. Respondents could also share if they had an interest in participating in upcoming focus groups.

219 individuals completed the survey between October 23, 2020, and November 26, 2020. Figure 7 shows the age demographics of the survey respondents. Survey participants’ age ranges encompassed the reproductive lifespan, with most participants being between 30-49.

Participant Age

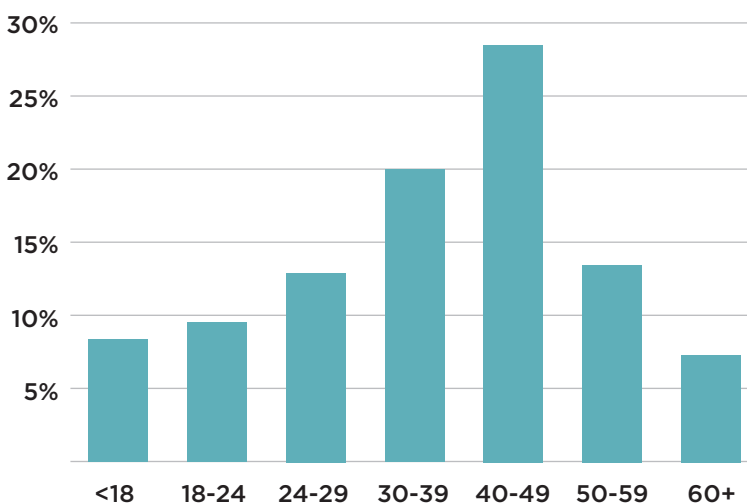


Figure 7 Age demographics of survey participants

Participant Counties

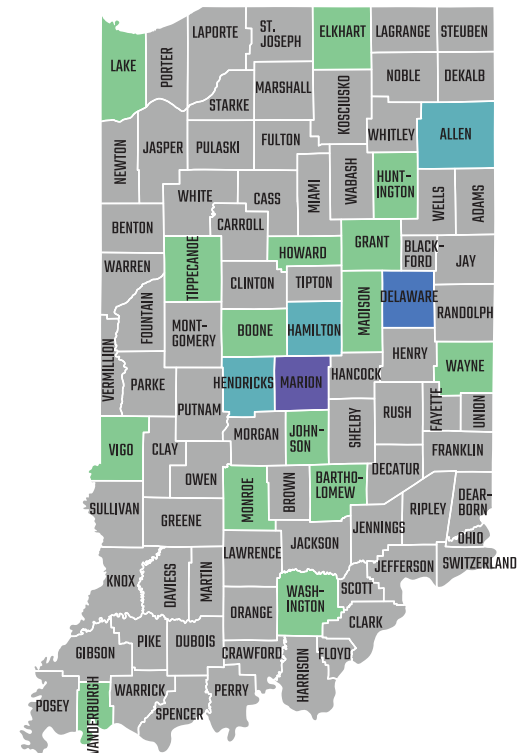


Figure 6 Indiana map by county showing the counties survey participants represented

There were survey participants from 68 different zip codes. Figure 6 is a map that shows what part of the state respondents were located. The darker the color, the more participants. There were participants from 30 different counties, the majority representing Marion County and the Indianapolis metro area at-large.

Focus & Listening Sessions

Focus Groups

Virtual focus groups were formed to engage participants in an expansive dialog about the survey responses and to explore and recommend solutions. Each focus group participant completed the survey. Sumayya Coleman, an independent consultant with Share Time Wisely, facilitated three virtual focus groups and worked with ICADV to identify themes and interpret responses. Sumayya has a wealth of experience working in the domestic violence movement and identifies as a Black woman.

Listening Sessions

To engage youth, ICADV partnered with LifeSmart Youth (LSY) to facilitate the Black Girls Matter Listening sessions. We selected two young Black women as facilitators. Alexandria Edmonds, a high school junior, and Brittany Slack, a sophomore at Ball State University, were responsible for engaging participants in dialog.

Participants' ages ranged between 12 and 24. Organizers assigned participants to one of three different focus groups based on age. One session was comprised of youth between the ages of 12 and 15, another 16 and 18, and the third was for participants older than 18 but younger than 24 (college age). Participants shared what safe, stable, and nurturing relationships and environments looked like for Black girls.

Safety

The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.

Stability

The degree of predictability and consistency in a child's social, emotional, and physical environment.

Nurturing

The extent to which children's physical, emotional, and developmental needs are sensitively and consistently met.

Black and African American Council

The Black and African American Women's Council is a collaboration between ICADV and DVN, formed to address the needs of the Black community. ICADV engaged trusted consulting firm Taylor Advising to convene community partners and identify shared goals related to addressing health inequities, violence, and systemic barriers experienced by Black women to ensure a collaborative, community-wide approach without duplicating efforts. The Council, supported by Taylor Advising, activated women from diverse fields of experience and lived experience to analyze quantitative safety, stability, and wellness data collected by ICADV, and to gather additional qualitative data through community surveys, focus groups, and listening sessions. By drawing on this data and community input, the Black and African American Women's Council developed the following community action plan to guide their work, with a focus on creating the conditions necessary to address the policy, system, and environmental needs for the health equity of Black women and girls in Indiana. Council members identify as Black or African American women and share a desire for the betterment of Black women and the Black community at large, as well as a desire to increase protections and decrease risks of gender-based violence and health inequities for Black women, with an inclusive approach to supporting the equal value of all members of the community, including the LGBTQ+ community. The Council is anchored by the following purpose and approach:

Purpose

The Black and African American Women's Council works to end gender-based violence and health inequities for all Black and African American women in Indiana.

Approach

As a council of Black and African American women with lived expertise, we work to dismantle the systems of oppression that reinforce gender-based violence by:

- Educating our communities about the systems of oppression that disproportionately impact the well-being of Black and African American women,
- Promoting equitable policies and practices that increase protective factors, safety, and wellness for Black and African women, and
- Provide safe spaces and systems of support to empower Black women to lead.

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Notes

Notes



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