Re-Conceptualizing Safety:

Examining the Intersections of Patriarchal Violence and Survivor Empowerment

BY

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DISSERTATION

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This dissertation is dedicated to my foremothers, who have transformed lifetimes of pain into a power that fuels me; to all the freedom fighters who taught me how to fight; and to all survivors of violence navigating through interlocking webs of oppression. May we continue to push towards a world where the need for resilience is obsolete. Àṣẹ.

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TABLE OF CONTENTS

CHAPTER PAGE

I. INTRODUCTION 1

A. BACKGROUND 1
B. STATEMENT OF THE PROBLEM 7
C. PURPOSE AND SIGNIFICANCE OF THE CURRENT STUDY *8*

II. EMPIRICAL LITERATURE REVIEW AND THEORETICAL FOUNDATION 10

A. THEORETICAL FOUNDATION *10*
1. Black [Queer] Feminist Lens 10
2. Betrayal Trauma Theory 12
3. Empowerment Theory 13
4. The Violence Matrix 15
B. PATRIARCHAL VIOLENCE IN THE INTIMATE HOUSEHOLD CONTEXT *18*
1. Physical Violence by Intimate Partners 20
2. Sexual Violence by Intimate Partners 21
3. Social Disenfranchisement by Intimate Partners 22
C. PATRIARCHAL VIOLENCE IN THE COMMUNITY CONTEXT *25*
1. Physical Assaults by Community Members 26
2. Sexual Violence by Community Members 28
3. Social Disenfranchisement in Communities 29
D. PATRIARCHAL VIOLENCE IN AN INSTITUTIONAL AND STRUCTURAL CONTEXT *31*
1. Physical Assault by State Agents 31
2. Sexual Violence by State Agents 32
3. Social Disenfranchisement by State Agents and Public Policy 34
E. HELP-SEEKING AND SAFETY RESPONSE STRATEGIES *39*
F. SAFETY-RELATED EMPOWERMENT *43*
G. INSTITUTIONAL TRUST AND LEGAL CYNICISM 44
1. Structural Neighborhood Conditions 44
2. System Involvement and Avoidance 45
H. SUMMARY OF REVIEWED LITERATURE *47*

III. CONCEPTUAL FRAMEWORK AND METHODOLOGICAL DESIGN 50

A. CONCEPTUAL DEFINITIONS OF VARIABLES IN THE STUDY *50*
B. CONCEPTUAL MODEL *52*
C. RESEARCH QUESTIONS AND HYPOTHESES *54*
D. STUDY DESIGN 57
E. SAMPLING PLAN, RECRUITMENT PROCEDURES, AND SELECTION CRITERIA *58*
1. Participant Recruitment 58
2. Inclusion and exclusion criteria 60
F. INSTRUMENTATION 60
1. Quantitative data 60
2. Qualitative data 65

TABLE OF CONTENTS (continued)

G. DATA COLLECTION PROCEDURES *66*
1. Phase One *66*
2. Phase Two *67*
H. ANALYTIC STRATEGY *69*
1. Quantitative Data Analysis *70*
2. Qualitative Data Analysis *73*
I. HUMAN SUBJECTS PROTECTIONS *78*
1. Voluntary Participation and Informed Consent *78*
2. Confidentiality *78*
3. Protecting Study Participants from Unnecessary Harm *80*

IV. RESULTS 81

A. QUANTITATIVE RESULTS *81*
1. Introduction *81*
2. Sample Characteristics *81*
3. Research Question #1: Factors Associated with State Violence Exposure *85*
4. Research Question #2: Safety Response Strategies and the Risk of State Violence Exposure *89*
5. Research Question #3: Factors Associated with Safety-Related Empowerment *91*
B. QUALITATIVE RESULTS *93*
1. Introduction *93*
2. Subsample Characteristics *93*
3. Understandings of Violence *100*
4. Factors Associated with State Violence Exposure *102*
5. Factors Associated with Safety-Related (Dis)Empowerment *118*
6. Defining Safety *133*
7. Conceptualizing Safety *135*
C. SUMMARY OF FINDINGS *141*

V. DISCUSSION 146

A. STUDY AIM #1: FACTORS ASSOCIATED WITH STATE VIOLENCE EXPOSURE *146*
B. STUDY AIM #2: FACTORS ASSOCIATED WITH SAFETY-RELATED EMPOWERMENT *150*
C. STUDY AIM #3: CONCEPTUALIZATIONS OF SAFETY *152*
D. LIMITATIONS *153*
E. STRENGTHS *155*
F. STUDY IMPLICATIONS *156*
1. Implications for Social Work Research *157*
2. Implications for Social Work Practice *158*
3. Implications for Social Work Education *160*
4. Implications for Policy *161*
G. CONCLUSION *163*

TABLE OF CONTENTS (continued)

APPENDICES 165
APPENDIX A: RECRUITMENT MATERIALS 166
APPENDIX B: SURVEY INFORMED CONSENT AND QUESTIONNAIRE 172
APPENDIX C: INTERVIEW INFORMED CONSENT DOCUMENT 197
APPENDIX D: INTERVIEW PROTOCOL 202
APPENDIX E: RESOURCE LIST 209
CITED LITERATURE 218
VITA 237

LIST OF TABLES

TABLE		PAGE
I.	*Richie's (2012) Violence Matrix*	16
II.	*Research Questions, Hypotheses, and Analytic Strategies*	54
III.	*Descriptive Statistics and Psychometric Properties for Scales and Subscales*	63
IV.	*Missing Value Frequencies and Percents*	71
V.	*Sample Characteristics by History of Interpersonal Violence*	83
VI.	*Frequencies and Chi-Square Results for Sociodemographic Characteristics by Experiences of State Violence*	84
VII.	*Bivariate Associations of Sociodemographic Factors and Exposure to State Violence*	87
VIII.	*Interpersonal Factors Associated with State Violence Exposure*	88
IX.	*Poisson Regression Models Predicting Effect of Safety Response Strategies on Count of State Violence Exposures*	90
X.	*OLS Regression Models of the Effect of Police Trust and State Violence Sub-types on Expectations of Support and Internal Tools*	92
XI.	*Ordered Logit Regression Model for the Effect of Police Trust and State Violence on Trade-Offs*	92
XII.	*Phase Two Subsample Characteristics*	95
XIII.	*Themes on Factors Associated with State Violence Exposure*	103
XIV.	*Themes on Factors Associated with Safety-Related (Dis)Empowerment*	118
XV.	*Conceptualizations of Safety*	137

LIST OF FIGURES

FIGURE PAGE

I. *Empowerment Process Model* (Cattaneo & Chapman, 2010) 13
II. *Conceptual Model* 53
III. *Study Design* 57
IV. *Quantitative and Qualitative Data Integration Strategy* 70

GLOSSARY OF TERMS

Terms	Definitions
Ableism	"Negative stereotypes and systemic oppression targeting people with disabilities. This is systemic, operating in the economy, government, media, health care, and more. Ableism is the making 'real and whole' of able-bodied and -minded people, while making 'unreal and un-whole' people with disabilities" (Haines, 2019, p. 415).
Abolition	Abolition is "a political vision with the goal of eliminating imprisonment, policing, and surveillance and creating lasting alternatives to punishment and imprisonment" ("What is the PIC? What is Abolition? – Critical Resistance," n.d.).
Accountability	"For people involved, thinking about the ways they may have contributed to violence, recognizing their roles, acknowledging the ways they may need to make amends for their actions and make changes toward ensuring that violence does not continue and that healthy alternatives can take its place" (*Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, 2012, p. 5-2).
Black Feminist Theory	Black feminist theory is a framework developed by women activists and scholars to challenge traditional knowledge production about Black women and the ways that it is validated. A Black feminist framework takes a social justice praxis, which insists "that research on Black women should be linked to efforts at changing conditions that subordinate them and their communities" (Collins, 2000; Richie, 2012, p. 131).
Black Queer Feminist Lens (BQFL)	"The Black queer feminist lens is a political praxis (practice and theory) based in Black feminist and LGBTQ traditions and knowledge, through which people and groups are able to bring their full selves into the process of dismantling all systems of oppression. By using this lens, we are aided in creating alternatives of self-governance and self-determination, and by using it we can more effectively prioritize problems and methods that center historically marginalized people in our communities. It is an aspiration and liberatory politic that Black folks must take up for the sake of our collective liberation and acts on the basic notion that none of us will be free unless all of us are free" (Carruthers, 2017, p. 9).
Carceral Feminism	A term coined by Professor Elizabeth Bernstein to describe the feminist commitment to "a law and order agenda and… a drift from the welfare state to the carceral state as the enforcement apparatus for feminist goals" (Bernstein, 2007, p. 143).
Carceral Social Work	"A form of social work that relies on logics of social control and White supremacy and that uses coercive and punitive practices to manage BIPOC and poor communities" (Jacobs et al., 2021, p. 3).
Carceral State	Carceral state refers to the "multiple intersecting state agencies and institutions—including not-for-profits doing the work of the state—that have punishing functions and effectively regulate poor communities, including child and family services, welfare/workfare agencies, public education, immigration, and health and human services" (Gustafson, 2011; Roberts, 1997; Wacquant, 2009 as cited in Meiners, 2013, p. 122)
Cis, cisgender	"People whose gender identity matches the sex they were assigned at birth, for example, a person's assigned is female, and they identify as a woman" (Black Futures Lab, 2019, p. 4)
Classism	"Any attitude or institutional practice which subordinates people of a certain socioeconomic class due to income, occupation, education, and/or their economic status" (Carthage College, n.d.).
Criminalization	"A process in which behaviors and people are marked (by the law, by the media, by public perceptions) as crimes and criminals. The process of marking people as 'criminal' does not always relate to those people having committed a 'crime,' more so, it has to do with an identity that is associated with society's ideas about who it other, who does things wrong, and who should be punished" (BYP100, 2016, p. 40).

Cultural Competence	"A consciousness, knowledge, and skill to work effectively in cross-cultural situations that is grounded in a self-awareness of one's own personal and cultural values and beliefs" (Gelfand & Godefroy, 2010, p. 25)
Deadnaming	"Deadnaming occurs when someone, intentionally or not, refers to a person who's transgender by the name they used before they transitioned" (Clements, 2018). Deadnaming is also described as referring to someone by their "birth name" or their "given name."
Ethnocentrism	Ethnocentrism is an anthropological term used to describe the judgement of other groups or cultures as inferior to one's own
Femme	"Femme is a descriptor for a queer person who presents and acts in a traditionally feminine manner. All femmes hit upon two key aesthetic and identity-related traits: being feminine and falling somewhere on the LGBTQ spectrum" (Tonic, 2016).
Gender-Based Violence	Harmful acts that are directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. It encompasses threats of violence, coercion, and manipulation. It can be physical, emotional, psychological, or economic harm inflicted in public or private (UNHCR, n.d.)
Gender Binary	"The separation of males and females into two socially and biologically distinct categories that are viewed as opposite from one another and diametrically opposed" (BYP100, 2018, p. 102)
Gender Non-Conforming	"Term that may be used by people who do not ascribe to conventional gender norms or do not follow other people's ideas about how they should look, or act based on the sex they were assigned at birth. A person who self-describes as gender non-conforming may identify as male or female, neither, both or a combination of both genders" (Black Futures Lab, 2019, p. 4).
Genderqueer / gender fluid or Nonbinary	"Terms that may be used by people who identify as neither exclusively male nor female, as a gender other than male or female, as more than one gender, as no gender at all, or whose gender changes over time" (Black Futures Lab, 2019, p. 4).
Heteropatriarchy	"A colonial construct and concept that defines both masculinity and femininity in narrow and limiting ways in order to maintain a binary distinction between male and female, dominant and subordinate… Heteropatriarchy serves to naturalize all other social hierarchies, such as white supremacy and settler colonialism" (Anti-Violence Project, n.d.)
Homophobia / Transphobia	"Homophobia is the fear, hatred, discomfort with, or mistrust of people who are lesbian, gay, bisexual, or whose sexual orientation does not conform to heteronormative expression. Transphobia is the fear, hatred, discomfort with, or mistrust of people who are transgender, thought to be transgender, or whose gender expression doesn't conform to traditional gender roles. Homophobia and transphobia are systemically perpetuated" (Haines, 2019, p. 416)
Interpersonal Violence	Violence between individuals within a community. It can include domestic violence or intimate partner violence, family violence, sexual violence, child abuse, and elder abuse (*Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, 2012)
Misgendering	Misgendering is the act of intentionally or unintentionally using language to describe a person that doesn't align with their affirmed gender. For example, referring to a person who identifies as a woman who uses she/her pronouns as "he" is an act of misgendering. (Clements, 2018).
Misogynoir	Coined by the queer Black feminist Moya Bailey, misogynoir denotes "both an historical anti-Black misogyny and a problematic intraracial gender dynamic that had wider implications in popular culture. Misogynoir can come from Black men white men and women, and even other Black women" (Bailey & Trudy, 2018, p. 762).

Mutual Aid	A system where people work cooperatively to meet the needs of everyone in the community. It is an act of solidarity that builds sustained networks between neighbors. (Arnold, 2020).
Neoliberalism	"Neoliberalism, narrowly defined, is a system of economic ideas and policies that emphasizes small government and market-based solutions to social and economic problems" (Goodmark, 2018, p. 15). "The goal of neoliberal economic policies is to achieve economic efficiency and rapid economic growth by decreasing the role of the state in the economy while encouraging private enterprise, social organizations, and individuals to assume responsibility for those services that the state no longer provides" (Goodmark, 2018, p. 50).
Patriarchal Violence	"An interconnected system of institutions, practices, policies, beliefs, and behaviors that harm, undervalues, and terrorizes girls, women, femme, intersex, gender nonconforming, LGBTQ, and other gender-oppressed people in our communities. PV is a widespread, normalized epidemic based on the domination, control, and colonizing of bodies, gender, and sexualities, happening in every community globally. PV is a global power structure and manifests on the systemic, institutional, interpersonal, and internalized level. It is rooted in interlocking systems of oppression" (Black Feminist Future et al., 2020).
Prison Industrial Complex (PIC)	"The prison industrial complex (PIC) is a term used to describe the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems" ("What is the PIC? What is Abolition? – Critical Resistance," n.d.).
Queer	"A radical position within the larger mainstream LGBT community; a commitment to exposing the systems that criminalize rather than serve. It's a space to dream up new systems that do serve us. For me, it is a rejection of mainstream ideas around sexuality and gender and the home to critical thought organized through radical love and compassion. It's also an umbrella term that offers more flexibility than something a bit more fixed like gay or lesbian" (Patterson, 2016).
Resilience	"An inherent capacity to find wholeness, beauty, and hope. Resilience is inherent. Many experiences support our resilience. It is also our ability to somatically, holistically renew ourselves, during and after oppressive, threatening, or traumatic experiences" (Haines, 2019, p. 412).
Restorative Justice	"A model that aims to repair by engaging community members and restoring community balance by calling on shared values, principles, and practices of accountability" (*Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, 2012, p. 5-5)
Sexual Minority	"Sexual minorities are groups of people whose sexual orientation, gender identity, or sexual characteristics are different from the presumed majority of the population, which are heterosexual, cisgender, and non-intersex individuals" (Hartney, 2020).
State Violence	The direct harm and abuse perpetrated by people in positions of authority within institutions that people are required to engage with or depend on, as well as the structural harm resulting from neoliberal public policy, rules, and regulations (Richie, 2012)
Survivor	"Person(s) harmed. The word survivor is often used as a more positive way to think of someone who has been harmed. Sometimes this word is used interchangeably with the word victim" (*Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, 2012, p. 5-6).
Transformative Justice	"Phrase used to describe an approach to and processes for addressing harm that seeks to not only address the specific situation of harm in question, but to transform the conditions and social forces that made such harm possible. Sometimes used interchangeably with community accountability" (*Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, 2012, p. 5-6).
Trans, Transgender	"People whose gender identity is different from the sex they were assigned at birth, for example, a person's assigned sex is male, and they identify as a woman" (Black Futures

	Lab, 2019, p. 4).
Transmasculine	Transmasculine people are people who were assigned female at birth (AFAB) but identify more with a masculine identity. Being AFAB means that, when you were born, someone declared you a female based on your genitals. Transmasculine is often used to refer to: transgender men; AFAB nonbinary people who identify with masculinity; AFAB demiboys (which is someone who partially identifies as a boy, man, or masculine); AFAB gender-fluid people who identify with masculinity, whether it's all, most, or some of the time; other AFAB people who identify with masculinity. In other words, transmasculine is a broad term that includes a few different groups of people. ("What Does It Mean to Be Transmasculine? 12 Things to Consider," n.d.)
White supremacy	White supremacy is the concept and related economic, corporate, government, and social institutions that perpetuate the idea of whiteness as dominant and defining. Also called racism and can be perpetrated through individuals (Haines, 2019)

SUMMARY

This mixed methods study builds on and expands literature on gender-based violence, help-seeking, legal cynicism, betrayal trauma, and empowerment. Using a sequential design that began with a web-based cross-sectional survey of 170 participants followed by in-depth interviews with 10 purposefully selected participants, the study provides a comprehensive examination of the matrix of violence that Black women, trans, and gender nonconforming (TGNC) people experience in their homes, communities, and through institutions they rely on for help. The investigator explored how individual, interpersonal, community, institutional, and policy factors influences gender-oppressed Black people's exposure to state violence, their responses to it, and their sense of empowerment as it relates to safety. Quantitatively, state violence was measured as direct violence from police or helping professionals, and as neglect from police or helping institutions. The study employed quantitative analysis to examine the relationships between sociodemographic factors, lifetime incidence of intimate partner violence and community violence, and safety responses to past violence victimization with odds of state violence exposure. The quantitative phase of the study also examined the effects of state violence and institutional trust on domains of safety-related empowerment. In-depth interviews were also conducted with 10 Black women and TGNC people to better understand and contextualize the experiences of violence, contributing factors to safety-related empowerment (or disempowerment), and conceptualizations of safety.

Data collection and methods of analysis were guided by a Black Queer Feminist Lens (BQFL), which valued the personal narratives of Black people across the spectrums of gender, sexuality, class, and (dis)ability. Thematic analysis was used to identify themes in the narrative data in the areas of risk factors of state violence exposure, contributions to safety-related

(dis)empowerment, and conceptualizations of safety. The Violence Matrix (Richie, 2012) and the Empowerment Process Model (EPM; Cattaneo & Chapman, 2010), were used as analytical frameworks to understand participants' contexts of violence and the impacts on their safety-related empowerment.

The quantitative findings suggested that individual factors such as gender identity, sexual orientation, migration status, being a caregiver, having a disability, and having an arrest history were associated with higher rates of state violence exposure. Quantitative findings also suggested that interpersonal factors such as violence in both intimate and community contexts, as well as help-seeking from formal and legal sources, were associated with higher rates of state violence exposure. With regards to safety-related empowerment, quantitative results showed a positive association between institutional (police) trust and participants' Expectations of Support and Internal Tools, as well as between direct police violence and participants' sense of Trade-Offs for safety. Other subtypes of state violence exposure did not have a significant effect on these domains of safety-related empowerment.

The qualitative findings found overlapping core themes of hypersurveillance, controlling narratives, system rigidity, carceral collusion, and provider incompetence associated with state violence exposure. Participants' narratives revealed that the individual, interpersonal, and structural factors within these themes also have disempowering effects on their sense of safety. Participants also found strength in their traumas. Although instances of state violence tended to reduce institutional trust, as well as expectations of formal and legal support, participants found sources of empowerment in cultivated community. The notion of shared precariousness in

collective identity spurred a politic of collective care. The study identified anger from institutional harm as a primary driver to participants' struggles for institutional transformation.

Participants had variant understandings of safety, but in all, expressed elements of physical/material, relational, and emotional safety. Lastly, participants envisioned a range of practices, systems and other resources needed for Black women, trans, and gender nonconforming people to be safe. These findings provide insight into the causes and consequences of state violence among Black women, trans, and gender nonconforming people and have critical implications for future research, social work practice, policy, and education.

I. Introduction

A. Background

The 1970s ushered in a radical grassroots movement to end gender-based violence. The anti-violence movement was responsible for raising awareness and shifting people's understanding of violence against women from solely being an individual problem to a sociopolitical problem. Early anti-violence programs were formed partly in response to survivors' adverse experiences with various professionals from whom they sought help (Richie, 2012). Survivors' sharing of their violent experiences included critiques of public servants' indifference to their victimization. For example, professional social work in the U.S. has a long and hostile history in the anti-violence movement, having earned a reputation as uncaring, uninformed, and unhelpful to battered women (Danis, 2003). Early research on service providers' response to domestic violence[1] and stranger rape showed that social workers tended to victim-blame (Davis & Carlson, 1981), reframe the abuse as a psychiatric condition in which one gains gratification from inflicting pain (Schechter, 1982), and fail to perceive abuse as problematic (Hansen, Harway, & Cervantes, 1991). In addition to social workers, medical professionals and police were also among the professionals critiqued for their ineffectiveness in responding to survivors of violence (Danis, 2003); these behaviors can be categorized as forms of institutional neglect. The grassroots interventions and mostly volunteer-run feminist centers of the early anti-violence movement provided an alternative to the more professional and apolitical

[1] The terms *domestic violence* and *intimate partner violence* are often used interchangeably. The term *domestic violence* is commonly associated with spousal violence and has also referred to as a broad range of acts of interpersonal violence between people who are in some way related to one another (e.g., child abuse, sibling violence). The current study will use the term *intimate partner violence (IPV)* to refer to violence between people who are involved in a sexual or romantically based relationship throughout unless the cited source used *domestic violence* specifically.

social service agencies (Gornick, Burt, & Pittman, 1985). For example, the Women's Liberation Movement of the 1970s was a period in which women began talking openly about their experiences of sexual assault, which led to a growing realization for self-determination in their safety (Law, 2011). Grassroots feminist organizations of the time taught self-defense classes, confronted people who caused harm, and formed protective groups to escort each other safely through the streets (Law, 2011). Additionally, early shelter workers and rape crisis counselors advanced a political analysis of gender-based violence and engaged in direct action and protest alongside the women whose immediate needs for protection, medical care, and emotional support they tended to (Gornick et al., 1985; Richie, 2012).

In the early 1990s, facets of the anti-violence movement began to advocate for a shift from radical grassroots to a conservative institutionalized effort, focused more on social services and an entrenched alliance with the criminal legal system (Bierria et al., 2017; Richie, 2000, 2012).[2] Carceral feminists' advocacy for a gradual move away from social justice towards social services and criminalization occurred within a broader conservative sociopolitical context characterized by the prison boom and growth of the carceral state. In an in-depth analysis of the broad context of patriarchal violence against Black[3] women at the margins, Beth Richie (2012) described this context as the buildup of a "prison nation," which is the set of conditions that surround the abuse. These conditions include the social control of marginalized communities through neoliberal policies that limit access to services, resources, and power. A prison nation depends on tactics like aggressive enforcement of social norms through law and policy, which is reinforced by ideology that punishes deviation from conservative expectations (Richie, 2012).

[2] The term *criminal legal system* is employed throughout the text rather than *criminal justice system* to signify the actual lack of justice marginalized communities find in this space (Escobar, 2016).
[3] Black in this study refers to people of African descent and includes African American, Caribbean-American, Afro-Latina, Afro-European, and multi-racial people.

According to Richie's analysis, public policy that is characteristic of a prison nation creates a hostile social environment for many economically disadvantaged Black women. It is in this context that the criminal legal system was posited as a catch-all solution to the problem of gender-based violence in the 1980s and 1990s.

Most notable of the legislative reforms for which carceral feminists fought and won was the Violence Against Women Act (VAWA) of 1994 – a comprehensive legislative package that focused on improving criminal legal responses to domestic violence, sexual assault, dating violence, and stalking (Office on Violence Against Women [OVW], 2016). The Office on Violence Against Women (OVW) was created to implement the VAWA and is situated within the Department of Justice, the same federal department responsible for the criminal legal system (Kim, 2013; OVW, 2016). Radical feminist scholars such as Mimi Kim (2013) and Beth Richie (2000, 2012), as well as grassroots social justice organizations such as INCITE! Women of Color Against Violence, Critical Resistance, Survived and Punished, and Love & Protect have critiqued criminalization as an effective means to address gender-based violence for marginalized women. In their joint Statement on Gender Violence and the Prison Industrial Complex, for example, Critical Resistance and INCITE! discussed the ways in which the anti-violence and anti-prison movements were counterproductive to each other, along with recommendations to collectively address both state and interpersonal violence against marginalized women (INCITE! & Critical Resistance, 2001). The critique developed an intersectional analysis that challenged the law-and-order framework that characterized responses to gender-based violence, and advanced an alternative set of frameworks and practices that would empower survivors (Kim, 2013).

Many social workers that work with violence survivors remain committed to explicit political and emancipatory aims to effect widespread social change through institutional reform and fundamental cultural shifts (Kim, 2013; Lehrner & Allen, 2009). However, occupations in the realm of domestic violence like crisis line workers, advocates, and therapists became ensconced in a set of tasks and professional skills that integrated with the criminal legal system (Kim, 2013). Coordinated responses between victim advocates and law enforcement in the U.S. have been shown to disproportionately and negatively impact women of color; immigrant women; lesbian, gay, bisexual, transgender, and queer (LGBTQ) people; and economically disadvantaged survivors (Crenshaw, 1991; INCITE! Women of Color Against Violence, 2008; Mogul, Ritchie, & Whitlock, 2011; A. J. Ritchie, 2006; Wacquant, 2010). Because class and social position have been found to influence the ways in which different groups experience the state and its practices (Anderson & Collins, 1998), Black women, trans, and gender nonconforming (TGNC) people, may be disproportionately vulnerable to secondary victimizations from the very institutions, and actors within them, from whom women seek help (Blitz & Illidge, 2006). This institutional victimization has been reflected as two separate but related concepts in the literature: institutional betrayal and state violence. Institutional betrayal refers to the action and inaction of a trusted institution that exacerbates the impact of traumatic experiences (Smith & Freyd, 2014). Similarly, the term "state violence" has been used to refer to the direct harm and abuse perpetrated by people in positions of authority within institutions that people are required to engage with or depend on, as well as the structural harm resulting from neoliberal public policy, rules, and regulations (Richie, 2012). The current study uses the concept of state violence to include institutional betrayal and other types of direct harm and neglect across different institutions and their actors.

Black women are overrepresented among those who are under state supervision or surveillance, as well as those dependent on state institutions (Richie, 2012; Roberts, 2012), which may heighten their vulnerability to experiencing state violence (Richie, 2012). For example, Dorothy Roberts (2012) has studied the ways that prison and foster care operate jointly to control and discipline economically disadvantaged Black women by keeping them under intense state supervision while blaming them for their hardships from social inequities. Relatedly, trans and nonbinary people, immigrants, and economically disadvantaged people are said to be at enhanced risk of surveillance, exclusion or punishment when seeking services and support due to racialized, gendered, classist, and ableist policies and practices that utilize social work-police collaborations (Jacobs et al., 2021).

There is a dearth of literature that explicitly examines Black women and gender nonconforming people's experiences of state violence. However, media, survey research, and other documented reports have suggested that state violence against Black women and other women of color often occurs in the context of police responses to IPV (Crenshaw, Ritchie, Anspach, Gilmer, & Harris, 2015; Goldscheid, Coker, Park, Neal, & Halstead, 2015; A. J. Ritchie, 2017). While there is no current empirical evidence linking police responses to IPV and police violence, one study has found an association between women's exposure to IPV and exposure to police violence. Specifically, racial and ethnic minority women and women with experiences of IPV and sexual violence were more likely to experience some form of police violence (Fedina et al., 2018). Other research has also found that marginalized women experience several consequences due to seeking help from the police for IPV, including further IPV as a result of police inaction (Goldscheid et al., 2015), being arrested instead of or along with their abuser (Chesney-Lind, 2002; Li, Levick, Eichman, & Chang, 2015; Richie, 2012),

eviction (Desmond & Valdez, 2012; Fais, 2008), child protective service involvement (Bell, 2016; Roberts, 2012), or deportation if they are undocumented (Raj & Silverman, 2002). In turn, the risk of experiencing state violence – whether physical, sexual, psychological, or structural – can potentially complicate the safety response strategy utilized by a marginalized person who is in a position wherein they need help but do not trust the police or affiliated agencies to assist competently or fairly.

Despite the risks for secondary trauma, some studies have found that poor Black women are more likely to call the police in incidents of IPV relative to their White counterparts (Ackerman & Love, 2014; Bonomi, Holt, Martin, & Thompson, 2006; Flicker et al., 2011). Poor Black women's higher police reliance relatively White women seem paradoxical to the body of literature documenting poor Black communities' distrust of police (Hagan & Albonetti, 1982; Kirk & Papachristos, 2011; Kirk, Papachristos, Fagan, & Tyler, 2012; Sampson & Bartusch, 1998). The scant available research that focuses specifically on poor Black women's police reliance amid distrust indicates that reliance is situational and context-dependent – Black women may seek out the police or avoid them depending on the circumstances (Bell, 2016). Considering the ways in which social service agencies are often entangled with law enforcement (e.g., police report requirements for domestic violence assistance, instructions to call 911 on domestic violence hotlines), it is reasonable to conceive that one's distrust of law enforcement may also extend to social service providers and may influence Black survivors' safety strategies.

In sum, scholars and activists alike have argued that the depoliticization of the social work profession through collaborative relationships with the criminal legal system contributed to its participation in the buildup of a prison nation. This buildup included legitimizing the criminalization of IPV as a dominant frame for ameliorating the problem (Kim, 2013). Relying

on criminalization to solve violence harm one might experience as a consequence (Bhattacharjee, 2001; A. J. Ritchie, 2006), effectively disempowering marginalized survivors. Thus, gender-based violence must be analyzed within this broader context to understand and accordingly support marginalized survivors' agency and sense of empowerment in their safety.

B. Statement of the Problem

While there is a substantial body of research on the continuum of intimate partner violence against women, there is a dearth of research on the myriad forms of state violence against Black women. Even less empirical study has been devoted to understanding how Black trans and nonbinary people experience violence. The current study seeks to build on the notion of "queering" violence studies by expanding the limiting "violence against women" framework. Queering the idea of violence requires an expansive lens to examine the similarities and differences in the problem of patriarchal violence in all Black people impacted by it that often get missed Black Feminist Epistemology. To capture the idea of queering violence studies, the current study uses the term patriarchal violence to various forms of violence against gender-oppressed people across contexts. While the term "patriarchal violence" has existed to describe structural inequities for decades, Black queer and feminist organizations that include Black Feminist Future, Freedom Inc., Collective Action for Safe Spaces, and Stand with Black Women have recently resituated patriarchal violence within a comprehensive context. Their definition reads,

> Patriarchal Violence (PV) is an interconnected system of institutions, practices, policies, beliefs, and behaviors that harm, undervalues, and terrorize girls, women, femme, intersex, gender non-conforming, LGBTQ, and other gender-oppressed people in our communities. PV is a widespread, normalized epidemic based on the domination, control,

> and colonizing of bodies, gender, and sexualities, happening in every community globally. PV is a global power structure and manifests on the systemic, institutional, interpersonal, and internalized level. It is rooted in interlocking systems of oppression (Black Feminist Future et al., 2020).

The current study adopted this definition of patriarchal violence in examining contributing factors to its occurrence and its impact on safety. State violence is an understudied phenomenon within the realm of patriarchal violence and the absence of data on gender-oppressed Black people's experiences of state violence may contribute to why the stories of Black women, trans and gender nonconforming people are not often elevated.

C. Purpose and Significance of the Current Study

Black people of marginalized genders' contact with state agencies – particularly use of the police – is an under-explored factor in their responses to violence (Bell, 2016). Moreover, the role of trust in the web of interactions between various state agencies with which marginalized Black women are involved in relation to their response strategies to violence is also under-explored. The current proposed study seeks to build on previous empirical and conceptual work of how interpersonal and structural violence are related (Fedina et al., 2018; James et al., 2003; Richie, 2012) by examining and exploring the individual, interpersonal, and larger contextual factors related to Black women and trans, and gender nonconforming (TGNC) people's risk of state violence exposure and how those experiences impact their sense of empowerment in the domain of safety. Specifically, the key aims the current study are to:

(1) examine and explore the risk factors associated with exposure to state violence;

(2) examine and explore the contributing factors to survivors' safety-related (dis)empowerment; and

(3) explore violence survivors' conceptualizations and visions of safety.

This knowledge is particularly important for populations that rely on, and must navigate, multiple state agencies for survival, as well as public servants that perpetrate harm (intentionally or unintentionally) onto gender-oppressed Black people seeking help. Better understanding the factors that contribute to Black violence survivors' experiences of harm and, more importantly, their ability to obtain and maintain safety on their terms is critical knowledge needed to reverse the trend toward carceral social work.

II. Empirical Literature Review and Theoretical Foundation

This chapter presents the theoretical foundation utilized for this study and a review of the empirical literature. This chapter begins with an overview of the Black Queer Feminist Lens (BQFL), the broad analytical framework for the study. The chapter then gives an overview of betrayal trauma and empowerment theories, followed by a presentation of Richie's (2012) Violence Matrix, an overarching framework to explore racialized patriarchal violence.

The literature review that follows is largely based on the structure of the Violence Matrix, starting with a review of the literature on Black women, trans, and gender non-conforming people's experience of intimate partner violence. Then, I present data on community violence, followed by a general overview of what is known about the prevalence, risk factors, and consequences of gendered state-sanctioned and structured violence. This review includes direct physical and sexual assaults by state agents, as well as public policies that undermine the safety of marginalized violence survivors. These policy areas include those related to the criminal legal system, child welfare, social welfare, and immigration policies. This will be followed by a brief overview of the theoretical help- and safety-seeking literature, and factors related to help-seeking among gender-oppressed Black people. A review of the structural and interpersonal variables of institutional trust and the potential implications for gender-oppressed Black people's safety-seeking will also be presented.

A. Theoretical Foundation

1. Black [Queer] Feminist Lens

The current study uses a Black Queer Feminist Lens (BQFL) as a broad analytical framework, which is informed by both Black Feminist and queer critical epistemologies. Black Feminist theory is an epistemological approach that was developed by women activists and

scholars to challenge "the traditional body of knowledge about Black women and the ways that it is produced and validated" (Richie, 2012, p. 127). The approach is comprised of five tenets that challenge what is accepted as empirical evidence about Black women's lives and the circumstances that they live within. The first tenet, interlocking oppression (also known as intersectionality), is an understanding that systems of power intersect to produce unique experiences of oppression (Combahee River Collective, 1983). The second tenet, standpoint epistemology, rests on the notion that closeness to the phenomenon from experience is analytically superior and advantageous. As Patricia Hill Collins (2019) explained, "standpoint epistemology posits that experiences and creative social action provide distinctive angles of vision on racism, heteropatriarchy, and capitalist class relations for people who are differentially privileged and penalized within such systems" (p. 136). Relatedly, the third tenet of everyday knowledge posits that the collective wisdom of people with shared experiences is the most accurate source of data. The fourth tenet, dialectical images, posits that there are varying images that shape identity and social positioning. Lastly, the final tenet, social justice praxis insists that beneficiaries of research findings should be those most affected (Richie, 2012). Like Black Feminist theory, Queer theory is also a critical social theory that is sensitive to the interplay between social positioning and power, but with a different focus and history. Queer theory, Cohen (1997) explained, "makes central not only the socially constructed nature of sexuality and sexual categories, but also the varying degrees and multiple sites of power distributed within all categories of sexuality, including the normative category of heterosexuality" (p. 439). Taken together, the BQFL is a critical social theory developed by Black activists and scholars that builds on the intellectual work of Black feminist thought and queer critical epistemologies.

A Black Queer Feminist Lens (BQFL) is a theory and practice of bringing historically

marginalized people and groups to the center of analysis to effectively prioritize problems and solutions (Bonsu, 2018; Carruthers, 2017). The lens critiques structures of racism, sexism, heterosexism, classism, and several other forms of oppression (Sullivan, 2019) in a way that demonstrates continued alignment with historical expressions of while simultaneously expanding the lens of traditional Black feminist thought to integrate Black trans people and other marginalized populations within Black communities (Collins, 2019). In turn, the current study sought to not only seek understanding of solely Black cisgender women, but Black trans and nonbinary people across the gender spectrum who are subjected to intersecting systems of oppression such as misogynoir and homophobia. Patriarchy and gendered violence impact Black people of marginalized genders in similar and different ways. To more aptly explain and critique interpersonal and institutional gender-based violence in a racist, patriarchal society - and more importantly, create possibilities for change - a multitude of gendered experiences must be examined.

2. Betrayal Trauma Theory

Betrayal trauma is a major conceptual underpinning in this study's purpose to examine institutional trust and safety response strategies. According to Freyd (Freyd, 2008), betrayal trauma occurs when the trust of a person is violated by people or institutions that a person relies on for survival. Betrayal trauma theory "predicts that the degree to which a negative event represents a betrayal by a trusted needed other will influence the way in which that event is processed and remembered" (Sivers, Schooler, & Freyd, 2002, p. 169). Betrayal trauma theory forms the basis of what Smith and Freyd (2014) call institutional betrayal, which is when trusted and powerful institutions (such as schools or the government) cause harm upon those dependent on them for safety and wellbeing as a result of its actions or inactions. Smith and Freyd (2014)

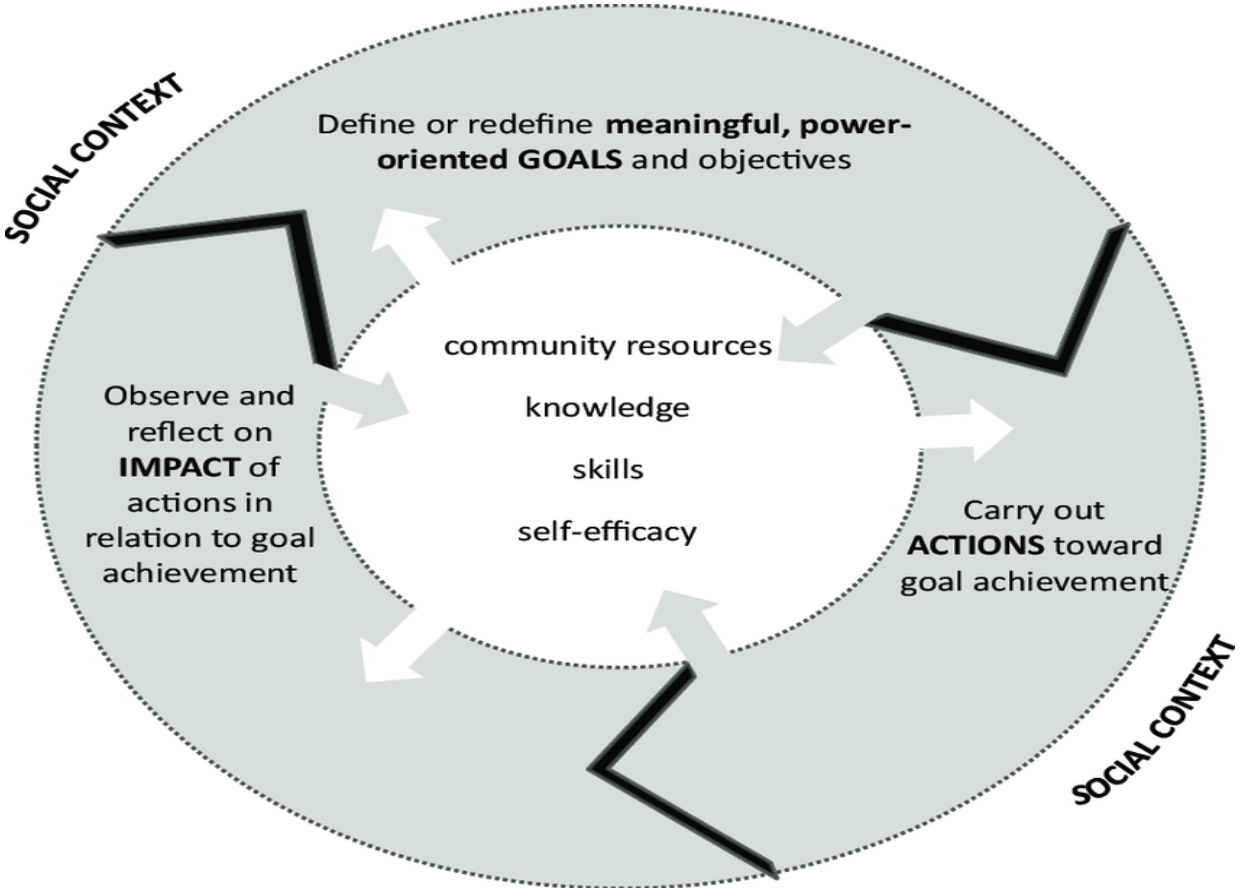
posit that institutional betrayal can be viewed through the lens of betrayal trauma theory because the trust placed in the institutions that individuals depend on and are then violated liken to abuse and violation in a close personal relationship. Institutional actions (e.g., punishing victims, difficult procedures and inadequate responses, normalizing abusive contexts) and inactions (e.g., failure to prevent abuse) can exacerbate the impact of traumatic experiences (Smith & Freyd, 2013) and likely impact an individual's trust and future reliance on that institution.

3. Empowerment Theory

Empowerment is a core theoretical tenet of the current study. The theoretical literature on empowerment reflects a range of definitions, though the Empowerment Process Model (EPM; Cattaneo & Chapman, 2010) effectively integrated prior research and theory and defined empowerment as "a meaningful shift in the experience of power attained through interaction in the social world" (p. 84). This shift happens through an iterative process wherein a survivor (a) sets personal goals directed towards gaining power; (b) acts on accomplishing those goals, using both internal tools (e.g., self-efficacy, knowledge, and skills) and external resources (e.g., formal and informal support); and (c) significantly progresses towards those goals without creating new sources of disempowerment in the process. Figure 1 illustrates this iterative process. External sources – formal or informal – can help or hinder any part of the process that might emerge as the survivor moves toward their goals (Goodman et al., 2015). Empowerment in relation to safety from abuse is a salient goal for survivors and the supporters who help them. Taken together, safety-related empowerment is "the extent to which a survivor has the internal tools to work towards safety, knows how to access available support, and believes that moving towards safety does not create equally challenging problems" (Goodman, Thomas, & Heimel, 2015, p. 2).

Figure 1

Empowerment Process Model (Cattaneo & Chapman, 2010)


SOCIAL CONTEXT
Define or redefine **meaningful, power-oriented GOALS** and objectives
community resources
knowledge
skills
self-efficacy
Observe and reflect on **IMPACT** of actions in relation to goal achievement
Carry out **ACTIONS** toward goal achievement
SOCIAL CONTEXT

4. The Violence Matrix

In a hallmark Black feminist theoretical analysis of violence, Richie (2012) developed the Violence Matrix (Table 1) as a conceptual framework to understand male violence. The violence Matrix presents the forms of violence that Black women experience as three distinct yet overlapping and co-constitutive occurrences that exist within a larger context and in multiple arenas. The three categories of violence victimization include: (1) physical assault; (2) sexual assault, and (3) social disenfranchisement. The first form of violence, physical assault, includes hitting, punching, kicking, attacks with weapons, and other displays of physical force (Richie, 2012). The second form of violence, sexual assault, can range from sexual harassment to rape, including but not limited to forced sex with multiple people or animals, preventing women from using birth control or sterilizing them without their consent, videotaping and capitalizing on degrading sexual acts, forced prostitution, or coerced involvement in the sex industry (Richie, 2012). Although physical assault and sexual assault are not mutually exclusive, the violence matrix provides a way to think about direct physical assaults and sexual aggressions as forms of abuse that are dialectically linked and separate, with differing impact. The last form of violence, social disenfranchisement, includes emotional and structural abuse the occurs in the broader social context that characterizes some Black women's lives, leaving them vulnerable to abuse.

Table 1

Richie's (2012) Violence Matrix

	Physical Abuse	Sexual Abuse	Social Disenfranchisement
Intimate households	1. Direct physical assaults by intimate partners or household members, victim retaliation	2. Sexual aggression by intimate partners or household members	3. Emotional abuse, manipulation, economic abuse, and the creation of a hostile social environment by intimate partners or household members
Community	4. Direct physical assaults by community members	5. Sexual harassment, acquaintance rape, gang rape, trafficking into sex industry, stalking	6. Degrading comments, hostile neighborhood conditions, hostile or unresponsive school and work environments, residential segregation, lack of social capital, threat of violence
State	7. Direct physical assault by state agencies (e.g., police) and public policy	8. Sexual exploitation and aggression toward Black women and TGNC people who are in state custody and by public policy	9. State authority and public policy that enables emotional manipulation and the creation of a hostile social environment (e.g., negative media images, denial of significance of victimization, degrading encounters with public agencies, lack of affordable housing, lack of employment and health care, mistrust of public agencies, poverty)

Note: Richie developed two versions of the Violence Matrix, one as it appears in *Arrested Justice: Black Women, Violence, and America's Prison Nation* (2012), and one in a curriculum published by Survived and Punished (2018) where the language is slightly modified from the book version. The figure above merges text language from both versions.

Consistent with Ecological Systems Theory (see Bronfenbrenner, 1977), the Violence Matrix shows that various forms of violent victimization happen in different contexts and are influenced by several variables. The first context, intimate households, refers to proximity and access to shared space, which implies that violence in this context could be perpetrated by co-parents, same-sex partners, roommates, and others with whom Black women find themselves in shared living space (Richie, 2012). Dynamics associated with household composition, relationship history and patterns of household functioning can be isolated for consideration in this context. The second context, community, has geographical and cultural meaning. The community context refers to both geographic neighborhood, schools, and public spaces where people routinely interact with peers and others. Violence in the community context can be perpetrated by neighbors and acquaintances. An analysis of the community context focuses attention to issues like neighborhood social class, degree of social cohesion, and presence or absence of social services. The third context is the state (or the social sphere), which is where legal processes, the policies of institutions, and the nature of social conditions create conditions that cause harm. The harm caused by victimization in this context happens either through passive victimization (as in the case of bystanders not responding to calls for help) or active aggression (as in the form of police excessive use of force in certain neighborhoods) that create structural disadvantage.

While Richie has conceptualized the ways in which different forms and contexts relate to one another, there is very little empirical examination of these relationships. The current study sought to operationalize Richie's (2012) Violence Matrix to empirically examine the relationships between contextual factors that disadvantage Black women, trans, and gender nonconforming people. Using the Violence Matrix to inform the current study's conceptual

framework deepens understandings of how gender violence and other forms of victimization intersect and reinforce each other by going beyond direct assaults within the household and community. By including direct assaults from institutional actors and social disenfranchisement as a form of violence (cells 3, 6, 7, 8 and 9), the Violence Matrix focuses specific attention on contextual and situational vulnerabilities that Black people of marginalized genders experience that can lead to state violence. The following literature review examines what is currently known about these forms and contexts of violence.

B. Patriarchal Violence in the Intimate Household Context

Patriarchal violence is a vast public health and human rights issue, and it has been most extensively studied in the context of intimate partner violence against women (Breiding et al., 2014). Intimate partner violence (IPV) includes "physical violence, sexual violence, stalking, psychological aggression (including coercive tactics), and control of reproductive or sexual health" (Smith et al., 2017, p. 117). According to data from the National Intimate Partner and Sexual Violence Survey (NISVS), a nationally representative survey conducted by the Centers for Disease Control and Prevention (CDC), the estimated lifetime prevalence of physical violence, contact sexual violence, and/or stalking by an intimate partner was 30 percent among women (Smith et al., 2017). While IPV is a wide-reaching problem, it is not uniformly experienced among all women. The NISVS found that Black women in the U.S. are particularly vulnerable to IPV victimization, as they reported a higher lifetime prevalence of physical violence, sexual violence and psychological aggression relative to all women (Breiding et al., 2014).

Relying on prevalence data alone, however, may contribute to stereotypical ideas about Black people and particularly Black women. A more intersectional body of IPV scholarship has

criticized research that views race, class, and gender solely as individual identity characteristics absent of interlocking social structures (see Anyikwa, 2015; Latta & Goodman, 2005; Sokoloff & Dupont, 2005). Aligned with a more structural intersectional framework, a substantial body of literature supports a more structural explanation for differences in prevalence rates. Prior research has found that women who earn a relatively low income (Field & Caetano, 2004; Hampton, Oliver, & Magarian, 2003), are unemployed (Cunradi, Caetano, & Schafer, 2002; Field & Caetano, 2004); receive public assistance (Honeycutt, Marshall, & Weston, 2001); and live in impoverished areas (Cunradi et al., 2002) report higher rates of IPV. When socioeconomic status factors are controlled, racial and ethnic differences of IPV largely disappear, suggesting that high levels of IPV among Blacks are not solely attributable to racial and cultural differences, but to poverty and other structural disadvantages. The relationship between IPV and poverty is a reinforcing loop acting as both a driver of IPV and barrier to leaving abusive relationships (Gibbs, Duvvury, & Scriver, 2017).

In addition to race and socioeconomic status, the literature suggests that age, sexuality, gender identity, and disability are also risk factors associated with intimate partner violence. Higher incidence rates of violence have been found among young women (M. C. Black et al., 2011; Rennison & Welchans, 2000) as well as and lesbian and bisexual women relative to heterosexual women (Hughes, McCabe, Wilsnack, West, & Boyd, 2010; Waters, 2016). According to studies by the CDC and the National Coalition on Anti Violence Programs, transgender people and sexual minorities experience higher rates of interpersonal violence (Walters, Chen, & Breiding, 2013; Waters, 2016). A secondary analysis of NISVS data found that women with disabilities had significantly higher odds of experiencing IPV relative to women without disabilities (Breiding & Armour, 2015).

This research has not only contributed to an understanding of prevalence rates and risk factors of IPV, but also that these variables may influence the impact of IPV these different groups of women. IPV can result in a range of health-related consequences, including injury, sexually-transmitted diseases, chronic pain, post-traumatic stress disorder, depression, and even death (Smith et al., 2017). Heightened susceptibility to poverty and unequal access to quality health care are factors that may intensify the negative impacts of IPV on Black women, trans and gender nonconforming people's health and well-being (DuMonthier, Childers, & Milli, 2017). Although research has contributed to an understanding of the prevalence and risk factors of IPV against women, research has largely ignored how patterns of IPV are connected to social systems and social institutions (Montesanti, 2015). Institutional factors such as a lack of trust of law enforcement agencies (e.g., Sloss & Harper, 2010), limited availability and responsiveness of crisis intervention programs (e.g., Richie, 1996), and unintended adverse consequences of seeking outside help (e.g., Goldscheid et al., 2015) may heighten some women's vulnerability to intimate partner violence.

1. Physical Violence by Intimate Partners

Data from the National Violence Against Women Survey (NVAWS) showed had higher rates of exposure physical assault by an intimate partner than White women (Tjaden & Thoennes, 2000). Data from the 2011 National Intimate Partner and Sexual Violence Survey (NISVS) showed that 41.2% of Black women respondents had experienced physical violence from an intimate partner in their lifetime, relative to 30.5% of White women and 29.7% of Hispanic women (Breiding et al., 2014). American Indian/Alaska Native and Multiracial women reported the highest rates of physical violence at 51.7% and 51.3%, respectively. When the perpetrators of physical abuse are intimate partners, or others who have constant access to their

victims, the consequences can be lethal. Black women also reportedly have about triple the likelihood of dying at the hands of an intimate partner relative to members of other racial backgrounds (Violence Policy Center, 2016). The fatal risks for young Black women between the ages of 15 and 25 are higher, as homicide by an intimate partner has consistently been a leading cause of death for this group (CDC, 2017; Violence Policy Center, 2016). Less is known about trans and gender nonconforming people's experiences of intimate partner violence, but the most comprehensive survey on the experiences of trans people in the U.S. reported that more than one-third (35%) of survey respondents experienced physical violence by an intimate partner (James et al., 2016). These data were not disaggregated by race. IPV-related homicides of trans people are rarely reported because trans victims are often misgendered and "deadnamed" (i.e. referred to by their birth name) in media reports (Tillery, Ray, Cruz, & Waters, 2017).

2. Sexual Violence by Intimate Partners

Sexual assault by intimate partners has commonly been referred to in the literature as marital rape or intimate partner sexual aggression (Martin, Taft, & Resick, 2007). Intimate partner sexual aggression is defined as sexual encounters by intimate or domestic partners that involve the use of coercion, threats, or force (Richie, 2012). According to the Centers for Disease Control and Prevention (CDC), the estimated lifetime prevalence of rape by an intimate partner is 11.4% among multiracial women, 9.6% for White women, 8.8% for Black women, and 6.2% for Hispanic women (Breiding et al., 2014). The estimated lifetime prevalence of sexual violence other than rape[4] by an intimate partner is 26.8% for multiracial women, 17.4% for Black women, 17.1% for White women, and 9.9% for Hispanic women (Breiding et al., 2014). Rates of sexual

[4] Sexual violence other than rape is defined here as "being made to penetrate a perpetrator, sexual coercion (non-physically pressured unwanted penetration), unwanted sexual contact (e.g., kissing or fondling), and noncontact unwanted sexual experiences (e.g., being flashed or forced to view sexually explicit media)" (Breiding et al. 2014).

violence among sexual minority respondents to the NISVS were relatively higher than their heterosexual counterparts. For example, approximately 13% of lesbian women and nearly half of bisexual women have been raped in their lifetime (Centers for Disease Control, 2010). According to the National Center for Transgender Equality, 34% of the 2015 U.S. Transgender Survey respondents who were sexually assaulted reported that a partner or ex-partner committed the assault (James et al., 2016).

A broader understanding of this category beyond marital rape or intimate partner sexual aggression would help account for the many ways that women are sexually abused by intimate partners. A qualitative study of incarcerated abused women's pathways to crime found that many of the Black women were forced into prostitution as an extension of sexual abuse by their intimate partners or other members of their households (Richie, 1996). Cyntoia Brown, for example, was 16 years old when she was raped and forced into prostitution by her 24-year-old boyfriend (*Cyntoia Denise Brown v. State of Tennessee*, 2014). Women have also been sexually abused through the control of their reproductive and sexual health, which includes but is not limited to refusal to use a condom when requested (Black et al., 2011). Studies have found that Black women in physically abusive relationships are at greater risk of experiencing further abuse for requesting that male sex partners use condoms (Kalichman, Williams, Cherry, Belcher, & Nachimson, 1998; Wingood & DiClemente, 1997). These studies exemplify the ways that women are demeaned when they feel obligated or are coerced by their intimate partners to use their sexuality in ways that they consider demeaning (Richie, 1996, 2012).

3. Social Disenfranchisement by Intimate Partners

Dominance and control by intimate partners can extend beyond direct physical and sexual violence; intimate partners can also control Black women, trans, and gender nonconforming

people by creating a hostile social environment in the shared intimate sphere of their lives. Richie (2012) described this hostile social environment as "power exercised by one person's extreme and persistent tension, dominance of their needs over others, chronic irritability and irrational agitation" that escalates over time (p. 31). The relationship becomes shaped by a dynamic whereby the controlling partner can deploy a set of economic, psychological, emotional, and/or verbal tactics that can result in fear, anxiety, or confusion as a response (Richie, 1996; Torres et al., 2016). A qualitative study utilizing life history interviews of African American and White abused women incarcerated at Rikers Island Correctional Center illuminated the ways in which emotional abuse created a sense of powerlessness, inadequacy, and alienation for most of the women who were abused (Richie, 1996). The combined effect of being insulted, discredited, and teased, and being physically beaten led some women believe that they deserved to be abused. Typically, as emotional abuse escalated, battered women became less likely to defend themselves or to reach out for help, becoming more isolated and, therefore, much more vulnerable.

Qualitative research has found that the emotional wearing down of a survivor's hope and self-worth is a major factor in an abusive partner's ability to maintain dominance and control once fear and injury is established through physical violence (Richie, 1996); referred to as emotional abuse in the NISVS (Smith et al., 2017). The NISVS classifies manipulation as psychological aggression and in the study nearly half of women respondents experienced psychological aggression in their lifetime (Smith et al., 2017). Psychological aggression is operationally defined in the NISVS as expressive aggression (i.e., verbal abuse) and coercive control, which are behaviors employed to intentionally control, threaten, or monitor an intimate partner (Breiding et al., 2014). Moreover, 53.8% of Black women experienced psychological

aggression from an intimate partner, which is more than White (47.2%), Hispanic (43.9%) and Asian women (29.8%; (Breiding et al., 2014). In addition, the lifetime prevalence of being stalked by an intimate partner was reportedly 13.3% of multiracial, 9.9% of White, 9.5% of Black, and 6.8% of Hispanic women (Breiding et al., 2014). For trans and gender nonconforming/nonbinary people, gender-specific coercive control can look like intentional misgendering (e.g., being told one is not a "real" man or woman), preventing access to hormones, or the threat of being "outed" by revealing their trans status.
According to the U.S. Transgender Survey, transgender women of color, including 36% of Black trans women, were more likely to report acts of harm related to their trans identity (James et al., 2016).

Understanding this form of abuse requires attention to broader cultural patterns and social arrangements in the public sphere that influence private-sphere lives. Richie described such a problem as "the trap of loyalty" (Richie, 1985, 2012). The trap of loyalty refers to when Black women feel to obligated to buffer their families from the impact of racism in the public sphere at their own expense. The trap of loyalty is consistent with the idea of political intersectionality (Crenshaw, 1991), which positions someone's racial and gender identities in opposition to one another, calling for a separation of the two in order to be loyal to either one. This can lead some Black women to hide the abuse they experience, avoid seeking help when they are in danger, and turn their backs on other vulnerable Black women and children, even their own (Richie, 2012). Black women's fear of contributing to negative stereotypes about Black men or feeling that disclosure of abuse would be disloyal to their partner and the broader community is reflected in the literature (Blitz & Illidge, 2006; Mama, 1996). For example, in a qualitative study of 106 Black women's experiences of IPV in Britain, Mama (1996) found that seeking help from the

authorities was often regarded as an act of betrayal and Black women were expected to bear their beating, and to understand that their abuse was a result of Black men's oppression in a racist society. Similarly, in a study of abused Black women's help-seeking strategies, one-third of the sample did not seek police help; half these women reported concern for their partners, and nearly 40% worried that their partners would be harmed by police, despite the significant violence that these partners perpetrated against them (Anyikwa, 2015). The trap of loyalty is a phenomenon that disempowers for Black women to seek safety for the sake of their partners. There is a gap in the literature on how this notion of political intersectionality impacts Black trans and gender nonconforming people.

C. Patriarchal Violence in the Community Context

It is important to return to the concept of a prison nation (introduced in Chapter 1) for the discussion of Black women, trans, and gender nonconforming people's violence victimization in their communities. Richie's (2012) analysis of a prison nation posited that the strategic divestment that defined its buildup has meant that neighborhoods are characterized by disadvantages such as high rates of unemployment, low rates of home ownership, and inadequate health and human services to meet the needs of disadvantaged families. Some residents of neighborhoods where disadvantage is concentrated have developed strategies of varied effectiveness for coping with conditions of serious social and political disenfranchisement, which include turning rage toward members of their own community (Richie, 2012). Some analyses of cumulative neighborhood effect have confirmed the social isolation of urban, poor Black communities as a byproduct of structural racism and, when combined with limited social capital, can beget intra-racial violence (Anderson, 1999; Hampton et al., 2003; Richie, 2012; Sampson,

Raudenbush, & Earls, 1997). It is within this structural context that Black women with lower socioeconomic status are may be more vulnerable to community violence exposure.

1. Physical Assaults by Community Members

In an annual report of survivors who report to their member programs, the National Coalition of Anti-Violence Programs (NCAVP) reported that rates for anti-trans hate violence against transgender or gender nonconforming (TGNC) people of color has steadily increased over the previous 21 years (Tillery et al., 2017). NCAVP found that transgender women were nearly three times more likely to experience violence on the street compared to survivors who did not identify as transgender women. Relatedly, the U.S. Transgender Survey reported that Black and Latina trans women were nearly four times as likely to report that they were attacked with a gun compared to the rest of the sample (James et al., 2016). While physical attacks by strangers in public are not uncommon for TGNC people, physical assaults by people known to the victim have been more common. Hate violence has often been perpetrated in private residences by landlords, neighbors, and relatives, as well as in workplaces by co-workers and employers (Tillery et al., 2017).

According to the Bureau of Justice Statistics (BJS), Black women have a higher rate of serious violent crime[5] victimization rate (13.8) per 1,000 persons relative to their White (7.1), Asian/Pacific Islander (4.5), and Hispanic/Latino counterparts (9.7) (Harrell, 2007). Additionally, Black women have a greater chance of being victims of violent crime in their lifetime by people they know who are not intimate partners relative to White, American Indian, Asian/Pacific Islander, and Hispanic Latinx victims of violent crime (Harrell, 2007). While data has not indicated the precise relationship between the perpetrator and the victim, Richie (2012)

[5] Violent crimes include murder, manslaughter, robbery, and aggravated assault.

identified three patterns of Black women's direct physical assaults by community members from Bureau of Justice Statistics data (Craven, 1996). First, Black women with stigmatized identities have been more likely to be victimized and their cases less rigorously investigated than their White counterparts. For example, in a study of mostly Black women (91%) in the sex trade, Sloss and Harper (2010) found that 70% of participants had been physically assaulted by someone who is not a family member. Almost half of participants had experienced non-partner physical assault in the past year. Participants explained that police often dismissed their assault claims an inevitable part of sex trading.

Second, direct physical assaults have been more likely to occur close to home rather than another neighborhood (Truman, 2011). Many women in low-income communities, especially in large urban areas, rarely travel far from their geographic neighborhoods. The impact of this insularity is twofold: it can lead to a type of familiarity that potentially breeds strong community ties, but, conversely, can also lead to isolation. In the case of women who experience both IPV and violence from community members, a reluctance to use public services (especially police) as a remedy to abuse is confounded by the sense that there is little privacy or anonymity when personal trouble occurs (Richie, 2012).

The third pattern Richie identified is the high risk of experiencing harm as a bystander in neighborhoods of concentrated disadvantage. In a literature review article, Jenkins (2002) described the ways that community violence can have a diminutive impact the physical and mental health of Black women, as well as dire social consequences for those living in neighborhoods of concentrated disadvantage. Black women in neighborhoods experience both direct and vicarious trauma where exposure to community violence is high from physical and sexual assaults, murder, and incarceration (Bryant-Davis, Ullman, Tsong, Tillman, & Smith,

2010; Jenkins, 2002). For example, a Northwestern University Feinberg School of Medicine study of a disadvantaged south side Chicago neighborhood found that exposure to community violence could trigger PTSD symptoms (Hong & Burnett-Zeigler, 2016).

2. Sexual Violence by Community Members

Black women, trans, and gender nonconforming people experience a disproportionate amount of sexual violence by non-partners, from unwanted comments and uninvited physical advances to undesired exposure to pornography and rape (Richie, 2012; Tillery et al., 2017). The interplay between poverty and sexual violence is complex and essential for understanding sexual violence in the lives of Black women and TGNC people, as a disproportionate number of Black people live in poverty. According to data from the U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement, Black people represented 13.2% of the U.S. population in 2019, but comprised 23.8% people living in poverty (Creamer, 2020). Impoverished women have been found to generally carry out their day-to-day functions within communities where disadvantage is concentrated and risk exposure to all forms of violence – including sexual assault – is high (West & Johnson, 2013). Research has found vulnerability to sexual violence and substance abuse to be heightened for Black women and girls facing housing insecurity or in low-income housing complexes (Abbey, Jacques-Tiura, & Parkhill, 2009). Moreover, impoverished Black cis and trans women survivors of sexual violence have been found to have a heightened risk of Post-Traumatic Stress Disorder (PTSD), depression, and addiction (Bryant-Davis et al., 2010; Bukowski et al., 2019). Women in low wage work are often at risk of experiencing sexual harassment, while unemployed women may be forced into survival sex work by their circumstances (West & Johnson, 2013). For some women, this sexual harassment escalates into rape (Richie, 2012). Taken together, Black cis and trans women's

social location at the nexus of multiple systems of oppression increase their vulnerability to various sources of trauma.

Results of the 2011 National Intimate Partner and Sexual Violence Survey (NISVS) indicated that 46.7% of all female rape survivors were raped by an acquaintance (Breiding et al., 2014). Moreover, the survey showed that Black women were more likely to experience rape than women overall (Breiding et al., 2014). Black women were also had a lower likelihood experiencing sexual violence other than rape (38.2%) relative to women overall (43.9%) (Breiding et al., 2014). Weapons or objects were more often used, so Black women's injuries were worse than those of other groups of women.

Sexual victimizations of Black women have also occurred on college campuses. The Bureau of Justice Statistics (BJS) reported that, on average, 6 in 1,000 Black women between the ages of 18 to 24 have reported sexual assault or rape (Sinozich & Langton, 2014). A study conducted by Krebs, Lindquist, and Barrick (2011) found that 14% of Black women enrollees of Historically Black Colleges and Universities (HBCUs) reported an attempted or completed rape. Among Black college women, common perpetrators included classmates, acquaintances, and friends.

3. Social Disenfranchisement in Communities

Richie (2012) describes the sixth dimension of violence against Black women as a form of emotional manipulation that leads to social degradation by members of their communities. This form of violence includes the conditions and experiences that result in women being taken advantage of, misunderstood by, and exploited by members of their communities in a way that mirrors and, in many ways, exacerbates other forms of patriarchal violence. The dual dynamics of racism and gender oppression can complicate physical and sexual violence toward Black

women by people who are not intimate partners in a way that is similar to IPV (Collins, 1998). Richie's (2012) "trap of loyalty" metaphor, then, is appropriate to describe the disempowering effect of racial solidarity that is used to manipulate Black women's commitment to individuals, their families, and their peer groups in the community context. These conditions and experiences are reflected in community's hesitation to take gender-based violence seriously and lack of bystander intervention (Richie, 2012), as well as community expectations of Black women – particularly those in heterosexual relationships – to withstand partner abuse for the sake of protecting Black men (Hampton et al., 2003). For Black women suffering from abuse, fear of stigmatization for betraying the race are pertinent considerations in navigating abuse (Asbury, 1987; Few, 2000).

The impact of these race-related ideological and social constraints can include a decreased sense of self-efficacy, inability to garner resources for remediation in cases of injury, and isolation from potential sources of support (Richie, 2012). Moreover, research on the Black women's constructions of their experiences of patriarchal violence suggested that survivors' have internalized notions of Black women as protectors of Black men (Nash, 2005). In turn, Black women oftentimes remain in abusive relationships longer than White women, putting them at higher risk of exposure to psychological abuse for a greater length of time relative to White women (Lawson, Rodgers-Rose, & Rajaram, 1999).

Negative representations of the image of Black women can also contribute to the emotional manipulation and creation of a hostile social environment. Studies have found that stereotypical and negative representations of Black women may lead some Black men to rationalize and reduce socialized inhibitions of violence against them (Bell & Mattis, 2000; West, 2000). Taken together, the communities to which Black women belong can embrace a set

of dynamics that foster an environment where individual men can use physical and sexual violence against Black women with few real or long-term consequences.

D. Patriarchal Violence in an Institutional and Structural Context

1. Physical Assault by State Agents

Physical assault in the context of the state can include excessive use of force by police officers during an arrest or physical abuse while in the custody of state agencies. It can also include battering by public employees upon whom women depend for protection and resources such as child welfare workers, employees in public assistance offices, and drug treatment counselors (Richie, 2012). There is a paucity of published data on direct assaults to individuals by employees of state-run institutions and governmental agencies (Richie, 2012; Ritchie, 2006). However, the sole study to empirically examine police violence against women found in a sample of 932 women across four major cities in the eastern U.S., 4% (n = 37) had experienced physical assault from a police officer (Fedina et al., 2018). Over half of those who experienced physical police violence were Black.

While there is a dearth of available data on the incidence and prevalence of physical state violence, the Invisible No More database created and maintained by Black feminist lawyer Andrea J. Ritchie is a "living, searchable database gathering past and current incidents of police violence against women of color, including both trans and non-trans women of color" (Ritchie, n.d.). Members of the public can contribute to the database via an online form by providing demographic information about the victim, location and description of the incident, type of abuse (fatal, physical, profiling, sexual, and other), and more. As of September 2018, there were 456 entries in the database dating from 1942 to 2018 across 15 states. Of the 456 entries, 173 represented physical assaults by police, 71% of which a Black woman was the victim. While the

Invisible No More Database is not an exhaustive repository of police violence against Black women and women of color, it is the only known database focused specifically on this population.

2. Sexual Violence by State Agents

Sexual violence perpetrated in the state context is largely invisible from the public eye due to survivors' fears of reporting, a lack of data collection, and the structural nature of the abuse. The little data on state-sanctioned sexual assault that does exist points primarily to law enforcement officials as perpetrators, including correction officers in jails and prisons, as well as police officers (Beck, Berzofsky, Caspar, & Krebs, 2013). The Cato Institute sought to fill the police misconduct data collection and transparency gap with the National Police Misconduct Statistics and Reporting Project (NPMSRP). The NPMSRP utilizes data collected from media reports of police misconduct based on a set of criteria to limit recorded reports to credible allegations (Blanks, 2015). The 2010 NPMSRP found that sexual misconduct was one of the most media-reported forms of police misconduct, second only to excessive force (Packman, 2011). Additionally, a yearlong investigation conducted by the Associated Press found that 1,000 officers across the U.S. lost their licenses between 2009 and 2014 due to sexual misconduct (Sedensky, 2015). Sexual misconduct can include sexual harassment, invasive strip searches (including visual and physical cavity searches), forcible or coercive sexual conduct, and behaviors such as sexual comments and extorting sexual favors in exchange for leniency (International Association of Chiefs of Police, 2011; A. J. Ritchie, 2017, 2021). Although some strip searches are permitted by law under certain circumstances such as reasonable suspicion or probable cause, many survivors experience them as a form of systemic state-sanctioned sexual assault (INCITE! Women of Color Against Violence, 2008; A. J. Ritchie, 2021; Sangoi &

Goshin, 2014). When conducted with transgender and gender non-conforming/nonbinary people to determine genital status, humiliate or satisfy officers' curiosity, it has reportedly often been accompanied by ridicule, sexualized verbal abuse, and physical violence (Amnesty International, 2005).

There are currently no official statistics regarding the prevalence of sexual violence perpetrated by police officers in the U.S. (A. J. Ritchie, 2017, 2021). In the absence of systemic data collection, researchers have had to use media reports, arrest records, and civil and criminal court opinions to better understand how and to whom sexual violence by police happens. The previously mentioned study on police violence among women in four U.S. cities found that 3.3% of the sample (n = 31) experienced police sexual violence, 22% of whom were Black (Fedina et al., 2018). According to a study of 548 cases of sex-related police officer arrests between 2005 and 2007, more than half were for sexual misconduct while officers were on duty (Stinson, Liederbach, Brewer, & Mathna, 2015).

Reported targets of police sexual violence have been predominately women of color involved in – or perceived to be involved in – the sex or drug trades, or using alcohol or drugs (Cottler, O'Leary, Nickel, Reingle, & Isom, 2014; INCITE! Women of Color Against Violence, 2008; James et al., 2016). People with arrest histories, (im)migrants, people with disabilities, and people with limited English proficiency have also been targets of police sexual violence (Cottler, O'Leary, Nickel, Reingle, & Isom, 2014; INCITE! Women of Color Against Violence, 2008; James et al., 2016). For example, the case of Daniel Holtzclaw, an Oklahoma City police officer who was tried and convicted of raping and sexually assaulting 13 Black women and girls exemplifies this reality. Holtzclaw targeted women who he believed to be engaged in the sex trade, used drugs, and/or had criminal histories – women with a low likelihood to report the

abuse due to their social location (McCoy & Phillips, 2006; A. J. Ritchie, 2017).

Sexual state violence can also occur in the context of seeking medical help or health care provision (AbuDagga, Wolfe, Carome, & Oshel, 2016; Pesta, 2017; Teegardin, Robbins, Ernsthausen, & Hart, 2016). In a survey of nearly 500 women conducted by Women's Health and Rape, Abuse, and Incest National Network (RAINN), 27% of respondents reported that they had been sexually violated by a doctor. Reported violations ranged from lewd comments and inappropriate touching to masturbation and rape (Pesta, 2017). These findings are consistent with an analysis of over 100,000 medical disciplinary records which found that over 3,100 doctors across that country had been found guilty of sexual misconduct (Teegardin et al., 2016). Half of physicians disciplined for abusing patients reported still have medical licenses (AbuDagga et al., 2016).

3. Social Disenfranchisement by State Agents and Public Policy

Social disenfranchisement in the state context can include a range of negative experiences resulting from oppressive ideologies as well as institutional practices and policies that enable emotional manipulation and create a hostile environment for Black women, trans and gender nonconforming people (Richie, 2012). It can also mirror the psychological aggression experienced in intimate and community contexts. For example, the Invisible Institute's Citizen Police Data Project (CPDP) reported 856 allegations of verbal abuse from Black women, only 3% of which were disciplined (Invisible Institute, n.d.). Verbal abuse included racial/ethnic, use of profanity, and sexual orientation. Embedded in the discussion of social disenfranchisement are issues related to inequality and structural oppression. The discriminatory public policies and practices that undermine Black women's agency and self-determination when they need help have been enacted within the criminal legal, child welfare, social welfare (i.e., public assistance),

and immigration systems. These systems tend to intersect in the lives of marginalized survivors of violence in punishing ways, leaving them vulnerable to more victimization. These forms of social disenfranchisement are discussed in the following sections.

a. Criminal Legal System. Law enforcement-based responses to violence against women have sometimes left women who call the police for assistance in an IPV situation arrested themselves instead of or along with their abusers. One qualitative study of 18 women that had been arrested for using violence against their partners found that women's use of violence was essentially a trauma response resulting from their own victimization (Li et al., 2015). Although not all women in the study had placed the calls themselves (some were made by a third party or their partner), most of the women had called the police were seeking help and protection. Lesbian, gay, bisexual, transgender, and queer survivors are especially likely to be arrested when police respond to incidents of violence (Waters, 2016).

Black women's survival of violence through self-defense has been disproportionately punished through criminalizing laws like mandatory arrests (OVW, 2017). A summary report from the federal Office on Violence Against Women concluded that the increased use of mandatory arrest laws to address IPV has had a disproportionate impact on arrest, charging, and sentencing decisions of Black women who try to defend themselves (Office on Violence Against Women, 2017). The report also concluded that "Black women are more likely to be seen as the perpetrator and aggressor when they stand up for themselves, regardless of the reality of their circumstances and the violence they face" (OVW, 2017, p. 18).

Incarceration itself is an institutional practice of disenfranchisement, and Black gender-oppressed people are at particular risk of experiencing it. Black cisgender women are overrepresented by 2.25 times compared to their share of the U.S. population (Kajstura, n.d.).

Transgender women are also significantly overrepresented in the criminal legal system (Hereth et al., 2021). One survey found that 21 percent of transgender women overall and approximately 47 percent of Black transgender women experienced incarceration during their lifetime (Grant et al., 2011). While incarcerated, Black women and TGNC people are subjected to subpar medical and reproductive care, educational and vocational opportunities. Incarceration leaves those imprisoned vulnerable to experiencing trauma. While women incarcerated in prisons and jails experience a disproportionate amount of sexual victimization by prison staff. For example, women comprise only 7 percent of the state and prison population, they make up one-third of cases of sexual victimization by prison staff (Beck et al., 2013). Trans women are especially at risk, as a study conducted in California prisons found that nearly 60 percent of transgender women housed in men's prisons experienced sexual misconduct compared to only 4.4 percent of men in prison (Jenness, Maxson, Matsuda, & Sumner, 2007). Incarceration is particularly important in studying patriarchal violence because feminist criminologists have found that incarcerated women have histories of violence victimization throughout the life course that are often related to their criminal offenses (Daly, 1992; Richie, 1996).

b. Child Welfare System. Over half of all IPV survivors in the U.S. have had some involvement with child protective services (CPS) over the course of their abusive relationships (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). The issue of legislative changes around child custody in cases of intimate partner violence is another example of policy shifts that have had unintended consequences for survivors. Anti-violence advocates joined with advocates for children to establish a set of child custody laws that would remove children from homes wherein they witnessed abuse, citing the argument that children who witness intimate partner violence in their household suffer damage akin to being abused themselves and hence should be removed

from this dangerous situation (Fugate, 2001; Richie, 2012). Parents or caregivers may be charged with criminal penalty when they "fail to protect" children in their care from abuse by another person. Although framed in gender-neutral terms, failure-to-protect defendants have almost been exclusively women (Fugate, 2001) and disproportionately Black (Fluke, Yuan, Hedderson, & Curtis, 2003; Gateway, 2016).

A quantitative analysis of child protection involvement and IPV survivors in an advocacy and therapy program found that race and ethnicity were influential factors in referrals to child protective services in a domestic violence context, but were insignificant when the analysis controlled for age, education, and income (Dosanjh, Lewis, Mathews, & Bhandari, 2008). The study found an inverse relationship between CPS referrals age, education, and income level (Dosanjh et al., 2008). However, mothers of color tended with CPS involvement to be younger and have lower socioeconomic status relative to White mothers, which suggests an interactive effect between race, age, education and income (Dosanjh et al., 2008).

c. Welfare Policy. A substantial number of women who experience violence apply for or receive cash assistance (Tolman & Raphael, 2000). Violence exposure among people who applied for Temporary Assistance for Needy Families (TANF) was so prevalent that Congress passed an amendment to the Personal Responsibility and Work Opportunity Reconciliation Act called the Family Violence Option (FVO; US Government Accountability Office [GAO], 2005). Under the FVO, when a survivor discloses abuse, the caseworker is required to provide linkages to community resources and waivers to TANF rules that may pose a danger to the survivor, such as work requirements, child support enforcement, and time limits (Lindhorst, Casey, & Meyers, 2010; GAO, 2005). However, an evaluation of frontline workers' responses to violence disclosure in public welfare offices found that only half of those who disclosed abuse received

assistance despite policy mandates (Lindhorst et al., 2010). This reluctance to assist can potentially impact a survivors' capacity to achieve economic independence – a central goal of welfare reform.

Another aspect of public assistance pertinent to violence survivors is the increasing interconnectedness of the welfare and criminal legal systems. Gilliom (2001) described the shared experience of systematic surveillance between people under supervision within the criminal legal system and those on public assistance, and argued it was exacerbated by technological advances in welfare administration. Operation Talon was an example of data exchange between the social welfare and criminal legal systems (Gustafson, 2011). Under Operation Talon, food stamp offices served as sites for sting operations in 71 metropolitan areas in 24 states and the District of Columbia. Deceptive phone calls were placed to people with outstanding warrants to ruse individuals to report to a welfare office (i.e., an issue with their benefits or new eligibility for a bonus). These individuals would be served an arrest warrant upon arrival. Over 10,000 people were arrested through Operation Talon over a nine-year period (Gustafson, 2011). Knowledge of programs such as Operation Talon and the general overlap between welfare and criminal legal systems could effectively dissuade survivors with a criminal record from utilizing government benefits.

d. Immigration System. The immigration system is another element of the criminal legal system that has worked collaboratively with police in a way that can cause harm to survivors of IPV. Some undocumented women who have reported incidents of domestic and sexual violence have found themselves in deportation proceedings following their arrest in accordance with mandatory arrest statutes or inquiry into their immigration status by responding police officers (INCITE! Women of Color Against Violence, 2008; Raj & Silverman, 2002).

Women's dependent or undocumented status has often been manipulated by batterers, who have been shown to use the threat of deportation as a means to dominate and control (Mama, 1996; Sreeharsha, 2010).

In 1994, VAWA created special routes to immigration status for certain (im)migrant survivors of violence who were spouses of U.S. citizens or permanent residents. U visas granted victims of certain crimes who have suffered physical or mental abuse up to four years of temporary work eligibility and legal status in the United States. Although the VAWA introduced U visas for immigrant women who have been abused, many women have been unaware of the Act's provisions or unable to meet evidentiary requirements (INCITE! Women of Color Against Violence, 2008).

E. Help-Seeking and Safety Response Strategies

In a conceptual paper that explored the many factors that influence survivors' decisions in help-seeking, Liang, Goodman, Tummala-Narra, and Weintraub (2005) presented a framework for understanding the help-seeking process. According to their framework, an individual's help-seeking process is non-linear and involves defining a problem, deciding whether to seek help, and choosing a support provider (Liang et al., 2005). Qualitative and quantitative studies have found that IPV survivors' help-seeking behaviors range from private methods to handle abuse (e.g., placating and resisting) to seeking support from informal networks and formal sources (e.g., from the legal system, public agencies, or community organizations). Help-seeking tends to progress from private to external as violence increases in severity (Brown, 1997; Goodman, Dutton, Weinfurt, & Cook, 2003; Haggerty & Goodman, 2003). Consistent with this notion, within-group studies have indicated that Black women tend to first rely on informal sources of help, such as friends, family, and trusted community members

(Chatters, Taylor, & Neighbors, 1989; Taylor, Hardison, & Chatters, 1996). Comparatively, though, research has suggested that Black women were least likely to disclose violence to family members and friends relative to Hispanic and South Asian women (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003).

Previous studies have shown that when Black women do seek formal help, the police tend to be the chosen provider (Ackerman & Love, 2014; Bonomi et al., 2006; Flicker et al., 2011; Hutchison & Hirschel, 1998). For example, a descriptive study of 110 community and shelter-based Black women IPV survivors found the police were most frequently utilized among formal help-seeking sources (Anyikwa, 2015). A high percentage (80%) of participants reported seeking help from legal sources, 66.4% of which were specifically from police. Prevalence rates for other formal sources of support (such as shelters and mental health centers) were much lower, with less than 30% of participants utilizing shelters, emergency room, and mental health centers. While Anyikwa (2015) did collect data related to socioeconomic status, these data were not statistically analyzed in relation to the sample's help-seeking behaviors. Other studies that included both race and socioeconomic indicators in their analyses found that police tended to be the most sought out source of formal help for economically disadvantaged Black women experiencing IPV, especially relative to White women (Ackerman & Love, 2014; Bonomi et al., 2006; Flicker et al., 2011; Hutchison & Hirschel, 1998).

Hutchison and Hirschel's (1998) study of abused women's help-seeking behaviors in North Carolina, for example, found that nearly all of the sample (92.8%) called police as a help-seeking strategy at least once. The study broadly categorized help-seeking as legal help (calling the police, talking to a lawyer, or signing a warrant) and social help (talking to a counselor, minister, victim assistance, or shelter). Results showed that Black women had a higher likelihood

of calling police and signing an arrest warrant for their abusive partner relative to White women, who were more likely to seek the help of an attorney and seek social help. It is noteworthy, though, that the study did not collect data on informal sources or support. Additionally, those living in poverty were more likely to seek legal help compared to people with high incomes.

In a similar study, Ackerman and Love (2014) sought to explain group differences in police notification after IPV exposure among White, Black, and Latina women. Analyzing National Crime Victimization Survey (NCVS) data of 3,534 female IPV victims in heterosexual relationships, Ackerman and Love found that Black and Latina women notified the police about IPV incidents more than White women. Specifically, Latina women and Black women were 83% and 92% more likely than White survivors to notify the police about an IPV incident, respectively. There were small differences in notification motives across different racial and ethnic groups, but differences in socioeconomic status explained a statistically significant proportion of the reasons underlying the differences in notification. Specifically, police notification was positively associated with low family income, living in public housing, renting, and living in a mobile home, trailer, or dorm. Both Ackerman and Love (2014) and Hutchinson and Hirschel's (1998) studies pointed to race and class as critical predictors in police as chosen providers of help in IPV incidents, though they did not illuminate anything about how the survivors' experiences due to the notification might influence notification in the future. IPV is rarely a one-time occurrence, so abused women's desire and decision to seek help may be influenced by their prior experiences with help providers.

Black women and TGNC people have sometimes been denied services, met with little to no empathy, cultural insensitivity, or even punished when they seek help from formal institutions like police, social service providers, and medical care (Al'Uqdah, Maxwell, & Hill, 2016;

Bograd, 1999; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). In a web-based survey of survivors of violence and service providers, most of the respondents reported that police do not believe survivors or blamed them for their own victimization, especially Black and Native American survivors (Goldscheid et al., 2015). One provider even noted that "police are more likely to suspect [Black survivors] of contributing to the violence or in some other way being at fault for what has happened... The police seem to care less about Black victims" (p. 19). This survey also found that a similarly large majority of respondents believed that police did not take sexual assault allegations and IPV seriously. Respondents described examples where police heightened the risk of an abuser's retaliation with neglectful responses such as inaction or complete dismissal of claims. These types of dismissals, victim-blaming and punishments from service providers create a hostile social environment for marginalized help-seeking survivors.

Black women, femmes, and other women of color who are also queer, trans, and/or engaged in the sex trade specifically fall into marginalized categories often find their experiences of violence being dismissed, and being degraded, arrested, or brutalized by law enforcement (Mogul et al., 2011; A. J. Ritchie, 2006). Black trans women experience intimate partner and community violence at disproportionate rates with abysmal protection from the police (A. J. Ritchie & Morris, 2017). A mixed methods community-led research study of trans people in Atlanta's experiences with law enforcement found that over one-third of trans women of color who sought police help ended up being arrested themselves (Solutions Not Punishment Collaborative [SNaP Co], 2016). Women in the sex trade were also subjected to adverse experiences with police when seeking legal help due to the criminalization of sex work. More than half of the female sex worker participants cited these negative experiences as the grounds for their distrust of the police and legal system, which prevented them from seeking services in

the future (Sloss & Harper, 2010). Similarly, a participatory action research project conducted by young women of color involved in the sex trade learned that girls experience a high incidence of police abuse (including sexual misconduct) and denial of assistance. At the same time, these girls were also being denied assistance from systems such as Department of Children and Family Services (DCFS), hospitals, shelters, and drug treatment programs due to their compounded marginalization of being a sex worker, trans, queer, young, homeless, or use of drugs (Iman, Fullwood, Paz, W, & Hassan, 2009).

F. Safety-Related Empowerment

Previous research has suggested that a sense of empowerment, a viable support network, and an existence or reestablishment of trust are all required to successfully resolve trauma (Herman, 1992; Glass, 2008). Empowerment, as the term suggests, is an iterative process fundamentally about gaining power, control, and connection (Cattaneo & Chapman, 2010). In turn, empowerment as it relates to safety is a central outcome to most domestic violence programs that bridges the two important constructs of empowerment and safety. Prior research has shown that advocacy can lead to empowerment for DV survivors which, in turn, could lead to favorable long-term outcomes like emotional wellbeing and safety. Safety-related empowerment refers to "the extent to which a survivor has the internal tools to work towards safety, knows of how to access available support, and believes that moving towards safety does not create equally challenging problems" (Goodman, Thomas, & Heimel, 2015, p. 5). There is an emerging body of knowledge about safety-related empowerment and its correlates. One study found that safety-related empowerment corresponded with less symptoms of PTSD and depression (Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016). While safety-related empowerment is a central outcome for most DV programs, formal programs are often under-

utilized by Black survivors relative to informal networks (Anyikwa, 2015). In turn, there is a knowledge gap of what factors impact safety-related empowerment for survivors of violence that are not connected to DV advocates and programs.

G. Institutional Trust and Legal Cynicism

Institutional trust refers to "people's expectations of how institutions should treat people and what institutions should deliver based on the definition of the objectives and the principles according to which institutions are expected to function" (Thomas, Abts, Stroeken, & Weydan, 2015, p. 87). Institutional trust is an important concept to examine in Black women's safety strategies/responses, particularly with regards to police and other formal services. Black communities have a long history of distrust in the criminal legal system and other bureaucratic institutions (e.g., Anderson, 1999; Bell, 2016). Previous research identified several factors that may contribute to this distrust, including the structural conditions of neighborhoods and criminal legal system involvement (Kirk & Matsuda, 2011; Weaver & Lerman, 2010).

1. Structural Neighborhood Conditions

Some scholars have contended that neighborhood context, particularly neighborhood disorder, predict individuals' levels of trust above and beyond neighborhood disadvantage (Intravia, Stewart, Warren, & Wolff, 2016). More specifically, research has linked adverse neighborhood environments to people's attitudes toward and perceptions of the police (Reisig & Parks, 2000). Studies that have examined the role of neighborhood context in legal cynicism showed that neighborhoods with concentrated social and economic disadvantage hold the highest levels of legal cynicism, or distrust of the law and legal authorities (Berg, Stewart, Intravia, Warren, & Simons, 2016; Sampson & Bartusch, 1998). At the neighborhood level, legal cynicism has been considered by sociologists as a cultural orientation pervasive among Black

Americans (Bell, 2016; Bobo & Thompson, 2006; Hagan & Albonetti, 1982; Sampson & Bartusch, 1998). In studies that have examined the role of structural neighborhood conditions in relation to legal cynicism, residents of these neighborhoods with concentrated disadvantage arrive at the conclusion that the dominant institutions of society - including law enforcement and the broader legal system - will provide them scant economic or personal security (Carr, Napolitano, & Keating, 2007; Kirk & Papachristos, 2011; Sampson & Bartusch, 1998). Taken together, neighborhood concentrated disadvantage may be a structural factor that disempowers survivors in their sense of safety.

2. System Involvement and Avoidance

Recent theoretical and ethnographic work (Brayne, 2014; Goffman, 2009) has suggested that the actual and perceived pervasiveness of surveillance may be met with a corresponding increase in individuals' attempts to evade it. System avoidance denotes "the practice of individuals avoiding institutions that keep formal records (i.e., put them in the system) and therefore heighten the risk of surveillance and apprehension by authorities" (Brayne, 2014, p. 368). In a quantitative study that tested for a relationship between criminal justice contact and involvement with surveilling and non-surveilling institutions, Brayne (2014) found compelling empirical evidence that contact with the criminal justice system at all levels increased the likelihood of system avoidance.

One could infer that system avoidance would apply to people involved in other systems within the carceral state, impacting their likelihood of reliance on police or other formal sources if they needed help. A qualitative study that used life history interviews with Black and White women incarcerated survivors (Richie, 1996) found that Black abused women avoided using public services, while the White women tended to seek more outside help from individuals and

social service programs. Unlike most of the White women, the Black abused women were vehemently opposed to calling the police, pressing criminal charges against their abusive partners, or otherwise becoming involved in a criminal legal solution to the violence. These findings contradict other studies that have found economically disadvantaged Black women were more likely call police compared to White women. The study sample's criminal legal system involvement may explain this contradiction. Black abused women's intentional avoidance of public services was attributed to mistreatment by law enforcement personnel and biased practices within the criminal legal system (Richie, 1996). Similarly, in web-based survey of service providers and membership organizations, 89% of respondents reported that contact with the police sometimes or often resulted in involvement with child protective services; 61% of respondents reported that police contact led to criminalization and risk of deportation; and 70% reported that police contact led to loss of employment, housing, or welfare benefits for either the survivor or the person who caused harm (Goldscheid et al., 2015). Additionally, it was observed that survivors with an arrest history faced an acute risk of arrest when seeking police help.

Similarly, in a study about IPV survivors' arrest experiences, participants expressed that police based their arrest decisions on an inadequate understanding of context for the woman's use of violence (e.g., self-defense or protecting their children [Li et al., 2015]). Participants' arrest experiences made them more reluctant to seek police help for future conflicts. Study participants' loss of faith in the police, and subsequent reluctance to seek their help in the future, suggests that a criminalizing response to help-seeking efforts can result in the deterioration of institutional trust.

H. Summary of Reviewed Literature

Patriarchal violence is pervasive in the lives of Black women, trans and gender nonconforming (TGNC) people, as they face disproportionate amounts of violence in multiple forms and contexts. We know much more about cis women's experiences of intimate partner and community violence relative to trans and gender nonconforming people because data on trans and gender nonconforming people's experiences are generally scarce. This scarcity is even more so for race-specific data that also takes other socioeconomic factors into account. Moreover, the little survey-based data on TGNC people's experiences of interpersonal violence and structural violence and harm is limited to survey data and devoid of their stories.

Although there has been extensive investigation of the prevalence and risk factors of intimate partner violence and, to a lesser extent, forms of community violence, the literature reveals a dearth of empirical study on gender-oppressed Black people's experiences of state violence; that is, the direct (physical, sexual, emotional) violence perpetrated by institutional actors, and structural harm resulting from neoliberal public policy. The lack of systematic data collection on violence enacted by police, service providers, and other institutions with which this population may interact as a result of surveillance or help-seeking leaves a knowledge gap of not only the prevalence of the problem, but its implications for how Black women and TGNC people navigate the pervasiveness of violence and harm in multiple contexts.

Limited empirical and theoretical literature suggests that interpersonal violence within the intimate and community contexts are linked to both direct and indirect forms of state violence through how support is mobilized. Specifically, the literature suggests that police contact and formal support strategies to violence can result in criminalization or institutional betrayal, thereby reducing police trust. Police are increasingly linked with social service providers and

child welfare institutions. Thus, low distrust of police may extend broadly across institutions, that may impact survivors' expectations of support and internal tools for safety when they are harmed. At the same time, the hypersurveillance to which Black people are subjected to may contribute to distrust even in absence of direct violence. This harm – whether direct or structural – can have a disempowering effect. However, there is a lack of understanding of what contributes to Black gender-oppressed Black people's resilience and sense of empowerment and resilience to obtain and maintain safety despite structural and interpersonal state violence. Previous studies of empowerment have suggested that in an instance of violence exposure, "a survivor's belief in the potential helpfulness of formal supports informs her likelihood of using those supports; and the supports' responses, whether positive or negative, inform [their] future choices" (Goodman et al., 2015, p. 357).

Studies of safety-related empowerment have been confined to survivors involved in formal domestic violence programs. The current study sought to explore what factors contribute to safety-related empowerment for Black gender-oppressed survivors who experience myriad forms of state violence in addition to intimate or community violence that may not utilize formal DV programs or have access to an advocate. The current study is interested in what individual, interpersonal, and larger contextual factors that contribute to gender-oppressed Black people's safety-related empowerment.

Lastly, there are gaps in explorations of how gender-oppressed Black people most subjected to patriarchal violence envision safety for themselves. Larger societal conceptualizations of who and what institutions are meant to provide safety may diverge from what survivors feel they need. Research that values survivors' stories and the expertise of their

experiences of how interpersonal and structural violence intersect is needed to inform institutional transformation. The current study seeks to fill that gap.

III. Conceptual Framework and Methodological Design

In this chapter, the conceptual model and definitions that guide the research questions are presented, followed by the study's research questions and hypotheses. Then, the study design, sampling plan, and instrumentation for this study are discussed. Additionally, this chapter presents the quantitative and qualitative data collection procedures and analysis strategies. Lastly, the chapter presents the procedures used to protect study participants.

A. Conceptual Definitions of Variables in the Study

Sociodemographic factors refer to ethnicity, gender identity, sexual orientation, age, whether one (im)migrated[6] to the U.S., whether one is a primary caregiver, whether one has a disability, employment status, educational attainment, and personal annual household income. Prior arrest history is also a sociodemographic factor in the current study.

Interpersonal violence generally refers to violence between individuals in a community. The current study operationalized interpersonal violence to include intimate partner violence and community violence. Intimate Partner Violence (IPV), an independent variable, is defined as physical, sexual, emotional, and/or economic harm or abuse involving a current or former intimate partner. An intimate partner can include a "spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner" (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 11). Community violence (CV), is also an independent variable in this study and refers to aggression that occurs outside the home among non-intimate partners (Guterman, Cameron, & Staller, 2000; Jenkins, 2002). CV can include a family member, friend, coworker, supervisor, classmate, neighbor, or acquaintance.

[6] The current study refers to (im)migrants to denote the different reasons for leaving one's country of birth: "Migrant is a broad term that applies to an individual who willingly leaves home and moves from one place to another, most often in search of employment… An immigrant is an individual who willingly leaves their country of origin and legally enters another country where they are granted permission to permanently resettle." (Preemptive Love, 2019)

Neighborhood concentrated disadvantage in this study is a community-level indicator of poverty that reflects a given community's degree of economic hardship, inept systems, struggling families, and dearth of resources and opportunities.

State violence is conceptualized as the direct harm, abuse and/or neglect perpetrated by people in positions of authority within institutions that people are required to engage with or depend on, namely police and human service professionals such as counselors, case workers, and medical professions. In the current study, state violence functions as both a dependent variable and independent variable and is operationalized as police violence/neglect and professional violence/neglect. Police violence refers to physical and sexual violence as well as emotional manipulation. Police neglect refers to a lack of response or inappropriate response by police to a summon for help. Similarly, professional violence refers to any form of violence from a professional such as a counselor, case worker, medical provider, or other service provider. Service neglect refers to dismissal or denial of services from a social services institution.

Safety response strategies in this study refers to violence survivors' use of specific strategies in dealing with interpersonal violence. Safety response strategies can be internal or external. External safety response strategies include using one's informal network, formal network, or the legal system. Internal safety response strategies include protective and adaptive responses to trauma such as fight, flight, freeze, appease and dissociate (Haines, 2019). It may also include the strategy of safety planning to increase resources or options for escaping or protecting oneself (Goodman et al., 2003).

Institutional trust in the current study refers specifically to police and "people's beliefs that legal authorities are fair, are honest, and uphold people's rights" (Tyler & Huo, 2002, p. 78-79).

Safety-related empowerment refers to someone's empowerment in relation to their capacity to obtain and maintain safety from abuse. Safety-related empowerment is comprised of three domains: Internal Tools, an assessment of a survivor's internal resources relevant to safety; Trade-Offs, a measure of a survivor's sense that moving towards their safety goals would cause new problems to deal with; and Expectations of Support, a measure of the extent to which useful support from formal and informal networks is accessible.

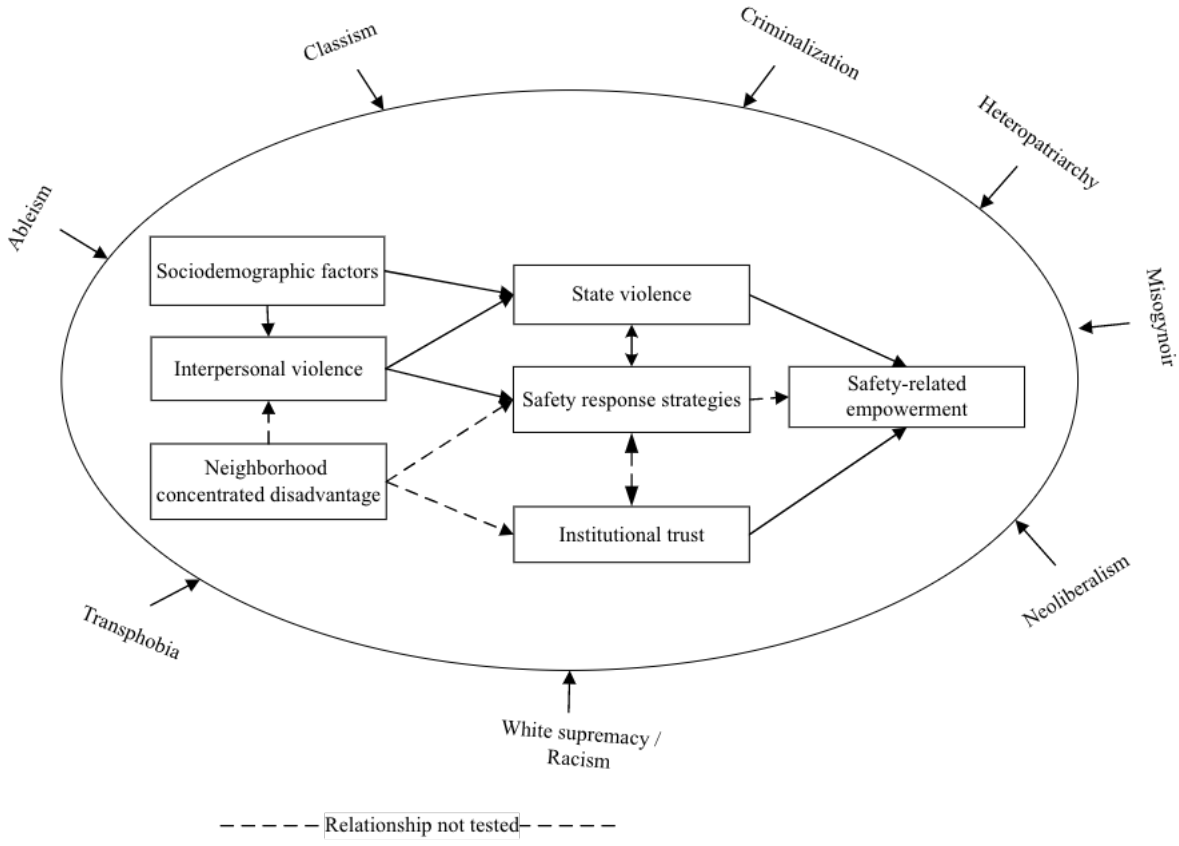
B. Conceptual Model

Figure 2 depicts a prediction model where exposure to interpersonal violence from intimate partners and community members is a function of individual and structural factors. Interpersonal violence is also a precipitating event that leads to a safety response strategy. The safety response strategy that one employs is influenced by the type of violence as well as institutional trust and available supports in the neighborhood. Safety response strategy may put one at risk of state violence exposure. This conceptualization of state violence is based, in part, on the concept of institutional betrayal, which refers to the actions and/or inactions of a trusted institution that causes harm to those who rely on them for safety and well-being (Smith & Freyd, 2013). The betrayal trauma of experiencing state violence may reduce participants' sense of empowerment to obtain and maintain safety; that is, their expectations for future support, increase their trade-offs, and reduce their internal tools for safety. Participants' level of institutional trust will also impact participants' safety-related empowerment. Surrounding the model are various types of structural oppression that create the conditions for the violence and harm to occur (Richie, 2012). Structural oppression is the systematic mistreatment and degradation of specific groups of people based on race, gender, sexual orientation, ability, and class. This mistreatment and degradation is supported and enforced by the society and its

institution. Ableism, classism, White supremacy/racism, heteropatriarchy, misogynoir, neoliberalism, and transphobia are among the interwoven forms of structural oppression that impact Black women, trans and gender nonconforming people's vulnerability to violence and their options for safety.

Figure 2

Conceptual Model



C. Research Questions and Hypotheses

This study addressed four research questions summarized in Table 2 below.

Table 2

Research Questions, Hypotheses, and Analytic Strategies

Research Question & Hypothesis	Analytic Strategy
RQ #1: What factors are associated with state violence exposure?	Thematic analysis
Hypothesis #1a: Transgender and gender nonconforming (TGNC) people; lesbian, gay, bisexual, and queer (LGBQ) people; (im)migrants; primary caregivers; people with disabilities; people with prior arrests; people who are younger in age; people who are unemployed; people with less education; and people with lower levels of income will be more likely to experience state violence.	T-tests and analyses of variance (ANOVAs)
Hypothesis #1b: Intimate partner violence (IPV) and community violence (CV) will be associated with a greater risk of exposure to multiple types of state violence. Specifically, IPV and CV will predict incidence of direct police violence, police neglect, professional harm, and service neglect.	Logistic regression
RQ #2: Does the type of safety response strategy to intimate partner violence or community violence increase the risk of state violence exposure?	Thematic analysis
Hypothesis #2a: The rate of state violence exposure will be higher among people who utilize formal support systems and the criminal legal system as a safety strategy to intimate partner and community violence.	Poisson regression
Hypothesis #2b: The rate of state violence exposure will be lower among people who utilize their informal support networks and private safety strategies to intimate partner or community violence.	Poisson regression
RQ #3: What factors are associated with domains of safety-related empowerment?	Thematic analysis
Hypothesis #3a: Expectations of Support will be positively associated with police trust and negatively associated with exposure to direct police violence, police neglect, direct professional harm, and service neglect.	Ordinary least squares (OLS) regressions
Hypothesis #3b: Internal Tools will be positively associated with police trust and negatively associated with exposure to direct police violence, police neglect, direct professional harm, and service neglect.	Ordinary least squares (OLS) regressions
Hypothesis #3c: Trade-Offs will be negatively associated with police trust and positively associated with exposure to direct police violence, police neglect, direct professional harm, and service neglect.	Ordered logistic regression
RQ #4: How do gender-oppressed Black people conceptualize safety?	Thematic analysis

The first three research questions examined and explored the risk factors associated with participants' exposure to state violence, the safety response strategies they employ, and the factors that contribute to their safety-related empowerment. The first three research questions were examined using quantitative and qualitative methods. Quantitatively, the first three research questions examined whether there were statistically significant associations between sociodemographic factors, types of violence, safety response strategies, and domains of safety-related empowerment. Qualitative methods were also used to obtain rich descriptions that contextualize and help explain these relationships. The fourth research question employed qualitative methods to explore participants' conceptualizations of safety. Given the exploratory nature of research question #4, no hypotheses were tested.

The first research question guiding this study examined the factors associated with incidence of different forms of state violence. Studies presented in the preceding literature review suggested that people who hold multiple marginalized and stigmatized identities may be at greater risk of violence victimization from police (Fedina et al., 2018; Sloss & Harper, 2010). Thus, in the current study I hypothesized that sexual minorities; (im)migrants; primary caretakers; people with disabilities; people with prior arrests; people who are younger in age; people who are unemployed; people with less education; and people with lower levels of income will be more likely to experience direct police violence, police neglect, direct professional harm, and service neglect, respectively (Hypothesis #1a). Based on previous findings of a connection between structural and interpersonal violence, and poverty's magnifying effect (James et al., 2003), I also hypothesized that survivors of intimate partner violence (IPV) and community violence (CV) will be at a greater risk of exposure to multiple types of state violence.

Specifically, IPV and CV will predict incidence of direct police violence, police neglect, professional harm, and service neglect (Hypothesis #1b).

The second research question examined whether the type of safety response strategy to interpersonal violence increased the risk of state violence exposure. The primary state institution that Black women engage when they do seek formal help for IPV – the police – has been found to be a significant purveyor of the state violence across the physical, sexual, and structural continuum in the little data that is available (Fedina et al., 2018; A. J. Ritchie, 2017; Sloss & Harper, 2010; Tomilson & Blueprint, 2014). Ritchie's (2017) archival research suggested that police as a chosen provider of help for IPV victimization is associated with experiencing physical state violence, though it was not empirically examined. In turn, I hypothesized that the odds of state violence exposure will be higher among people who utilize formal support systems and the legal system as a safety strategy to intimate partner and community violence (Hypothesis #2a). I also hypothesized that the odds of state violence exposure would be lower among people who utilize their informal support networks and private safety strategies fighting back, placating, ending or trying to end the relationship) to intimate partner or community violence (Hypothesis #2b).

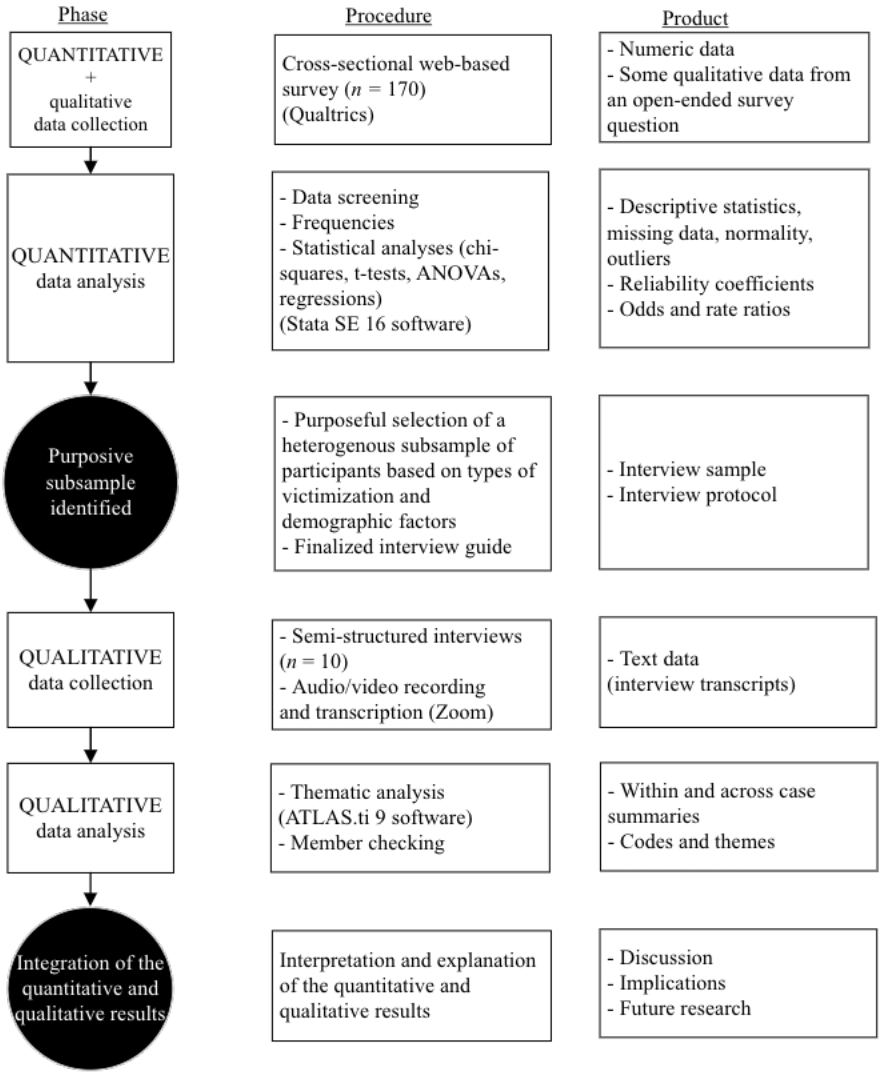
The third research question examined the factors associated with domains of safety-related empowerment. Studies discussed in the literature review suggested that institutional distrust influences individuals' willingness to engage that institution. Legal cynicism theory would suggest that individuals who have negative experiences through the police and associated actors would be consequently distrustful of the police. In turn, a positive association between institutional trust and safety-related empowerment, and a negative association between all forms of state violence and safety-related empowerment was hypothesized.

D. Study Design

The current study employed a sequential mixed method design (quant → QUAL) beginning with a cross-sectional online survey of 170 adult Black women (including transfeminine people), transmasculine, and gender non-conforming people in the United States, followed by virtual interviews with purposefully selected subsample of participants (n = 10) to explore those results in more depth. Figure 3 illustrates the design of the current study, including the procedures and products associated with each phase.

Figure 3

Study Design



Mixed methods research design leverages the strengths of both qualitative and quantitative methods to understand a phenomenon. Qualitative data provides depth while quantitative data produces statistical evidence and understanding of social phenomena (Johnson & Onwuegbuzie, 2004). In the current study, the relationships between sociodemographic factors, interpersonal violence, state violence, safety response strategies, institutional trust, and safety-related empowerment were examined. The quantitative research questions and testing of related hypotheses provided statistical data regarding whether there were significant associations between variables. In addition, the use of qualitative data answered questions regarding how respondents' experiences of violence and harm have influenced their current safety-related empowerment as well as their conceptualizations of safety. Qualitative questions were vital to gain empirical evidence about whether and how safety response strategies and state violence are related to survivors' safety-related empowerment.

E. Sampling Plan, Recruitment Procedures, and Selection Criteria

1. Participant Recruitment

Prior to beginning data collection, Institutional Review Board approval was obtained from the University of Illinois Chicago (UIC). Phase one of the study was conducted with a non-probability convenience sample. Phase one participants were recruited using passive offline and online methods. Offline, printed flyers were posted in public places with high concentrations of the study population, such as bus stops, grocery stores, laundromats, and hair salons. The printed recruitment flyers had a QR code that participants could scan on their mobile phones to access the survey. Online, a digital version of the recruitment flyer was posted in Facebook groups that were relevant to the study population, such as domestic violence groups, and was posted to Twitter and Instagram with relevant hashtags (e.g., #ResearchStudy). None of these social media

sites (Facebook, Twitter, or Instagram) were used to communicate directly with potential participants. Participants self-selected into participating in the online survey after either scanning the QR code a recruitment flyer or entering the survey link included on the recruitment flyer in their internet browser. The recruitment graphic indicated the study eligibility, and skip logic was employed in the survey to screen ineligible respondents out. Remuneration was offered in the form of $5 digital gift cards. A total of 170 adult Black women, trans, and gender non-conforming people were included in the phase one analytic sample.

Participants for the qualitative portion (phase two) of the study were purposefully selected from phase one. Purposeful sampling is a common technique in qualitative research to strategically identify and select information-rich cases (Patton, 2002). At the end of the survey, participants who responded "yes" to questions that assessed previous victimization experiences were asked if they were interested in being contacted for a follow up virtual interview. In this question text, participants were informed of the following: (1) by selecting "yes," they would be prompted to provide their contact information thereby de-anonymizing their survey responses; (2) their survey responses would remain confidential; (3) by selecting "yes," they authorize the principal investigator to contact them about participating in a virtual interview, though it has not guaranteed that they would be contacted; (4) participants were reminded that all personally identifiable information provided would be destroyed after data analysis; and (5) selecting "no" would not affect remuneration for participating in the survey. Display logic in Qualtrics ensured that only participants who selected "yes" to wanting to be contacted were prompted to enter their contact information. The principal investigator followed up with selected cases through their preferred method of contact (phone call, text message, or email) to invite them to schedule an interview time.

2. Inclusion and exclusion criteria

Inclusion criteria for phase one participants in the study were as follows: (1) identify as Black or of African ancestry (2) identify as a woman (cis or trans), transmasculine, or gender nonconforming/non-binary person, (3) be at least 18 years of age, (4) reside within the United States, and (5) be able to read and understand English. Phase two participants must have also had a history of violence victimization of any kind.

Exclusion criteria were as follows: (1) participants who did not self-identify as Black or of African ancestry, (2) participants who did not identify as a woman, transgender, or gender nonconforming person (i.e., cisgender men), (3) younger than age 18, (4) residing outside of the United States, and (5) non-English speaking. For phase two, participants with no history of violence victimization were excluded.

Study eligibility criteria were listed on recruitment and informed consent materials. Potential participants self-assessed their eligibility after reading the informed consent page of the survey. By consenting to participate, participants acknowledged that they met the eligibility criteria. Participants' eligibility was also assessed through the first three survey questions. Ineligible participants identified through these questions were automatically screened out to an end-of-survey page. Qualtrics did not save the responses from participants that exit the survey at this point.

F. Instrumentation

1. Quantitative data

Participants were asked to answer questions about their sociodemographic characteristics, experiences of and response strategies to violence, trust in police, and their safety-related empowerment.

a. Independent variables.

Intimate partner violence (IPV). IPV was measured by self-report as a categorical variable and coded as 0 = No, 1 = Yes, over a year ago, 2 = Yes, within the past year. IPV was transformed to an indicator variable [0 = No, 1 = Yes] for statistical analysis.

Community Violence (CV). CV was measured by self-report as a categorical variable and coded as 0 = No, 1 = Yes, over a year ago, 2 = Yes, within the past year. CV was transformed to an indicator variable [0 = No, 1 = Yes] for statistical analysis.

Safety Response Strategies. Safety Response Strategies were measured as indicator variables adapted from the Intimate Partner Violence Strategies Index (IPVSI; Goodman et al., 2003), a 39-item measure of women's use of specific strategies in dealing with IPV. Participants that indicated having experienced violence in any context – in an intimate relationship, from a community member, or from an institutional actor/institutional context – were asked about their response to the incident(s). Participants who did not report a violent experience did not see these questions. Goodman and colleagues (2003) found some evidence of content and convergent validity for the IPVSI in a sample of 406 women recruited from a crisis shelter, civil court, and domestic violence court. For purposes of relevance and brevity, the current study adapted select items from the legal (two items), formal network (three items), informal network (two items), safety planning (one item), resistance (two items), placating (one item), and other (one item) categories for a total of 11 items. The legal category included help-seeking strategies from the legal system, such as calling the police, filing for an order of protection, or filing criminal charges. The formal network category captured help-seeking from external resources outside of legal help like healthcare providers, mental health practitioners, or members of clergy. The informal network category captured help-seeking from family or friends such as advice or

material support. Safety planning included strategies to increase resources or options for escaping or protecting oneself. Resistance included efforts that directly challenged abusers' behavior. Placating included attempts to change abusers' behavior without directly challenging. From this information, four dichotomous response strategy variables were created with the following categories: private (including placating, resistance, and safety planning items), informal network, formal network, and legal. All "other" responses were examined individually and coded into one of these four existing categories.

Concentrated Disadvantage. Concentrated disadvantage was a neighborhood-level variable measured by the summed percentages of: individuals in a given zip code below the poverty line, households receiving public assistance, female-headed households, unemployed, Black, and less than 18 years of age (Association of Maternal & Child Health Programs [AMCHP], 2015; Berg et al., 2016; Browning, 2002; Sampson & Bartusch, 1998). Respondents were asked for their zip code in the survey, and the researcher matched the corresponding data from the appropriate Census Bureau American Community Survey tables to calculate the measure.

Institutional Trust. Institutional trust is an interval variable that measures trust in police specifically using the four-item institutional trust subscale of Gau's (2014) police legitimacy scale. The four items asked respondents the extent to which they agree that "police protect people's basic rights, are honest [reverse coded], do their jobs well, and can be trusted to do the right thing for respondents' neighborhoods" (Gau, 2014, p. 194). Items were measured on four-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*) and were coded so that higher numerical values mean higher levels of trust. The overall scale had good reliability

with a Cronbach's alpha of 0.86. All psychometric properties and descriptive statistics for key study variables are shown in Table 3.

Table 3

Descriptive Statistics and Psychometric Properties for Scales and Subscales

Scale	*M (SD)*	Range	# of items	# reporting	Cronbach's *a*
Police trust	1.80 (.74)	1, 4	4	170	0.86
State violence index	1.72 (1.19)	0, 4	4	165	0.47
Safety-related empowerment	3.23 (.66)	1, 5	6	160	0.66
Expectations of support subscale	3.35 (.83)	1, 5	3	160	0.75
Internal Tools subscale	3.46 (.85)	1, 5	2	161	0.20
Trade-Offs (reverse coded)	2.43 (1.15)	1, 5	1	161	-

Sociodemographic characteristics

The survey collected self-reported sociodemographic information from respondents on ethnicity, gender identity, sexual orientation, age group, whether respondent is an (im)migrant, whether the respondent is a primary caregiver, has a disability, employment status, educational attainment, annual total household income, and arrest history.

b. Dependent variables.

State Violence. State violence operated as a dependent variable (research questions #1 and #2) and an independent variable (research question #3). State violence was calculated as a composite variable, and made up of the following four sub-type variables which measures direct police violence, police neglect, direct professional violence, and service neglect.

Direct Police Violence. Police violence was measured by self-report as a dichotomous (yes/no) variable that asked respondents about whether they have ever experienced violence/harm from a law enforcement officer. Those who indicated yes were provided multiple response options about what type(s) of police violence they experienced using items from the Policing Practices Inventory (PPI; Devylder et al., 2017). The PPI consists of five indicators of

police violence exposure (physical violence without a weapon, physical violence with a weapon, sexual violence, psychological violence, and neglect). Although data on the types of police violence were collected, only the dichotomous self-report variable will be included in statistical analysis.

Police Neglect. Police neglect was treated as a separate variable from direct police violence in the current study. Police neglect was measured with a dichotomous item from the Policing Practices Inventory (PPI; Devylder et al., 2017): "Have you ever called the police for assistance and the police either did not respond, responded too late, or responded inappropriately?"

Professional Violence. Professional violence was measured by self-report as a dichotomous (yes/no) variable written by the PI: "Have you ever experienced violence or harm from a professional (such as a counselor, case worker, or doctor/nurse)?"

Service Neglect. Service neglect was measured by self-report as a dichotomous (yes/no) variable written by the PI: "Have you ever asked for help from a human services institution (e.g., a shelter, hospital) and not been believed or provided with the help you needed?"

Safety-related Empowerment. Safety-related empowerment was measured as three distinct, but related variables using a shortened version of the three subscales that comprise the Measure of Victim Empowerment in Relation to Safety (MOVERS; Goodman et al., 2015). The three subscales are: Internal Tools, an assessment of a survivor's internal resources relevant to safety; Trade-offs, a measure of a survivor's perception that movement toward their safety goal(s) would initiate new problems with which to grapple; and Expectations of Support, a measure of the survivor's knowledge of and access to helpful support from formal and informal networks. Higher scores on the Internal Tools subscale represents the respondent's perception

that she knows what she wants to do to increase safety and that she has the internal resources to accomplish those goals (Goodman et al., 2015). The current study used two of the original six items from the Internal Tools subscale, eliminating the items developed specifically for survivors exiting a domestic violence program. The current study used one item of the original three-item Trade-Offs subscale, with higher scores reflecting an increased feeling of risk in taking action toward safety (and was reverse-coded to obtain a total MOVERS score). Lastly, the current study used three of the original four items from the Expectations of Support scale, with higher scores reflecting the perception that needed supports exists and are accessible. In the study for which it was developed, the reliability of the MOVERS subscales was satisfactory, as they all had Cronbach's alphas above .70 (Goodman et al., 2015). In the current study, Expectations of Support had a Cronbach's alpha score of 0.75, demonstrating good internal consistency. It is recommended for a scale to have at least three items (Marsh, Hau, Balla, & Grayson, 1998). In turn, the internal consistency for the Internal Tools subscale was very low (0.20) and could not be calculated for Trade-Offs at all because it is a single item. [7]

2. Qualitative data

To explore participants' conceptualizations of safety (research question #4), one open-ended survey question was included to assess what kinds of resources and systems respondents' think need to exist for Black people of marginalized genders to be safe. Additionally, phase two participants' conceptualizations of safety were further explored in the interviews. Sample interview questions included:

- If you were to experience a similar harm in the future, how do you imagine you would respond? Who or what would you think you would involve?

[7] This issue is discussed as a limitation in Chapter 5.

- What does safety mean to you? What/who makes you feel safe?
- How do you think your previous experiences with support systems has impacted your sense of safety today?

G. Data Collection Procedures

1. Phase One

The survey for the first (quantitative) phase of the study was self-administered online through Qualtrics, a secure web-based research platform. The survey was formatted to be completed on a computer or mobile device such as a cellular phone or tablet. The survey collected data on participants' experiences of intimate partner violence, community violence, state violence, safety strategies, police trust, and safety-related empowerment to analyze the statistical relationships between these variables. The Quality Checker feature in the Qualtrics platform checks the overall quality of a survey before it is distributed; one metric calculated in the Quality Checker is the survey's predicted duration. The predicted duration of the current study's survey is 16 minutes based on the average human reading speed of 300 words per minute (Qualtrics, 2018b). The actual duration was contingent upon participants' experiences, as participants only saw certain questions based on how they answered previous ones.

When a participant entered the survey link or scanned the QR code, they saw an informed consent page that explained the purpose of the study, the eligibility criteria, procedures, compensation, benefits, risks, confidentiality, participation, and withdrawal, and contact information for questions or concerns. At the bottom of this page, participants consented to participate by clicking on the "I consent, begin the study" option, indicating that they had read the information, met the eligibility criteria, and voluntarily agreed to participate. If the participant selected the "I do not consent, I do not wish to participate" option, they were

automatically directed to a "thank you" page at the end of the survey. If participants consented to participate, they were able to begin the survey.

Digital gift cards were distributed on the researcher's behalf using the Tango Card's Rewards Genius program. Tango Card is a digital reward provider; Rewards Genius is a simple portal powered by Tango Card for sending rewards wherein recipients receive their digital gift card immediately by email ("Send E-Gift Cards When You Want", 2019). Tango Card Rewards Genius can easily be integrated with Qualtrics ("Automate Incentives in Your Qualtrics Surveys", 2019). All participants who completed the survey were automatically redirected to a second "survey" to provide an email address for remuneration.

2. Phase Two

For the second, qualitative, phase of the study, interviews were conducted and recorded using Zoom, a multi-functional video and audio conference web application available through UIC's Academic Computing and Communications Center (ACCC). Purposefully selected phase one participants with various victimization experiences were contacted by the principal investigator to schedule a virtual interview. A waiver of signed consent was obtained from UIC's IRB; before beginning the interview, participants were consented verbally. The PI read the informed consent document with participants on Zoom before beginning the recording. The PI confirmed that the participant felt safe to receive the interview informed consent document via email and asked the participant to choose a password for the PI to encrypt it. The PI sent the consent document as an encrypted document via email for participants to keep for their records. Once the participant and the PI went through the informed consent document and any questions were answered, the PI clicked the "Record" button, at which point the participant saw a dialog box that read "This meeting is being recorded" with the option to click either "Leave the

meeting" or "Continue." By clicking "Continue," the participant acknowledged consent to participate in the interview. Once the recording began, the PI asked participants to verbally confirm that the PI had read the informed consent and agreed to continue. At the end of each interview, the PI confirmed the best email to send participants a $25 digital gift card for their participation. Participants received an email with redemption instructions from Rewards Genius to redeem their gift card.

Interviews were semi-structured and conversational. I used paraphrasing and reflexive listening methods to clarify by using phrases like, "So, what I'm hearing is…" I also used an intuitive sense of self-disclosure as a means of connection, rapport building, and to ease tensions. In my training to support survivors of trauma, [8] I have learned that self-disclosure can be used effectively to help people give language and voice to their own experience. I have also learned that using knowledge during an interview, similar to a counseling session, can provide comfort, relief, and self-acceptance. For example, one participant felt embarrassed about laughing as they were recalling an experience of harm. I responded by assuring them that laughing is a common trauma response and defense mechanism of which they should have no shame. I also offered relevant referrals for aftercare and support. For example, one participant expressed that mental health therapy as a trans person is very difficult, but they know they need it and would be more likely to engage if there were trans counselors available. I offered them a link to the National Queer and Trans Therapists of Color Network, to which they accepted. Lastly, I offered to do breathwork with participants during and after.[9] Two participants accepted the offer.

[8] In January 2019, I attended a trauma support for survivors training facilitated by Naimah Efia, liberation-based holistic health practitioner, community activist and change agent. The training focused specifically healing justice practices with Black queer, trans, nonbinary and gender nonconforming people who survived violence.

[9] "Breathwork refers to any type of breathing exercises or techniques. People often perform them to improve mental, physical, and spiritual well-being. During breathwork you intentionally change your breathing pattern. There are many forms of breathwork therapy that involve breathing in a conscious and systematic way. Many people find breathwork promotes deep relaxation or leaves them feeling energized" (Edman, 2019).

The interview recordings were stored in the PI's UIC Zoom account to which only the PI had access. The PI used Zoom's audio transcript feature to automatically transcribe the audio of the recorded "meetings." The PI edited the transcript on Zoom for accuracy, then downloaded it onto the computer, and used Microsoft Word to identify participants by pseudonyms and redact any identifying information in the transcript. The redacted transcripts were then imported and stored into ATLAS.ti 9, a non-internet-based application directly on the PI's laptop computer. The raw video and audio files were deleted automatically from Zoom after 180 days per the settings locked by the UIC Zoom account admin.

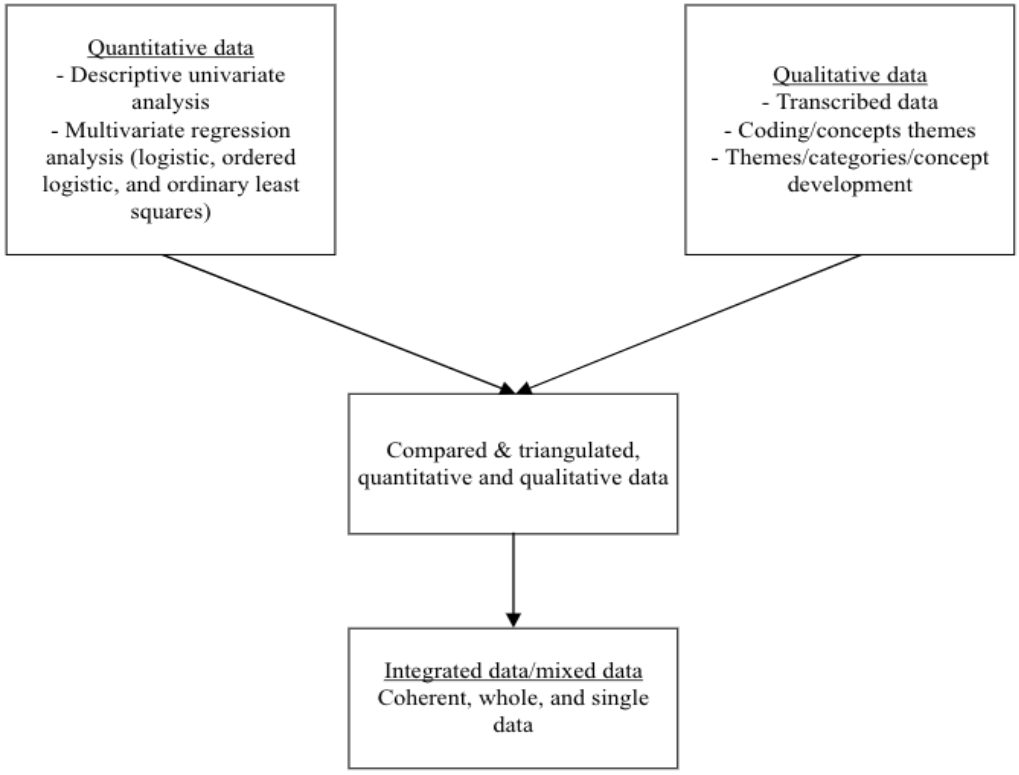
H. Analytic Strategy

This study utilized a mixed methods data analysis approach that involved hypothesis testing through statistical analyses of the quantitative data, followed by thematic exploration of the qualitative data to contextualize and explain the relationships between variables (Onwuegbuzie & Teddlie, 2003). Due to the quantitative and qualitative data sources for this study, both sets of data were integrated and triangulated (Desta, 2011). Three steps were followed to integrate the data and ensure interpretive rigor. First, the quantitative and qualitative data were separately analyzed using the applicable methods to answer the research questions (described in detail in the following sections). Second, comparisons were made, and triangulation was performed to ensure interpretive rigor and ensure credible and valid data. The qualitative data served to contextualize quantitative findings (Creswell & Clark, 2007). Third, the quantitative and qualitative data were compared data and transformed into a unified and coherent data set (Desta, 2011). Figure 4 illustrates the data analysis and integration process. Survey data were exported from Qualtrics and analyzed using Stata 16 (StataCorp, 2019).

Variables were transformed as needed for inference testing. Qualitative data were analyzed using ATLAS.ti 9 (Friese, 2021).

Figure 4

Quantitative and Qualitative Data Integration Strategy



Note: Figure was adapted from (Desta, 2011).

1. Quantitative Data Analysis

a. Data Screening/Diagnosis. In this step, the American Community Survey data for the concentrated disadvantage variables were entered into Stata. I then checked for missing values. The volume of missing data was significant for zip codes, and, in turn, the other variables needed to calculate concentrated disadvantage. Concentrated disadvantage was dropped from analysis due to a high percentage of missing cases (26.47%). The volume of missing data was small for all other variables. Missing value frequencies are detailed in Table 4.

Table 4

Missing Value Frequencies and Percents

Variable	Missing	Total	Percent Missing
Age	0	170	0%
Gender	3	170	1.76%
Sexual orientation	3	170	1.76%
Migrant	3	170	1.76%
Caregiver	4	170	2.35%
Income	9	170	5.29%
Disability	5	170	2.94%
Zip code	27	170	15.88%
Employment status	5	170	2.94%
Educational attainment	5	170	2.94%
Police trust scale	0	170	0.00%
Police neglect	1	170	0.59%
Arrest history	2	170	1.18%
Direct police violence	2	170	1.18%
Service neglect	3	170	1.76%
Professional harm	4	170	2.35%
Intimate partner violence	4	170	2.35%
Community violence	7	170	4.12%
MOVERS Scale	10	170	5.88%
MOVERS Expectations of support subscale	10	170	5.88%
MOVERS Internal Tools subscale	9	170	5.29%
MOVERS Trade-Offs	9	170	5.29%
Concentrated disadvantage	45	170	26.47%

In the data screening process, the "list duplicate responses" function was used in Stata 16 to examine the open response question for potential invalid responses. The PI identified 30 cases with duplicate responses that were subsequently dropped from the sample, in addition to one case with no data beyond the consent. The final sample size was 170. Prior to performing data analysis using regression models, tests for normality were conducted by examining the skewness and kurtosis of the dependent variables, and visually checking the distributions of the variables via histograms. Data are regarded as normal if skewness falls within the range of -2 and +2 and if

kurtosis falls within the range of -7 and +7 (Hair, Black, Babin, & Anderson, 2010). All dependent variables – the state violence composite variable, the Expectations of Support subscale, Internal Tools subscale, and Trade-Offs – revealed values of skewness and kurtosis in these acceptable ranges, suggesting normal distribution of the data. Tests for multicollinearity were also conducted among independent variables and no issues were found, as all variance inflation factors (VIF) scores were less than 10.

b. Statistical Analysis. Descriptive univariate analyses were conducted on all measures to describe the data, including frequencies and percentages for categorical variables, and measures of central tendency for ratio variables. Descriptive analysis was conducted to obtain demographic profiles of the study participants. Independent samples T-tests and analysis of variance (ANOVA) tests were conducted to assess the relationships between state violence (the composite variable) and sociodemographic variables – arrest history, gender identity, sexual orientation, migration status, caregiver status, and disability. Chi-square tests were also conducted to assess relationships between state violence subtypes and sociodemographic factors. Logistic regressions were conducted to examine the risk factors of exposure to subtypes of state violence (direct police violence, police neglect, direct professional violence, and service neglect) with history of intimate partner violence and community violence as predictors in the model, adjusting for significant sociodemographic factors.

Poisson regressions were conducted to assess how interpersonal violence survivors' response strategies for safety relate to the risk of state violence exposure. Poisson regression is used when the dependent variable is "a count of events" and the data is not over-dispersed (Frome, Kutner, & Beauchamp, 1973 as cited in Hazen, Hough, Landsverk, & Wood, 2004, p.

307). A Poisson regression produces rate ratios, which expresses the differential frequency of the dependent variable between two groups (Hazen, Hough, Landsverk, & Wood, 2004).

Two ordinary least squares (OLS) regression models were conducted to estimate the effects of police trust, histories of violent experiences, safety-seeking strategies, and sociodemographic characteristics on two domains of safety-related empowerment – Expectations of Support and Internal Tools. An ordered logistic regression (or ordered logit model) was conducted to estimate the effects of the same variables on the Trade-Offs domain of safety-related empowerment. Expectations of Support and Internal Tools are averaged subscale items, thereby making the measure continuous instead of categorical. The ordered logistic regression is a regression model employed when the dependent variable is ordered and categorical. Trade-Offs was measured with one survey item, which had five response options ranging one to five; it was thus treated as an ordinal variable.

2. Qualitative Data Analysis

Qualitative data collected from the virtual interviews were automatically transcribed via Zoom, edited in Microsoft Word, and analyzed in ATLAS.ti 9 using a thematic analysis approach. Thematic analysis of the transcribed interviews was conducted to search for themes that emerged as important to the description of how participants understood violence, safety, and factors that impacted participants' sense of safety-related empowerment. Thematic analysis is a qualitative research method used for "identifying, analyzing, organizing, describing, and reporting themes found within a data set" (Braun & Clarke, 2006 as cited in Nowell, Norris, White, & Moules, 2017, p. 2). Thematic analysis is an effective method for contrasting research participants' perspectives and generating unanticipated insights (Braun & Clarke, 2006; Nowell et al., 2017).

a. Steps to Analyze the Qualitative Data. The steps to analyzing the qualitative data included exporting the qualitative open responses from the survey into ATLAS.ti 9 for coding; preparing the transcripts produced by Zoom for to be coded; coding the data; writing memos; theme development; and interpretation (Padgett, 2008).Thematic analysis was an iterative and reflective five-phase process that included: becoming well-acquainted with the data; developing incipient codes; looking for themes; reviewing themes; and defining and naming themes (Braun & Clarke, 2006).

Phase 1: Familiarizing Myself with the Data. Phase one of qualitative data analysis involved prolonged engagement with the data, documenting theoretical and reflective thoughts, triangulating different data collection modes, documenting theoretical and reflective thought as well as thoughts about potential codes/themes, and keeping records of all transcripts, and reflexive journals (Nowell et al., 2017). Because I conducted all interviews myself, I came to the analysis with some familiarization with the data as well as some inceptive thoughts about the data. These initial thoughts were documented in a memo. My next step of familiarization was preparing each interview transcript for coding, which meant playing back the interview audio files against the Zoom-generated transcripts and editing it for accuracy. So, I was familiar with the data from collecting it in real-time, then listening to it and by virtue of editing the transcript, reading it. It is recommended that researchers read through the data set in its entirety at least once prior to starting the coding process in order to facilitate familiarization and help identify possible patterns (Braun & Clarke, 2006; Nowell et al., 2017). Reading through the data at least once was built into my process. During this phase, I recorded my ideas for codes to return to throughout the process. I also started a separate memo to document theoretical and reflective thoughts, which I added to throughout the analytic process. Traditionally in thematic analysis,

member checking is done in the last phase, but after preparing the transcripts for coding and documenting questions for clarification, I sent participants their transcript for review via email to ensure that were okay with their pseudonyms, offer the opportunity to expound upon anything, and to get any needed clarification. I then did another round of member checking at the end of analysis (phase 5) to get participants' feedback on my interpretations. Follow up member checking conversations were also conducted via Zoom with four out of the ten participants, and via email with five participants. The last participant did not respond.

Phase 2: Generating Initial Codes. The second phase of qualitative analysis began with provisional coding, which was a "start list" of codes generated by the researcher based on "what preparatory investigation suggest[ed] might appear in the data before they [were] analyzed" (Saldana, 2009, p. 118). I started a code list with some of the basic concepts of the study, such as contexts of violence, types of violence, types of safety response strategies, trust, domains of safety-related empowerment, and conceptions of safety. I also added codes of phenomena that I knew had come up across interviews, such as "use of violence" and "healing." I added operational definitions to each code before delving into the coding process and added codes along the way in an iterative process. An audit trail of generated, split, and merged codes was kept in a memo within ATLAS.ti 9.

Phase 3: Searching for Themes. The third phase began after the initial coding of all the data, and involved "sorting and collating all the potentially relevant coded data extracts into themes" (Braun & Clarke, 2006). Themes were generated both inductively and deductively from the coded data, as some data fit into my analytic preconceptions and some did not. Detailed notes about the development and hierarchies of concepts and themes were kept in a thematic memo.

Phase 4: Reviewing Themes. In the fourth phase, I triangulated each participant's interview data with their survey responses for purposes of corroboration and to check for any inconsistencies. I identified within case and across case themes in relation to each research question, collapsing some into each other and breaking others down into subthemes. I ensured that selected themes were refined to be "specific enough to be discrete and broad enough to capture a set of ideas contained" across the interview data (Nowell et al., 2017, p. 9).

Phase 5: Defining and Naming Themes. In this fifth phase of thematic analysis, I determined what aspect of the data each theme captured and identified why it was of interest. I wrote a detailed analysis for each theme, identifying each theme's story in relation to the research questions. I read through all the data and scrutinized the coding several times before sharing my findings with participants for member checking. Within case thematic findings were shared back with participants via email to establish congruence between respondents' views and my representation of them (Lincoln & Guba, 1985; Nowell et al., 2017).

b. Establishing Trustworthiness of the Qualitative Data. Threats to trustworthiness in qualitative research are subsumed into reactivity, researcher biases, and respondent biases (Padgett, 2008). Reactivity refers to "the potentially distorting effects of the researcher's presence on participants' beliefs and behaviors" (Padgett, 2008, p. 184). Researcher biases arise when observations and interpretations are distorted by the researcher's personal view and preconceptions. As a result, researchers may choose participants that conform to their viewpoint, pose leading questions to obtain desirable responses, or disregard data that conflict with their conclusions. Emotionality can also play a role in researcher biases, as the careless qualitative researcher could lose their effectiveness by being either overly familiar or overly withdrawn. Finally, there is the threat of respondent bias. There are two ends of the respondent bias

spectrum. On one end, respondents may omit important truths if they perceive them to be unpalatable or to protect their privacy. On the other end, participants may provide responses that they believe are desirable to the researcher (and/or larger society). As opposed to intentional misleading, respondents may translate events in discordance with what the researcher "knows" from a different source or have erroneous recall of events. This study employs several strategies to verify the trustworthiness of the qualitative data, including triangulation, audit trail, and member checking.

Triangulation is a strategy to enhance the rigor and trustworthiness of qualitative data that has a positive effect in reducing threat to trustworthiness in the areas of reactivity, researcher bias, and respondent bias (Padgett, 2008). The current study uses methodological triangulation, which is the use of multiple methods to study a single topic (Denzin, 1978). This can be done for confirmation or completeness. The study also uses data triangulation – the use of more than one data source (survey responses, interviews, and in some cases archival materials).

Audit trails are another method of ensuring trustworthiness of data. Leaving an audit trail means documenting each step of the data collection and analysis process (Lincoln & Guba, 1985). The elements of an audit trail include "raw data as well as memos noting decisions made during data collection, coding, and analysis" (Padgett, 2008, p. 191). While the intention for an audit trail is not exact replication, it does enhance other researchers' ability to verify the findings (Schwandt & Halpern, 1988).

The last method to ensure rigor is member checking. Member checking is a process wherein the researcher seeks verification of preliminary findings by going back to the study participants. It can be a critical step in preventing researcher bias (Padgett, 2008). Member checks challenge the notion that researchers are infallible, shifting authority toward participants.

I. Human Subjects Protections

1. Voluntary Participation and Informed Consent

Due to the online and sensitive nature of the survey, a waiver of documented consent was obtained from UIC's IRB. In lieu of a signed consent form for phase one of the study, participants were provided with information on the study via an introductory screen display, which participants were required to indicate they read and understood before they were able to begin the survey. Participants also had the option of printing the page for their records prior to beginning the survey. Informed consent was obtained by agreeing to begin the survey. Phase one study participants had the opportunity to opt in to be contacted for a follow up interview and were informed that they would receive remuneration for participating in the survey regardless of their interview interest. For phase two of the study, all virtual interview participants provided verbal consent and were sent a copy of the consent document via email for their records. The PI read the informed consent document with participants on Zoom before beginning the recording, and participants verbally confirmed their consent to participate on the recording. Overall, through informed consent, participants understood that their participation in the research was completely voluntary, that they could skip any questions that they did not feel comfortable answering, and that they could withdraw at any time for any reason.

2. Confidentiality

The survey could be accessed through an anonymous link or QR code. Qualtrics assigned participants with a unique response ID and removed any information associated with participants' IP address. The data collection did not track or record IP addresses in any form, making participants' responses unidentifiable and therefore anonymous. However, participants who opted to be contacted about phase two of the study de-anonymized their survey responses

because they were asked to provide their contact information. The de-identified results were captured in a spreadsheet for analysis and secured on a password-protected computer to which only the principal investigator of the study and the dissertation advisor had access. Display logic in the Qualtrics survey was set to ask for participants' name (pseudonym was okay), email address, and phone number only if the survey participant selected "yes" to being contacted about a follow up virtual interview. (Note that this prompt for contact information was separate from and in addition to the email address collected for remuneration.) These participants' responses remained confidential; only the PI and the faculty sponsor had permissions to view survey responses in Qualtrics.

All participants who completed the survey were automatically redirected to a second "survey" to provide an email address for remuneration. Because email addresses that were provided for remuneration were captured in a separate Qualtrics survey, participants' email addresses were not connected to their survey responses. (Note that these email addresses for remuneration were separate from/in addition to the email address and phone number provided by participants that opted in to be contacted about phase two.) The PI did not access this data during the data collection phase of the survey. At the conclusion of survey data collection, all participant information collected for the purpose of remuneration was destroyed.

The audio and video recording data collected in phase two were destroyed at the end of phase two data collection once the recording had been transcribed. Phase two participants were asked to choose their own pseudonyms to protect their identity, which was honored unless the participant explicitly expressed the desire to use their real name. Participant contact information collected for phase two recruitment was destroyed after data analysis.

3. Protecting Study Participants from Unnecessary Harm

On the informed consent page of the online survey, participants were informed that they could exit the survey at any time and had the ability to return to finish it later if they chose. The informed consent page also included a link with various hotlines, websites, and other resources for people needing assistance relating to mental health, sexual and domestic violence. Once participants submitted their email for remuneration, the end-of-survey message re-listed the resources provided on the consent page, along with safety tips about how to clear their browsing history if they were afraid that their computer usage may be monitored. Content/trigger warnings were given throughout the survey to prepare participants for sensitive questions. To minimize the risk of mild psychological or emotional discomfort resulting from participants discussing their victimization experiences in phase two interviews, the PI was equipped to offer emotional support, including breathwork, somatic practices, and assuring participants at the start of the interview in a moment of distress, they were free to pause at any time, turn off their video, or stop the interview. At the end of each interview, I asked participants about how they were feeling in the moment, and how they felt about the interview process. I also shared a list of resources if participants requested additional support after the interview if they accepted the offer.

IV. Results

A. Quantitative Results

1. Introduction

The overarching goal of the quantitative phase of this study was to examine the risk factors of exposure to different types of state-sanctioned violence and the relationship to violence that occurs within intimate relationships and community contexts, including the role of safety response strategies to interpersonal violence. In addition, the study sought to examine the contributing factors to gender-oppressed Black people's sense of empowerment as it relates to safety. This section of the chapter begins with a report of the study sample's characteristics and is followed by the results of hypothesis testing for research questions #1 through 3.

2. Sample Characteristics

Descriptive statistics were conducted to obtain a demographic profile of the study participants. Descriptive statistics help understand the prevalence and the distribution of the data. Univariate analysis was conducted to assess the prevalence of all study variables. A total of 170 Black people from gender-oppressed groups participated in this research. The sample was nearly split by gender identity, with just over half identifying as cisgender women or female (n = 88, 52.69%) and 47.31% that identified as trans or gender nonconforming (TGNC; n = 79).[10] Most of the sample (67.67%) identified as lesbian, gay, bisexual, or queer. About 45% of the sample falls in the 25 to 34 age range and most self-reported personal annual incomes were under $50,000. Most of the sample (84.85%) are full-time, part-time, or self-employed. About one third of the sample (im)migrated to the United States and 16.36% of the sample self-reported having a

[10] There were only five people who identified as a trans woman or trans feminine; in turn, trans women/trans feminine, trans men/trans masculine, and nonbinary/gender nonconforming were collapsed into one TGNC category.

disability. Most participants with disabilities reported having a mental health condition (*n* = 22), though other reported disabilities included intellectual disabilities (n = 4), physical disabilities (n =5), autism spectrum disorder (*n* = 1), and traumatic brain injury (*n* = 1). About 44% are primary caregivers, and over one quarter of the sample had a prior arrest. Table 5 and Table 6 detail the characteristics of the sample by history of interpersonal violence and state violence subtype, respectively.

Table 5

Sample Characteristics by History of Interpersonal Violence

	Total (n = 170)		History of IPV [a] (n = 115)		History of CV [a] (n = 95)	
Variable	*n*	%	*n*	%	*n*	%
Gender identity						
Cisgender woman, female	88	52.69	63	54.78	44	46.32
TGNC	79	47.31	51	44.36	50	52.63
Sexual orientation[2]						
Heterosexual/Straight	54	32.34	36	31.30	23	24.21
LGBQ	113	67.66	78	67.83	71	74.74
Age (in years)[2]						
18 - 24	47	27.65	32	27.83	32	27.83
25 - 34	76	44.71	49	42.61	41	35.65
35+	47	26.65	34	29.57	22	19.13
Personal annual income						
Less than $50,000	115	71.43	81	70.43	69	60.00
$50,000 or more	46	28.57	30	26.09	24	20.87
Employment status						
Employed [b]	140	84.85	95	82.61	82	86.32
Not employed	25	15.15	17	14.78	11	11.70
Educational attainment						
Up to high school or equivalent	45	27.27	29	25.22	33	34.74
Some college or 2-year degree	44	26.67	32	27.83	22	19.13
4-year degree	39	23.64	27	23.48	20	17.39
Graduate level	37	22.42	24	20.87	18	15.65
Migrated to the U.S. [a, 2]	56	33.53	42	36.52	38	33.04
Primary caregiver [a, 1]	73	43.98	57	49.57	45	39.13
Has a disability [a]	27	16.36	20	17.39	12	10.43
Prior arrest [a, 1, 2]	44	26.19	36	31.30	33	28.70

Note. Percentages are column percentages. Not all percentages total to 100 due to missing data.

Abbreviations: IPV = intimate partner violence; CV = community violence; TGNC = trans, gender nonconforming.

[a] Reflects the number and percentage of participants answering "yes" to this question. [b] Includes full-time, part-time, and self-employed. [1] $p < .05$ for history of intimate partner violence. [2] $p < .05$ for history of community violence.

Table 6

Frequencies and Chi-Square Results for Sociodemographic Factors by Experiences of State Violence

	Police violence			Police neglect			Professional harm			Service neglect		
Sociodemographic factor	n	%	x^2(df)	n	%	x^2(df)	*n*	%	x^2(df)	*n*	%	x^2(df)
Gender identity			8.68(1)**			2.93(1)			6.04(1)*			3.32(1)
Cisgender woman, female	34	38.64		46	52.27		14	16.09		30	34.09	
TGNC	48	61.54		97	58.43		25	32.47		37	48.05	
Sexual Orientation			10.28(1)***			0.74(1)			2.00(1)			7.17(1)***
Heterosexual/Straight	17	31.48		29	53.7		9	16.98		14	25.93	
LBGTQ+	65	58.04		68	60.71		30	27.03		53	47.75	
Employment status			0.03(1)			0.01(1)			.14(1)			.35(1)
Employed FT/PT	62	50.41		73	59.35		30	24.79		51	41.8	
Not employed	20	48.78		24	58.54		9	21.95		15	36.59	
Migrated to the U.S. [a]	33	58.93	3.07(1)	36	64.29	1.19(1)	20	36.36	7.23(1)**	33	58.93	11.80(1)***
Primary caretaker [a]	42	57.53	3.72(1)	47	64.38	1.69(1)	21	28.77	1.70(1)	39	53.42	8.60***
Has a disability [a]	12	46.15	0.18(1)	19	73.08	2.48(1)	10	40	4.1(1)*	15	57.69	3.8
Prior arrest [a]	82	48.81	5.25(1)*	30	68.18	2.38(1)	16	36.36	4.93(1)*	31	70.45	21.88***
Age						1.66(2)			7.99(2)*			1.37(2)
18 - 24	19	41.3	1.50(2)	25	53.19		16	35.56		21	45.65	
25 - 34	38	50.67		43	57.33		19	25.68		31	41.89	
35+	25	53.19		31	65.96		5	10.64		16	34.04	
Personal annual income			1.32(1)			.33(1)			.09(1)			.79(1)
Less than $49,999	61	53.51		70	61.4		26	22.81		43	38.05	
$50,000 or more	20	43.48		26	56.52		11	25		21	45.65	
Educational attainment			5.53(1)*			.27(1)			.28(1)			.01(1)
High school/some college	52	58.43		51	57.3		20	22.47		36	40.91	
College or post-grad degree	30	40		46	61.33		19	26.03		30	40.49	

*$p < .05$, ** $p < .01$, $p < .001$

3. *Research Question #1: Factors Associated with State Violence Exposure*

The first research question examined the risk factors of exposure to state violence. Two hypotheses were tested in relation to research question #1. Hypothesis 1a was that transgender and gender nonconforming (TGNC) people; lesbian, gay, bisexual, and queer (LGBQ) people; immigrants; primary caretakers; people with disabilities; people with prior arrests; people who are younger in age; people who are unemployed; people with less education; and people with lower levels of income will be more likely to experience state violence. In testing this hypothesis 1a, due to sparseness in some categories, gender identity, sexual orientation, and employment status were recoded into binary variables (cisgender women/trans, gender nonconforming [TGNC]; heterosexual/LGBQ; and employed/unemployed, respectively). In the age variable, age ranges above 35 years were collapsed into one category. T-tests for independent samples were performed to determine which sociodemographic factors were associated with state violence, when the independent variable had two categories and analyses of variance were used when the independent variables had more than two categories.

These bivariate results (Table 7) suggested that exposure to state violence was associated with gender identity, sexual orientation, migration, being a caregiver, and prior arrests. Specifically, the 76 TGNC people (M = 2.05, SD = 1.12) experienced significantly more state violence compared to the 87 cisgender women in the sample (M = 1.43, SD = 1.19). Results also showed that LGBQ people (M = 1.92, SD = 1.13) experienced significantly more state violence than heterosexual people (M = 1.30, SD = 1.22. People who (im)migrated to the United States (M = 2.16, SD = 1.24) experienced more state violence than people born in the U.S. (M = 1.49, SD = 1.11). Primary caregivers for children or elderly loved ones (M = 2.04, SD = 1.15) experienced higher levels of state violence than people with no caretaking responsibilities. Lastly, sample

members with an arrest history ($M = 2.39$, $SD = 1.04$) experienced significantly more state violence compared to people with no prior arrests ($M = 1.47$, $SD = 1.15$). Therefore, hypothesis 1a was partially supported.

Hypothesis 1b was that intimate partner violence (IPV) and community violence (CV) survivors would be at a particularly greater risk of exposure to multiple types of state violence. Specifically, IPV and CV will predict incidence of direct police violence, police neglect, professional harm, and service neglect. In testing hypothesis 1b, both IPV and CV were recoded into dummy indicator variables. Four logistic regression models were conducted to determine significant risk factors for each sub-type of state violence. Associations between IPV, CV, and direct police violence, police neglect, and service neglect, respectively are presented in Table 8.

Results revealed significant associations between CV and most sub-types of state violence. CV survivors had over four times the odds of experiencing police violence compared to sample members who did not experience CV (OR = 4.28, CI = 2.12, 8.56, $p < .001$). Odds were over five times as high for CV survivors to experience professional violence (OR = 5.52, CI = 1.99, 15.32, $p < .001$) relative to people with no experience of CV, and over three times as high for IPV survivors (OR = 3.65, CI = 1.18, 11.34, $p < .05$). Results also showed a significant association between both forms of interpersonal violence and service neglect, with survivors having over twice the odds of service neglect relative to those with no interpersonal violence experience. Although IPV survivors had higher odds of experiencing police violence and police neglect compared to sample members who had no history of IPV, the associations were not significant. Therefore, hypothesis 1b was partially supported.

Table 7

Bivariate Associations of Sociodemographic Factors and Exposure to State Violence

Sociodemographic Characteristic	*N*	*M*	*SD*	*df*	Statistic	*p*
Gender identity				161	$t = -3.46$	< .001
Cisgender women	87	1.43	1.19			
TGNC	76	2.05	1.12			
Sexual orientation				161	$t = -3.17$	.002
Heterosexual	53	1.30	1.22			
LGBQ+	110	1.92	1.13			
Employment status				159	$t = 0.46$	.65
Employed	120	1.76	1.22			
Unemployed	41	1.66	1.11			
(Im)migrant status				161	$t = -3.51$	< .001
Did not migrate to the U.S.	108	1.49	1.11			
Migrated to the U.S.	55	2.16	1.24			
Caregiver				160	$t = -3.16$	.002
No	89	1.46	1.18			
Yes	73	2.04	1.15			
Disability				159	$t = -1.78$	.08
No	136	1.66	1.17			
Yes	25	2.12	1.27			
Prior arrest [a]				163	$t = -4.64$	< .001
No	121	1.47	1.15			
Yes	44	2.39	1.04			
Age				2	$F = .17$	.85
18-24 years of age	45	1.71	1.29			
25-34 years of age	73	1.77	1.21			
35+ years of age	47	1.64	1.07			
Income				3	$F = .03$	.99
Less than $20,000	36	1.72	1.21			
$20,000 - $49,999	77	1.77	1.10			
$50,000 - $74,999	31	1.71	1.24			
$75,000 or more	13	1.69	1.49			
Educational Attainment				3	$F = 1.31$	.27
Up to high school/GED	44	1.66	1.22			
Some college or 2-year degree	44	1.91	1.20			
4-year degree	37	1.89	1.20			
Graduate level	36	1.44	1.20			

*$p < .05$, ** $p < .01$, $p < .001$

Table 8

Interpersonal Factors Associated with State Violence Exposure

	Model 1			Model 2			Model 3			Model 4		
	Police violence (*n* = 163)			Police neglect (*n* = 163)			Professional violence (*n* = 162)			Service neglect (*n* = 151)		
Independent variables	OR	95% CI	*p*	OR	95% CI	*p*	OR	95% CI	*p*	OR	95% CI	*p*
Intimate partner violence	1.15	[.55, 2.41]	.70	1.67	[.83, 3.36]	.15	3.65	[1.18, 11.34]	.03	2.61	[1.19, 5.75]	.02
Community violence	4.28	[2.12, 8.56]	<.001	1.68	[.87, 3.24]	.12	5.52	[1.99, 15.32]	.001	2.55	[1.27, 5.15]	.01

Abbreviations: OR, odds ratio; 95% CI, confidence interval

4. *Research Question #2: Safety Response Strategies and the Risk of State Violence Exposure*

The second research question examined whether the type of safety response strategy to interpersonal violence (IPV or CV) increased the risk of state violence exposure.[11] Two hypotheses were tested in relation to research question #2. The study examined hypothesis 2a that the rate of state violence exposure will be higher among people who utilize formal support systems and the legal system as a safety strategy to intimate partner and community violence. Poisson regressions were conducted using the state violence composite variable (a count variable of the four state violence subtypes) as the outcome variable, and each safety responses strategy as the independent variable in a separate model. Table 9 shows that IPV survivors and CV survivors that utilized a legal strategy had significantly higher rates of state violence compared to survivors who did not utilize a legal strategy. Additionally, both IPV and CV survivors that utilized a formal strategy had significantly higher rates of state violence exposure compared to survivors who did not utilize a formal strategy. In turn, hypothesis 2a was supported.

Hypothesis 2b was that the rate of state violence exposure would be lower among people who utilize their informal support networks and private safety strategies to intimate partner or community violence. Poisson regression results showed that there were not significant differences in the rate ratios of state violence between IPV survivors who utilized informal and private strategies and those who did not. However, the rate ratios of state violence incidence were significantly different among community violence survivors that utilized informal support networks and private safety strategies. Taken together, hypothesis 2b was partially supported.

[11] Safety response strategies were tested in a separate research question rather than in a mediation model with research question #1 because the question of safety responses was not posed to everyone in the sample; only those who answered affirmatively to having an experience of violence saw those questions. Thus, mediation analysis was not the best approach.

Table 9

Poisson Regression Models Predicting Effect of Safety Response Strategies on Count of State Violence Exposures

	Legal Strategy *n* = 165		Formal Strategy *n* = 165		Informal Strategy *n* = 165		Private Strategy *n* = 165	
	Rate ratio (SE)	95% CI	Rate ratio (SE)	95% CI	Rate ratio (SE)	95% CI	Rate ratio (SE)	95% CI
Context of violence								
Intimate partner	1.53 (.19)***	1.20, 1.95	1.74 (.21)***	1.38, 2.21	1.17 (.14)	.92, 1.48	1.06 (.13)	.84, 1.33
Community	1.49 (.22)**	1.11, 2.00	1.77 (.21)***	1.40, 2.24	1.44 (.18)***	1.14, 1.83	1.34 (.16)**	1.06, 1.70

*$p < .05$, ** $p < .01$, $p < .001$

5. *Research Question #3: Factors Associated with Safety-Related Empowerment*

The third research question examined factors associated with safety-related empowerment, which consist of three domains: internal tools, expectations of support, and trade-offs. Three hypotheses were tested in relation to research question #3. Hypothesis 3a was that Expectations of Support would be positively associated with police trust and negatively associated with exposure to direct police violence, police neglect, direct professional harm, and service neglect. Hypothesis 3b was that Internal Tools would be positively associated with police trust and negatively associated with exposure to direct police violence, police neglect, direct professional harm, and service neglect.

Separate models for each domain of safety-related empowerment tested the independent effect of police trust and state violence sub-types (i.e., police violence, police neglect, professional violence, and service neglect). Results (Table 10) showed that for every unit increase in police trust, a .51 increase in Expectations of Support and a .23 increase in Internal Tools was predicted, holding all other variables constant. Although there were small decreases in Expectations of Support scores in incidence of police violence, police neglect, and service neglect, the effect was not significant. Similarly, there were small decreases in Internal Tools scores in incidence of police neglect and service neglect, but not significant. In sum, police trust was positively associated with Expectations of Support and Internal Tools, but there was no significant effect of any state violence subtype on either domain of safety-related empowerment. Therefore, hypotheses 3a and 3b were partially supported.

Table 10

OLS Regression Models of the Effect of Police Trust and State Violence Sub-types on Expectations of Support and Internal Tools

	Expectations of support (n = 158)			Internal Tools (n = 158)		
Variable	*B*	SE	t-ratio	*B*	SE	t-ratio
Police trust	0.51	0.1	6.23***	0.23	0.1	2.54*
Police violence	-0.02	0.13	-0.16	0.16	0.14	1.14
Police neglect	-0	0.13	-0.23	-0.13	0.14	-0.94
Professional violence	0.01	0.15	0.06	0.06	0.17	0.36
Service neglect	-0.1	0.13	-0.59	-0.05	0.15	-0.33

Abbreviations: B = coefficient; SE = standard error

*$p < .05$, ** $p < .01$, $p < .001$

Hypothesis 3c was that Trade-Offs would be negatively associated with police trust and positively associated with exposure to direct police violence, police neglect, direct professional harm, and service neglect. Results of the ordered logistic regression (Table 11) showed that police trust was not a significant contributing factor to the Trade-Offs domain of safety-related empowerment. Participants who experienced police violence had over four times the odds of feeling like they have to give up too much to keep safe. Other state violence subtypes did not have a significant effect on safety-related trade-offs. Thus, hypothesis 3c was partially supported.

Table 11

Ordered Logit Regression Model for the Effect of Police Trust and State Violence on Trade-Offs

	Trade-offs n = 158	
Variable	OR (SE)	95% CI
Police trust	1.06 (.21)	.73, 1.65
Police violence	4.30 (.1.43)***	2.24, 8.27
Police neglect	1.78 (.55)	.97, 3.25
Professional violence	1.64 (.61)	.79, 3.39
Service neglect	0.87 (.28)	.46, 1.63

Abbreviations: OR = odds ratio; SE = standard error; 95% CI, confidence interval

B. Qualitative Results

1. Introduction

The qualitative data in this study were collected via semi-structured interviews that were intended to gain deeper understanding and explanation of the quantitative research questions, namely the individual and interpersonal risk factors of state violence exposure (research questions #1-2). Phase two was intended to examine contributing factors of safety-related empowerment and explore how contexts of violence intersect to shape survivors' safety-related empowerment (research question #3). In addition to in-depth interviews, data were gathered through an open-ended survey question to assess how gender-oppressed Black people conceptualize safety for themselves and others impacted by patriarchal violence (research question #4). The following sections present a summary of the subsample characteristics, a profile of each participant, and the main themes and subthemes that represent the results of phase two of the study.

2. Subsample Characteristics

The qualitative phase of the current study included a purposive subsample of 10 participants recruited from phase one of the research. All participants met inclusion criteria for phase two: all were at least 18 years of age, ranging from 23 to 42 years old; all identified as Black, including eight cisgender women and two transmasculine people; and all had a victimization history of violence in an intimate, community, and/or state context. All 10 participants experienced some form of intimate partner violence and four participants had experienced violence from someone in their community during their lives. Participants were geographically diverse, residing in different areas of the country – Bay Area of California, Chicago, IL; Baltimore County, MD; Washington, DC; St. Louis, MO; Brooklyn, NY; Boston,

MA; and Charlotte, NC. Participants were also demographically diverse in terms of sexual orientation, education level and arrest history. Table 12 highlights the demographic characteristics of the phase two participants. Six participants experienced a hostile social environment from a medical or social service professional as well as neglect from a social service institution. Three participants experienced police sexual or physical violence without a weapon and two experienced police neglect.

Table 12

Phase Two Subsample Characteristics

Name [a] (pronouns)	Age	Gender Identity	Sexual Orientation	Education Level	Employment	Children	Origin Country	Prior Arrest	Disability
Abena (she/her)	31	Cis woman	Queer	Graduate	Self	2	U.S.	Yes	No
Alex (he/him)	23	Transmasc	Bi/Queer	Some grad	PT/Student	None	U.S.	No	No
Diana (she/her)	42	Cis woman	Heterosexual	Graduate	FT	2	U.S.	No	No
Ifunanya (she/her)	36	Cis woman	Heterosexual	Graduate	FT	1	Nigeria	No	No
Inez (she/her)	39	Cis woman	Bisexual	2-year	FT	3	U.S.	Yes	No
Jasmine (she/her)	40	Cis woman	Heterosexual	2-year	FT	4	U.S.	Yes	No
Kelley (she/her)	31	Cis woman	Bisexual	2-year	Self	1	U.S.	No	No
Marley (they/them)	32	Transmasc/NB	Queer	4-year	Self	2	U.S.	No	Yes
Melanie (she/her)	26	Cis woman	Queer	4-year	FT	None	U.S.	No	Yes
Tajh (she/her)	32	Cis woman	Bisexual	Some college	FT	2	U.S.	No	No

Abbreviations: Cis = cisgender; Transmasc = transmasculine; NB = nonbinary; Bi = bisexual; Self = self-employed; FT = full time; PT = part time

[a] Most names are pseudonyms

a. Participant Profiles. I sought to capture a more dynamic picture of who these participants were beyond confining categories. After participants gave informed consent to begin the interview, I asked the following question, "who are you and who are your people?" I explained that civil rights activist and organizer Ella Baker often asked this question to people that she would first meet to acknowledge that individuals are a part of kinship networks, local communities, and organizations (Ransby, 2003). This was a way to give participants the opportunity to not only define themselves, but also situate themselves within their broader social context. Racial identity was a prominent theme in how participants articulated collective identity. The following participant profiles provide brief demographic summaries, additional elements of personal identity, collective identity, and brief summaries of their histories of violence.

Abena. Abena (she/her) is a 31-year-old Black/African American woman who is a mother to two children. She describes herself as a creative event organizer based in Chicago. The bulk of her work in the past decade has been as a public-school teacher and community organizer in Chicago, though her day-to-day at the time of the interview she describes the work she does now as a founder of an organization that "focuses on engaging the beauty and wisdom of our communities through healing, education, and arts" as well as being a mom. In terms of collective identity, Abena identified her people as "Black folks in the south in the Carolinas and the Midwest and also in Ghana. So, my people are just beautiful Black people across the diaspora." Abena is a survivor of physical and sexual violence in intimate partner, community, and state contexts.

Alex. Alex (he/him) is a 23-year-old Black/Afro-European bisexual/queer trans man. He is a PhD student at a prestigious university. Alex situated himself in the queer community on and off campus. He said, "I think we have a really great queer community of color and first-

generation students and then low-income students I tend to gravitate towards when I'm on campus." Alex experienced multiple forms of harm/abuse in multiple contexts — community violence in the form of sexual harassment and gaslighting at work resulting in a hostile work environment, as well as institutional violence in the form of neglect in medical and educational institutions.

Diana. Diana (she/her) is a 42-year-old Black woman born and raised in Chicago, IL. She is a mother of two and works full time as a physician and medical director. In identifying her "people," she stated:

> I was born and raised in the hundreds primarily. There are only Black people I grew up with and around my community. Although I'm no longer in the city, I still feel like the people that I relate to mostly are still Black men and women. Not that I don't relate to other cultures, but that's my community.

She was physically, sexually, emotionally, and economically abused by her ex-husband for years. In connection to this abuse, she also experienced police neglect, structural harm through legislation that undermined her ability to leave her abuser as well as rigidity in court proceedings.

Ifunanya. Ifunanya (she/her) is a 36-year-old educator in Washington, DC. She is a Nigerian immigrant and mother to one son. She said her people "are all Black. A lot of my people are Nigerian, too. They're educators. They're mostly women, Black women, Black feminists." She was subjected to primarily emotional intimate partner abuse from her ex-husband, hostile social environment within her community, and witnessed several forms of fatal interpersonal violence in her neighborhood.

Inez. Inez (she/her) is a 39-year-old Black woman from St. Louis, MO. She is an abolitionist organizer who currently works at a holistic legal advocacy organization. She is a mother of four children, all with her ex-husband. She was radicalized by her compounded experience of interpersonal and institutional violence. She organizes around criminal justice, closing jails, and ending the prison industrial complex. The intimate partner violence that she experienced at the hands of her ex-husband was the gateway to a web of criminalization and incarceration.

Jasmine. Jasmine is a 40-year-old Afro-Latina woman born and raised in Brooklyn, NY. She is married with four children. In terms of collective identity, Jasmine said her people are mainly her family, but has grown to realize the expansiveness of her identity.

> When at first when people ask me who I am, I always say I'm a mother first and then a wife. But I've been learning that I'm just so much more than that. I'm an activist and I'm a feminist and I love to advocate for other families and think about what does policy change look like in order to support communities in a higher level on this kind of where my work has been going these past two years.

Jasmine is a survivor of intimate partner violence and "a survivor of the child welfare system." At 19 years old, Jasmine was arrested for corporal punishment and child abuse after an incident where she hit her two-year-old son. The process that ensued has had lasting impacts on her life.

Kelley. Kelley is a 30-year-old bisexual Black/Indigenous Native American woman. She is the mother of a nine-year-old son. In response to the questions, "Who are you? Who are your people?" Kelley said:

> I'm someone who comes from a background of broken family. My mom's side and my dad's side, they're both broken families, so I've always had to find myself on a different path. I don't know either side of my family. So, it's kind of hard to know what I'm doing because I don't know my background. But it's a life that I live and I choose to live and I choose continue to live in my own way. Of course, I was raised right, I know right from wrong, but I don't know exactly who I am or where my ancestors lie, so I've actually been on a journey to find out what who they are and where I come from what our heritage really is. That's an unfortunate situation to be in but, of course, if you want to know, you take your own journey.

Kelley is a survivor of physical and emotional forms of intimate partner violence, police sexual violence, and structural forms of violence such as denial of need public assistance benefits.

Marley. Marley (they/them) is a 32-year-old, queer Black/African American trans masculine and nonbinary person. Originally from Baltimore County, Marley connects their collective identity to their southern North Carolina roots. They have bachelor's degree from a Historically Black University, where they had a political awakening through studying law and policy, which, in part, led them into social justice work. The combination of education and lived experience propelled Marley into social justice work, specifically relating to politics, policy, and organizing. They currently co-parent adopted infant twins with their mother and stepfather. Marley also identifies as an injured vet. They are a survivor of myriad forms of violence across intimate partner, community, and state contexts. An incident of intimate partner violence left Marley with a traumatic brain injury (TBI) resulting in vertigo, seizure disorder, and cognitive disabilities.

Melanie. Melanie (she/her) is a 26-year-old survivor of intimate partner and family violence. She presents her personal and collective identity in the following way:

> My people are the folks who are getting gentrified and displaced out of major cities… social workers are my people… And my people are the folks who grew up with an incarcerated parent and who are continuing to try and break cycles, repair relationships, and do that work. And folks who also deal with a parent who has substance use disorder. And so that is a really strong community. Also, my people are the folks who are trying to navigate their way into policy and government for the first time. I grew up with social workers and educators in my house, so growing up I immediately gravitated to wanting to be a teacher. And then [it] became youth organizing. So, my young people, those are my people, for sure… And then I'll also just say, my people are survivors. You know, folks who have persisted. Really, you know, dealt with a lot from domestic violence, sexual violence… Those are really my people.

Tajh. Tajh (she/her) is a 32-year-old mother of two born and raised in Brooklyn, NY. She is an arts educator and program manager at a youth-led educational equity organization and founded her own arts-based advocacy organization. Tajh is very active in spaces at the intersection of education, activism, and arts. She has been organizing since she was a teenager. Tajh has a history of economic and emotional intimate partner abuse and police physical violence without a weapon.

3. Understandings of Violence

The purpose of this research study was to understand Black women, trans, and gender nonconforming people's experiences of state violence, its relationship to violence in interpersonal and community contexts, and its impact on survivors' safety-related empowerment.

It was important to first ground the conversation in how participants understand violence. I asked participants to define violence in their own terms. Participants' understandings of violence were aligned with the types of violence they experienced. Participants acknowledged imbalances of power as a key element in how violence happens. Some distinguished between violence and abuse while others used the terms interchangeably. In turn, hereafter I will use the terms intimate partner violence/abuse (IPV/A), community violence/abuse (CV/A), and state violence/abuse to honor participants' language and encompass the wide range of victimizing acts that they experienced. Diana, for example, associated the term abuse with elements of a hostile social environment such as verbal abuse, intimidation, and economic abuse while she understood the term violence as centered on the overt physical and sexual forms of domestic violence specifically. These were the forms of violence that were most prevalent and impactful in her life. Although participants like Diana and Kelley did not articulate forms of state violence when initially asked to articulate their understanding of violence and abuse, reflecting on experiences of harmful institutional actions and the impact their lives led them to an organic understanding of those actions as violence in the state context. For example, to leave her abusive husband through divorce proceedings, a state law required her to pay him despite the history of abuse. To her, this policy barrier constituted another form of abuse. She stated:

> There is no way any person who has been subjected to abuse and if they just so happen to make more money than the abuser; now you have to pay them? I mean, how is it not in essence just another form of abuse?

Other participants had very structural understandings of violence in addition to the direct behavioral forms. Other participants like Tajh, Inez, and Abena's understanding of violence was complex and intricate, taking interlocking systems of oppression into account. While Abena, for

example, acknowledges that violence takes very overt physical, sexual, and emotional forms, she stated: “I also understand violence as being like state violence, structural violence so racism, gender-based violence, sexism, like intersecting forms of oppression that also create conditions for the interpersonal violence.” Abena also recognizes unequal resources — such as community divestment and “culturally irrelevant curriculum” and lack of Black and Brown teachers in schools that serve Black and Brown children as violence.

Other participants like Ifunanya, Marley and Alex did not understand non-physical forms of violence like gaslighting, manipulation, and sexual harassment as violence or abuse until after the situation, oftentimes through therapy. For Ifunanya, the hostile social environment created by her ex-husband drove her to respond with physical violence; in turn, it was difficult for her to view his emotional tactics as abuse due to her physical violence. In reflecting on a time when she rejected informal support from a coworker, she stated:

> I didn't think I was in an abusive relationship. I just thought we weren't getting along. And maybe it was an abusive relationship. I don’t know, I’ve had therapists, tell me that it was abusive. But it was hard for me to think of it as being abusive because there was a time when I was violent. So, in my mind, you know, it was my fault.

In sum, participants understandings of violence were dynamic and comprehensive. Their articulated definitions were most reflective of the types of violence they experienced themselves, either directly or vicariously. Participants’ understandings of violence encompassed all nine cells in Richie’s (2012) Violence Matrix.

4. Factors Associated with State Violence Exposure

The myriad forms of state violence/abuse that participants described – be it physical, sexual, psychological, or structural – were inextricable from their narratives of disempowerment.

In turn, factors related to state violence exposure (including safety response strategies) and safety-related empowerment are presented separately, but discussions of both are interwoven throughout subsections of this chapter. For participants who indicated a form of state violence exposure in their survey response, I asked for them to share the story of what happened. For most participants, it was not a simple question, as it was typical for there to have been more than one instance of the same subtype of state violence. Four core themes emerged from the data as pathways to state violence exposure: (1) sites of hypersurveillance; (2) carceral collusion; (3) system rigidity; and (4) provider incompetence. While these themes and subthemes are presented as separate and distinct, there was considerable overlap across themes. The core themes and subthemes related to state violence exposure are presented in Table 13.

Table 13

Themes on Factors Associated with State Violence Exposure

Core Themes	Subthemes	Description
Sites of hypersurveillance	Traffic stops (3)	Contexts where state authorities consistently pay unwarranted attention to one group over another.
	Protests (2)	
System rigidity (4)		The inflexibility of institutional policies and practices that undermine survivors' agency and/or ability to get help.
Carceral collusion	Criminal legal/child welfare (3)	The ways that systems work together to penalize, surveil, or otherwise harm survivors.
	Criminal legal/social welfare (1)	
	Criminal legal/crisis care (1)	
Provider incompetence (4)		Adverse experiences of formal help-seeking due to lack of provider knowledge or sensitivity.

Note: Numbers in parentheses refers to the number of participants in which the theme was observed.

a. **Sites of Hypersurveillance.** Hypersurveillance refers to the undue attention that state

authorities pay one group over another on a consistent basis (Susan E. James et al., 2003). Hypersurveillance was a core theme in participants' narratives of protests as sites as police violence and traffic stops as sites of profiling and police violence. Hypersurveillance was also a prominent theme in carceral collusion and system rigidity and will be discussed in those sections.

Protests as Sites of Police Violence. Participating in protests was a precipitating contextual factor in physical assault by police for both Abena and Tajh. Protests are generally characterized by some level of police presence. Abena had gone into protest environments aware of the risk of police contact and found herself exposed to physical state violence by the police and arrest when intervening in police violence against other people. She stated:

> There's been times where, as an organizer, I'm doing a direct action where I know I'm going to come into contact with police, and I know that there may be the risk of violence or contact with police. Doesn't make it right, but I'm aware of it. So, that would be kind of one category [of violence]… for example, with the Laquan McDonald march, someone in the crowd started getting aggressed by police, so, then I instinctively rush to try to go aid that person and find myself being hemmed up and having an officer push me to the concrete and put their knee in my back and take me to lock up. That's something that was kind of like… I knew I was going to be a part of something where I may confront the police, but I didn't know that night that I was going to end up being arrested and aggressed by the police.

Similarly, Tajh, experienced physical state violence by police in protesting tuition hikes at a City University of New York (CUNY) school. There was a hearing at the college that was open to the public and she was part of a group of Black and Latinx students that signed up to give testimony at the hearing. When the students showed up, they were told that they were not

permitted to sit in the lobby and were told by security that they either had to leave within a specified amount of time or get arrested for trespassing. The students were unmoved, and the police subsequently came with zip ties and made arrests. While Tajh was not arrested but was physically assaulted by police and said, “they definitely did throw [me] outside in the rain.”

Traffic Stops. A traffic stop is when police stop a vehicle; if the stop occurs for a minor infringement as a means to investigate suspicions of criminal activity, this is a pretextual stop (Hall, 1996). Kelley shared numerous experiences of traffic stops as a mechanism to profile her for reasons that she attributed to being “a Black female [with] natural hair.” Kelley has been pulled over while working for a food delivery service for being, as the officer said, “in the wrong place.” Not only were traffic stops a means for racial/gender profiling but were also a site of both physical and sexual police violence for three participants. Kelley, again, is an exemplar. An “improper signal” was the pretext for a traffic stop in which she experienced an inappropriate body search as police sexual violence. She described the experience:

> I was at the mall, and I had a Victoria’s Secret bag, and I could see the cop sitting, watching me walk to my car. The cop followed me out and maybe two blocks away from the mall, he stopped me for apparently improper signal. He told me to get out the car. And I said to him, “I didn't use the improper signals; the way that I signaled was the way the that I turned.” He told me that I was talking back to a police officer, and he told me to get out the car. I didn't want to get out the car, so he literally opens my door, pulled me out of the car, put me in handcuffs and proceeds to physically touch me. And as he was touching me, he was groping my breasts. And then he literally went between my legs and said, ‘do you have anything on you?’ And as he was going through my legs, he swiped —

[voice trails]. Stuff like that just makes you think that the cops just do what they want to do.

Similarly, Abena shared experiences of multiple traffic stops wherein male officers made sexual advances or sexualized the conversation. In every one of these instances, at least one of her children were in the car with her. In reflecting on her internal and external responses to these instances of police violence, she recognized the differences in her responses in an individual context relative to a collective one. Abena is comfortable with confrontation in a collective, public context. As she stated in recalling the protest incident, she employed resistance strategies by fighting back when she saw someone getting aggressed by police, and the mere act of her being at that protest was resistance against police violence itself. However, in a context where she is alone or with her children, Abena does not usually take any overt action, and when she does, she employs placating and avoidance strategies to keep safe from police violence, which is largely influenced by her role as a mother. Her previous experience of police sexual violence in the context of traffic stops made her system avoidant. She stated:

> I feel like in those instances, it's really unfortunate to say, but I have just internalized… I just want to completely get away from this officer as soon as possible. I don't want to further interact. And it's so interesting because on a collective level as a community organizer, I feel very comfortable engaging the police and calling for accountability. On a personal level when I'm on the street, I'm in a car, I'm by myself or with my children, my first M.O. is like 'Okay, let me just let them do whatever they're going to do so much as I feel that I can handle it and then let me hurry up and try to get home. But I actively will, if I'm driving down the street, and I see a police behind me, I'm making the first left or right. I'm not trying to even be in proximity to police.

Kelley expressed freezing in the moment both as a trauma response and a safety strategy. Like Abena, her child was primary factor in weighing trade-offs in her response to police violence and assessing a way to stay safe. She said:

> When he was touching it was more so, like I was frozen because I didn't want to make the wrong move to possibly die. Because, at that time, that was when the Sandra Bland situation happened, and it was a lot of talk about cops killing Black people so… It was more so, like what do I do in this situation? Do I snatch away and possibly die and not be able to see my see my son? Or is this a situation that I'm just supposed to let happen? So, it was like I didn't know what to do, because I didn't want to make the wrong move because I could not be here if I make the wrong move.

b. System Rigidity. System rigidity is a theme that emerged from participants' stories that describes the inflexibility of laws and policies when they sought help. For Diana, system rigidity impacted her through the Illinois Dissolution Act of Marriage, a law which required Diana to pay her abuser as a condition of divorce because she made more money than him. Her documented history of abuse did not matter.

> After the initial filing of a divorce in 2011, his path of employment started going down further until the point where he mentioned to me plenty of times that he did not want to work anymore. He had been fired at one point in time, got his job back and for whatever reason is currently not working. I find it very coincidental that this was after I filed divorce. But that's neither here nor there. Bottom line of it is, the Illinois Dissolution Act of Marriage in 2016 made Illinois a "no fault" state, which means that it doesn't matter the reason why you've gotten a divorce… what they call it is, no matter what marital misconduct has occurred, whoever is the primary breadwinner in that household has to

pay this particular calculated amount regardless.

For Diana, this constituted a form of economic abuse from her partner, as she felt he was manipulating the situation to disempower her and get what he wanted. The law to her was another layer of abuse that prolonged and exacerbated the cumulative violence for which she sought divorce in the first place.

For Kelley, system rigidity also took the form of a mandatory arrest of her partner. She and an ex-partner were physically fighting, and a neighbor called the police. Even though both she and her male partner were physically assaulting one another, her male partner was arrested against her wishes because binary gender and victim-perpetrator tropes determined that the male partner was the one that had to be arrested. This form of system rigidity was disempowering for Kelley, as it undermined her agency in the situation. She explained:

> And then at that point, it was kind of like 'well do both press charges on each other for both of us to go to jail? Or do we just settle the situation in front of the cops and walk away from the situation? He went to jail, of course, because the state has a law to where, if any man, puts his hands on a woman, they \ go to jail because the state presses charges. It doesn't have to be you that presses charges.… So I just felt like when he went to jail, it was partially my fault because… I didn't call the cops, but one of our neighbors did, and for them to just say 'well we're going to take him to jail and not you' when I put my hands on him, too, I just felt like… the option to not press charges was taken away from me... it wasn't like I actually had the power to stop what was going on, because they were going to make the decision for themselves what they wanted to do.

The child welfare system has played a major role in some participants' lives. Jasmine had the longest engagement with the child welfare system as a parent working to reunite with her

child. Related to the Carceral Collusion theme discussed in the next section, Jasmine described the hypersurveillance of being involved in the child welfare system as connected to police, as well as to poverty. Her reflections on poor parents being punished for their poverty speaks to the system rigidity core theme in that there is a lack of flexibility to understand the situational factors of what the system sees as neglect. Jasmine shared:

> A lot of the child welfare cases are neglect. We just think that they're saying neglect equals poverty and because you're poor, Black, and live in low-income communities, we're surveillance *[sic]* by child welfare and by the police. It's not just child welfare, but by the police also, and when they get involved in your life and they do investigations, they don't think of all these things. They're like, "oh my God, she didn't supervise her kid accordingly because she went to the store." But I'm like, I live on the fifth floor. I have three kids. Am I really gonna pay somebody to come stay with the kids or do I have to dress all three of them to do a five-minute walk to the store when it's going to take me like an hour to drive? --- People don't think about the realities.

Additionally, Jasmine's child welfare system involvement came with many service requirements such as parenting classes and anger management. These system requirements atop of agency rules that govern parental visits exacerbated the anger that Jasmine already felt from the child separation. Despite the saturation of Jasmine's service requirements such as parenting classes and anger management, the most helpful intervention towards family reunification was an honest empathetic foster parent. Jasmine told the story of a foster parent who, after Jasmine's third unsuccessful attempt at anger management, saw through Jasmine's anger and trauma to see her as a parent who wanted to be a part of her child's life.

> I think what really helped was the third foster parent because she really just gave more time. She kept saying ‘I ain't scared of Jasmine; I'll supervise her visits in the community’ and she did... And she started telling the worker, ‘I don’t think Jasmine is angry; I think she’s sad. And I think her sadness is taking her over and all she’s showing is rage because as a system, you guys don’t care about her sadness.’

The foster parent’s critique of the foster care system was a form of advocacy for Jasmine. The foster parent used her power to feed Jasmine’s desire to parent beyond the rigidity of the agency rules. Jasmine reported that she was able to wake up in the morning and take the baby to school, do school events when they happen, pick him up after school, go to [the foster parent’s] home and do homework, cook dinner, and put him to bed, “like I was mom again on a full day basis.” The flexibility and affirmation of Jasmine’s parenthood led to resolution.

> But again, I think because of the last foster mother's commitment to me and him, it started working out. I went to unsupervised [visits] with her really quickly, and within that six-month period, my son was home. There was nothing else for me to do. All they wanted was that behavior to change. And again, they didn't see it because I kept telling them like "once a week for two hours? Do you know what that's like, especially a first-time parent?" That was my heart and soul. Like, I live for that kid. And for them to take him and tell me that I was only allowed to visit him once a week for two hours was like... am I his aunt now? Is that his perception of me? Am I just like a friend or a family member who visits once a week? But when the foster mother gave me that daily routine back, I wasn't as angry anymore… and the agency started to see that. And that's when he ended up coming home.

Jasmine went on to the rigidity in mandated reporting in that mandated reporters are

"trained not to understand the repercussions of calling a child welfare case. So, they think, even for a risk, they're going to call in a child welfare investigation because they think they're doing something good for the family."

System rigidity also was evident in formal help-seeking. Inez's struggle for survival came on the back of leaving an abusive relationship that left her financially insecure as the primary caregiver of two children. She explained:

> After going to the state multiple times and explaining like look, "Hey, I know I make pretty decent money and I don't necessarily qualify, but I need this help" and I explained why, showed them my paycheck stubs, and I didn't qualify for childcare assistance because I made $57 too much.

This miniscule monetary amount was the difference between Inez being able to access childcare while she worked and not being able to work at all. In her struggle for survival, she subverted this system rigidity by doing what she felt she had to do to take care of her children after being denied childcare assistance and subsequently losing her job – she continued to draw unemployment benefits after she was eventually able to secure a new job to afford the childcare she needed. She was later charged with a felony (which she discovered during a traffic stop) and spent a total of seven years "entangled" in the criminal legal system. She explained:

> So, I get back to St. Louis, I go to court. I will never forget it. I was standing in front of a judge and she picked up a red folder and she used a letter opener. She opened up the file and she said, "Miss Bordeaux, you are being charged with overpayment of unemployment benefits." And my whole damn life flashed before my eyes. So, there was a prosecutor, the circuit attorney that we had in St. Louis at that time, like in I want to say

> 2008 was running on this tough-on-crime, cutting down on waste, prosecuting people who wasted the state's money or whatever. And I was one of those people.

The tough-on-crime political landscape to which Inez referred signals the type of neoliberal ideology that criminalizes people seeking public assistance within a prison nation. In sum, intimate partner violence led Inez to leave her abusive relationship. Losing the financial support of her abusive partner plus an unstable job market left Inez too financially insecure to afford childcare. She was denied one form of public assistance (childcare assistance) and was criminalized for meeting her needs through another (unemployment insurance).

c. Carceral Collusion. Carceral collusion was another prominent theme in participants' narratives of state violence exposure. Carceral collusion is defined here as the ways that systems work together to punish, surveil, or otherwise harm survivors, especially when they need help. Carceral collusions emerged in participants' narrative experiences with (1) the criminal legal and child welfare systems, and (2) the criminal legal and crisis care systems. Carceral collusion was evident in the criminal legal and social welfare systems for participants as well but is discussed within the system rigidity section.

Criminal Legal / Child Welfare. Abena connected her system avoidance, particularly when it comes to her children, to a formative experience of professional harm when she was five years old. Her first memory of an institutional actor being invasive was not a police officer, but a case worker. Her childhood experience of potentially being taken away from her mother has, at least in part, shaped Abena's internal tools for safety; that is, she acts or what she does (and does not do) when she is around police and her kids are present:

> There's an internalized mindset that is really challenging to say out loud but its real is that the first time that I saw a state actor and White person, for that matter, was also a form of

> violence when it was a case worker. This White lady, first White lady I've ever seen in my life that came to my house and was questioning me while my mother stood on the other side of the room with tears in her eyes, because this lady was basically trying to interrogate me to see if I needed to be removed from my home. And so, there's an internalized thing there where it's like… me being a mom and having that as a formative experience as being a child… when I'm with my kids, I just want to get away from them. I don't want to interact with them.

Abena uses the pronoun "them" to refer to case workers and police collectively. The criminal legal and child welfare systems are connected to her. To Abena, systems and the actors within them are associated with harm and the removal of children:

> I very much see them as negative actors. I don't see them as being positive… Just on a visceral level and emotional level, when I think caseworkers, I think breaking up families. And I think foster care, and I think family separation, and I think just all the worst things. And I think White people who maybe mean good, but I don't care if they mean good because they don't know what they're doing.

Abena's childhood experience connects to why police are associated with caseworkers and family separation to Abena. Over 20 years after Abena's formative experience, a sheriff delivered a subpoena to appear in court, which was an attempt by her then-partner to get an emergency order of protection for her daughter to be taken away from her. The threat of family separation was a major within case theme for Abena, both as a child herself and in adulthood with her own children. The threat of family separation in connection to police contact and poverty emerged in three participants' narratives.

Criminal Legal / Crisis Care. Another carceral collaboration that emerged in the data

was between the criminal legal system and mental health crisis care. Alex had an adverse experience with a university-sponsored mental health crisis hotline that utilized police officers as responders. Although Alex's experience did not actually result in police contact, it served to both reduce his institutional trust and his Expectations of Support because he did not receive the competent care that he sought during his mental health crisis.

> During my first year at University, I was like not having a good time. I was having a really bad mental health period and University has a little hotline crisis line you can call. And I was alone in my dorm room and I called the crisis hotline for the first time ever because I really felt like I was in a really bad place. And the person who answered was really just terrible. She took all my information and then she was like, "Okay, what can you do to make yourself feel better?" And I'm like, "I don't know. That's why I'm calling the crisis hotline. I'm in a crisis." And then she was listing random stuff like "Can you talk to a friend? Can you drink some water? Can you go for a walk?" And I was like, "No, I'm having a crisis." And then she was like, "Well, if you can't think of something to make yourself feel better, I'm going to have to call the police. And you're gonna have to go to the hospital." And I was like "okay, well I feel better now" *[laughs]*. And then she was like, "Really? You don't sound like you're better." And I'm like, "well, I am better. Thank you for your help." And then I hung up. The next morning, I got a voicemail from the crisis hotline and they were like, "if you don't respond to our call in the next hour, we're going to send the police to your dorm to perform a wellness check" … The police ended up not coming because I just happened to respond in time, but that was another instance where I was like, I really can't trust the school with my [issues]. Like, if I have

an actual issue, I could never seek out on-campus resources because all they do is treat their students like a legal liability.

d. Professional Incompetence. Professional incompetence refers to participants' adverse experiences of formal help-seeking. This theme, as illustrated through Alex's case, is not mutually exclusive from carceral collusion. Abena's limited experiences with formal support networks have mostly been negative. She had previously tried therapy and hotline support and was discouraged by incompetence. For example, she called a domestic violence hotline, not out of concern for her safety, but rather to seek help for her own use of violence in the relationship. However, she was turned off by the intake process. She described it as depersonalized, causing her to not further engage. Issues of provider incompetence combined with her preexisting institutional distrust left Abena with a sense that formal institutional support was not something that would be helpful in her life.

Melanie had an adverse experience accessing mental health support in college to deal with the lasting impacts of family violence and domestic violence in her life. She characterized the experience of institutional incompetence as a form of professional harm that left her with chronic health issues:

> My college mental health experience was terrible. The services that they were providing on my college campus were just, it would have been so much better if I wouldn't have even gotten therapy in that space. There was no diversity. These people were not trauma-informed at all. They just wanted to talk about like stress or whatever. And it's like, no, not everybody goes to college and it's just like stress because of college. So, there was really no sort of like framework to talk about any sort of harm that happened prior that I was carrying in, or how honestly, a lot of times in college, like when I was working

through that stuff, I was often very angry. I did a lot of destructive things, and it was like they there was no sort of safety net for that and that led to more harm on campus, and they still couldn't deal with that either. So, I'm like, you can't even deal with the things I'm bringing in from my experiences before college or deal with a horrible feeling on this campus. Like, what are you good for? That was super, super troubling. They have mis-prescribed me several times to the point where I have some long-lasting health issues now because the people just like were not listening. So definitely, yeah mental health services for sure have specifically on my college campus have been a huge, huge issue.

Service provider incompetence and medical neglect was an issue for Marley, as well. Their experience demonstrated the provider's lack of sensitivity to Marley's gender identity and sexual orientation, and a disregard for their pain. Marley provided an account of the professional harm they were subjected to, saying:

> I've experienced different forms of harm at the hands of doctors but one in particular at a hospital in New York was really bad. I went into the ER with my partner because I was in extreme pain. They asked all the cis-normative questions about if I was pregnant, and I said "no" and that the woman I was with was my partner when they asked her to leave the room. Long story short, this White cis man ER doctor violently performed a Pap smear on me with the largest device he had after I told him that I don't have penetrative sex. I was screaming and asking him to stop when he pats me on my thigh and says I need to calm down I'll be fine. I was devastated when it was over, and he stands up and says "well you're not pregnant" as if me saying I wasn't and the pregnancy test they gave me didn't prove it. Hours later I was still in pain in the ER and he comes over to bother me and I told him I was very upset and he hurt me. His response was "of course it

> hurt, I'm not a gynecologist." I was furious and started yelling at him and he says, "you got exactly what you wanted" and then says that "treating me is too controversial" before he walked away. Everybody around us in the ER heard and saw and soon after upper-level hospital staff were at my bedside saying they were gonna do something about it and I never heard from them again after I was discharged. They put me in a private room out of the ER on a different floor...but never treated the problem I was there for. They just gave me a room to 'sleep it off' and discharged me first thing in the morning.

Marley sought legal assistance after this experience of medical neglect that Marley believes was driven by their gender identity and sexual orientation. After they expressed that they were a transmasculine person there for medical help with their femme partner, "that was all they needed to hear, and I was now like a burden and not a patient." The lawyer they sought help from discouraged them from pursing a malpractice case. The sum of Marley's experiences with support systems has left them with a deep distrust of both individual people and institutions.

Alex also experienced harm from a health care professional. Alex was accessing testosterone so that he can undergo hormone replacement therapy. Testosterone is usually administered through a shot or gel. Alex does not like shots, so he requested the gel. His request and fear was disregarded. He could not get the support he needed to administer the shot to due COVID-19 social distancing regulations. He had to nearly have a panic attack trying to do the shot before the doctor finally agreed to prescribe him the gel instead. He described the experience accompanying feelings of disempowerment, saying:

> And it seemed like it was bordering on something illegal or like malpractice or something – like totally denied me healthcare just because she felt like I could do the injections. But it's like, I don't even feel like I can make a complaint, because she's the only person who

can prescribe me that testosterone in the area. So, yeah, that was a really unsettling and unnecessarily traumatizing experience. And just exhausting and super dehumanizing.

5. *Factors Associated with Safety-Related (Dis)Empowerment*

In addition to the elements of state violence exposure previously discussed, five core themes emerged as contributing factors to safety-related (dis)empowerment: (1) controlling narratives (2) structural neighborhood conditions (3) "shared precariousness," (4) "a politic of collective care," and (5) struggles for institutional transformation. These core themes are shown in Table 14.

Table 14

Themes on Factors Associated with Safety-Related (Dis)Empowerment

Core Themes	Description
Controlling narratives (4)	Labels and stories about survivors that shape perceptions and reactions to their actions and experiences.
Neighborhood conditions (5)	The impact of gentrification (neighborhood shifts characterized by wealthier people, new businesses and improved housing coming in, thereby pushing current inhabitants out), high police presence, and lack of options for neighborhood programs and services.
Struggles for institutional transformation (5)	Actions to change discriminatory policies and procedures of social institutions.
"A politic of collective care" (5)	A shared belief and practice of cooperatively meeting the needs of people within a community (i.e., mutual aid)
"Shared precariousness" (3)	A sense that a collective marginalized identity is at risk of harm

Note: Numbers in parentheses refers to the number of participants in which the theme was observed.

a. Controlling narratives. Controlling narratives were prominent drivers of survivors' sense of disempowerment as well as mobilizations of police. Two controlling narratives that disempowered participants and impacted decisions to mobilize police and/or police response were (1) "Crazy" as violent and unfit for parenting; and (2) Masculine as violent and un-abuseable. Both controlling narratives often emerged from an IPV context as a precipitating

factor.

"Crazy" as Violent and Unfit for Parenting. "Crazy" was an in vivo code used when a participant referred to themselves or mentioned having been referred to as crazy. This narrative was always connected to participants' use of violence as a trauma response. The label of "crazy" was often used to discredit participants' fitness for parenting (n = 3). For example, Abena's then-partner and family called the police in an instance where both parties "were physically harmful to each other" to pursue legal intervention to become custodial parent of the child they shared together. While this police contact did not result in direct police violence or neglect, the court case that resulted from it came with the threat of family separation yet again in her life. She shared:

> Just to be characterized as crazy to a police officer was very scary for me, because I know the weight that it carries to be a Black woman and to be named as crazy or unstable. Which is also related to my own understanding of being a child of another Black woman who was characterized as unstable. And that meant for, again, separation of me from my mother and the potential now as an adult of potential separation of me from my child.

Ifunanya's ex-husband was able to create his own narrative to their families about the hostile dynamic in their relationship. Ifunanya chose not to disclose details of her partner's intense emotional abuse because she responded to it with physical violence. In her mind, her use of physical violence in response to his emotional abuse undermined her credibility as a victim while giving credence to his claim that she was "crazy." This controlling narrative had a disempowering effect in the sense that it exacerbated her fear of mobilizing any external support, formal or informal. In times when she was particularly fearful, Ifunanya was reluctant to call police or other formal/institutional avenues for help in weighing the potential trade-offs of what

could happen to her then-partner and her son. Beyond that, she feared that the controlling narrative of her being "crazy" for responding to violence with violence would prevail and lead to her own criminalization. She stated:

> In my mind, every time I would dial 911, I would just be like, "Nope." Because if they come, then I also have to talk about what I've done to him, and no one's going to understand that and they're just going to think, "Oh, she's crazy." I was like, so maybe they're going to lock me up. Maybe they're going to lock him up and then our son is put in [the child welfare system], but there was just a million things, so every time I would try to call, I would just stop. So, I never called the cops. I never called a shelter, none of that. The only time… I would just kind of go online and read about the separation laws in DC, and then I talked to my friend because he was a DC lawyer. That was the probably the closest I came to and going to therapy to seeking any kind of outside help.

This controlling narrative also led to a dismissal and disbelief of the violent dynamic in her relationship with her ex-husband when she finally did decide to disclose within their informal network. Her informal network used her physical responses to his emotional abuse as evidence for why she was "crazy" and equated that to mental illness. Ifunanya explained:

> He told his parents what I did. He told my parents what I did. … His mom actually wanted me to be checked into like a mental hospital because she said that I was crazy. And that would probably kill him and kill my son. But the only thing I can say not to excuse my behavior is that I just, I didn't even know that I was capable of those things because I've only ever responded that way with him. And no one else.

While the crazy controlling narrative was a precursor for threat of family separation in Abena's life, it operated differently as a byproduct of family separation in Jasmine's life.

Jasmine hit her two-year-old son once. She didn't think anything of it because she was raised in an environment where disciplining children in this way was normal. Jasmine was subsequently arrested for corporal punishment and her son was placed into foster care. Family separation left Jasmine confused and angry. The state created a hostile social environment in the taking of her child, which angered her and enabled her to show and prove her love by fighting for her son. Fighting for her son was informed and rationalized by the cultural norm that fighting is what you do when you love someone. Jasmine's psychological aggression (i.e., threats) and physical violence was employed in a community context against foster parent(s) and case workers, leading to her being labeled as crazy.

> She said, "They wanted me to do a mental health evaluation because I was too wild, I was wilding out. They thought I was crazy. I'm like, 'I'm not crazy; I'm just passionate about my kid.'… And I was just like, really upset and I would sit in front of the foster parent's home and threaten her and get physical. And again, I just kept thinking, like, that was my way of showing them 'you guys hurt my kid and I'm going to make sure you're hurt too.' That's just the way life was like in Brooklyn – you protect what you love, and you fight for what you love... I didn't think my behavior was as violent -- I wasn't violent to him, so I kept thinking they would see that, but what they kept seeing was the violence and the anger that I had toward everyone else. I just thought I was fighting for him and I was just showing [them] that I wasn't letting nobody hurt him and that I would fight to keep him safe.

Jasmine's fifth caseworker was honest and transparent about the potential consequences of her continued actions. The caseworker articulated what others thought and felt and helped

Jasmine understand that the message she was trying to send with her actions was not being received the way she intended. In fact, it was having the opposite effect of what Jasmine wanted.

> That was when I felt like there was someone there to actually listen and support me… She was straight out like "Yo, Jasmine, are you crazy? We're about to terminate your parental rights. Your behavior is out of control. You hit and you fight with everyone. People are scared to be around you. Nobody wants to supervise your visits outside in the community because they think you're gonna like flip on them if they say something."

Jasmine described this interaction with her case worker as an awakening that resulted in a paradigm shift for her in the way that she viewed her behavior.

Masculine as Violent and Un-abuseable. The controlling narrative of masculine as violent in queer relationships influenced dismissive and neglectful responses by both police and informal network for Marley, thereby negatively impacting their internal tools for safety and sense of trade-offs. Marley's femme partners understood the controlling narrative of masculine as violent in queer relationships and leveraged that in police mobilization and in informal spaces. Marley's internalization or at least awareness of that narrative had a disempowering effect because Marley believed that they would always be blamed or punished for their own victimization. Marley's perception that society at large believes that masculine-of-center people are not only violent, but unable to be subjected to violence, disempowers them from defending themselves or otherwise directly challenging their abusers' behavior. They explained:

> I could never bring myself to put my hands on a partner, somebody I'm dating, anybody really. I'm not a fighter, I'm a lover, I'm a softy. But even in defending myself, I caught myself saying in my head over and over again, 'what are people going to say if I toss her across this room right now? She's hitting me in my face, but if I push her, if I hurt her,

> everybody is going to say its my fault, it's going to be my fault.' So, I essentially have to sit there and let it happen.

This controlling narrative rang true for Marley after an instance of physical abuse and verbal abuse in the form of intentional misgendering by an intimate partner. Marley's then-partner called the police after Marley decided to leave. Marley discussed what followed:

> And then the police show up and I'm sitting there, and I'm hurt and I'm crying and talking to them. They're like, 'what did you do?' and I'm like 'yo, I didn't do anything. Look at me, look at me and look at her. She's perfectly fine.' And they're looking at like all the cuts and bruises on my hands, my knuckles are like torn up and bleeding… I'm like I need medical attention and she's fine she's over there, like bragging to [the officers] talking shit, but because I got on jeans and she got on a dress, they didn't care. And I'm like 'Okay. So, this is how it's always going to be. It doesn't matter to y'all at all what happened here. It's easy for you to just take me away or put the blame on me.'

This related to a similar experience of police neglect Marley had when they mobilized police themself in response to an instance of physical community violence wherein they were attacked by someone they knew. The person who attacked them leveraged their knowledge of Marley's traumatic brain injury to cause immense harm by hitting them in the head. Marley mobilized campus police for medical reasons but was subsequently dismissed, at least in part, due to both parties' queer identities and gendered presumptions of "cat fights." Police presumed that they were either a couple or fighting "about a boy" and dismissed the violence as trivial. Marley recalled:

> Well, a lot of it, I'll say like was kind of brushed off or ignored because both of us are queer people, and I'm like "No but I'm actually hurt." And then, this person actually did

> something that is causing me a significant amount of trauma right now, and so once it got past all the "was this like a lovers' quarrel? Were y'all dating?" Like, no, none of that. It's not a cat fight about a boy. That's pretty much how it made me feel, like "are y'all cat fighting about boys?" Like no, it's not any of that… I haven't called the police for anything in a long time.

In Marley's experiences of partner-mobilized police in IPV/A, gender binary and victim-perpetrator categories and tropes have shaped their understanding of their risk of criminalization as a transmasculine person in relationships with femme women, even though they were the target of abuse. Marley was hyperaware of how they would be perceived, as the masculine-of-center person in the relationship, if they were to defend themself from abuse. In turn, not doing anything became a safety response strategy. The social context that surrounded this thinking was grounded in the notion that masculine people cannot defend themselves without being violent. In turn, the Masculine as Violent controlling narrative had a disempowering effect on Marley. The related flipside to this narrative is this idea that because they are masculine, they must take the abuse. Relatedly, Marley's self-mobilization of police in response to community violence resulted in police neglect, thereby reducing their expectations of support.

b. Neighborhood Conditions. The ways in which neighborhood conditions arose as themes in participants' sense of safety-related empowerment included the impacts of community disinvestment, gentrification, and a lack of information or options for help when it's needed. In discussing the impact of her experience of police sexual violence, Abena expressed doing everything in her power to avoid police in her neighborhood. However, avoiding police is difficult to do in certain socioenvironmental contexts where police presence is high and constant because, as she explained, "certain places in Chicago that I lived… where you have a cop van, a

Paddy wagon on either side of the block and then you have a police patrol come every two hours, how do you get away from police?" The over-presence of police her in neighborhood caused a hypervigilance that she compared to the way the media characterized a Black person in gang territory looking over their shoulder all the time.

Related to turf and territory, the ways that structural violence can create the conditions for interpersonal violence was made very clear in Abena's recollection of an experience of physical community violence that she had. As contextual backdrop, she described how segregated the city of Chicago is in terms of race, class, and street organizations. She described Chicago as a "very turf territory-based place" due to the systematic erosion of public housing and disaggregation of leadership that impacted not only street organizations (also known as gangs), but social justice organizations, as well. One day, Abena and a group of fellow organizers coming from one southside area of Chicago (referred to herein as Area 1) was going to another community organization space in a neighboring southside area (referred to herein as Area 2) to hang out. When they got there, a "community brawl" ensued. The socioenvironmental context is important to understanding how and why the violence unfolded. As Abena explained, Area 1 "has been an area that has been occupied by Major University[12], which has pushed people out of the neighboring [Area 2]." Organizers from Area 2 held a strong resentment of the Major University and that area of the city because of that disinvestment. One critical way in which that disinvestment manifested was when one of their friends was shot and died on the way to a hospital that was far away because the nearest Major University hospital did not have a trauma center. Those organizers had been in a struggle to get a trauma center at Major University ever since. She said:

[12] Major University is a pseudonym.

> They carry that trauma. And so, when you have folks who are coming from an organizing collective who some of those members are beneficiaries of the institution, which is Major University that had just disinvested from this group's community and has also been had a very heavy hand in a trauma that they've experienced as a community, and we're coming over just to say 'hey, what up' and there's a lot of resentment that nobody in that group coming from Area 1 actually enacted, but it's the history… It was no reason we needed to fight, but like…. we're a community of young Black folks who are filled with angst and anger and resentment and maybe not knowing where to put it, you know? You can't run and fight the cops. You can't run and fight Major University.

In essence, the members of the disinvested community projected the trauma that they held from the structural violence of Major University onto the Area 1 organizers because they saw them as representative of that. This structural neighborhood displacement seemed to erode Abena's sense of collective efficacy and camaraderie among people with whom she shared community organizing space.

For Tajh and Melanie, the processes of gentrification in their neighborhoods negatively impacted their Expectations of Support. For Tajh, gentrification was associated with an increase in police presence at the behest of new demographics moving into the area whose conceptualizations of safety diverge sharply from her own. She said:

> I live in Williamsburg, like the gentrification capital of the world. So, their iteration of safety is like community board meetings with the local precinct. Which…gross. That being the only option, you know, for any kind of community conversation about safety I feel like really tells me all I need to know how just where folks are at in terms of their understanding of state violence or the lack thereof, but because I live in a community

> filled with like gentrifiers and immigrants who buy into respectability, I understand the reason for that. Like, I know where I'm at. But there's no… what I would need to feel safe and to feel like my daughter and son are safe in this community. It does not exist outside of what I'm trying to create.

Melanie's family had been in the same neighborhood for five generations until the process of gentrification pushed her family out. As a result, she lost a sense of safety. She said, "Not only do we no longer live in that same exact neighborhood where everybody knew each other, everyone on that block was basically a family member of mine - and that was like the form of safety, you know?" Gentrification was important to Melanie's socioenvironmental context. Pre-gentrification, collective efficacy was high because her family was geographically linked to a particular block. Then, developers coerced family members into giving up property, which caused family conflict and reduced collective efficacy by virtue of neighborhood changes.

c. Struggles for Institutional Transformation. Participants' struggles for institutional transformation were directly derived from their experiences of interpersonal and state violence. Anger was a driver for institutional transformation for participants. Inez connected her experiences of escaping intimate partner violence to her criminalization.

> I was the victim of many years of domestic violence. And when I finally like broke free of it, in me breaking free, it pushed me into the criminal justice system where I was just like, chewed up for seven years and then spit out. And when I got out of my entanglement with the criminal justice system, I knew that I couldn't go back to my old way of life, the life that I was living before I had been so radicalized and so angry that I knew like I had to do something. I just couldn't go back.… It's hard to tell one part of the story without telling all of it because it all interconnects. At any point if the state had

> even been a little bit of shit and been like, ‘let me step in and assist with this one thing,’ the complete cycle of this story would have been interrupted. And it's the reason why I do the things that I do, because this system tried to destroy me. This system didn't [care] about me. It didn’t [care] about these kids. It didn’t care about any of that. It sounds cliche, but I literally was like, I swear on my life that I am going to dedicate the rest of my life to try to tear down the systems that tried to destroy me.

Similarly, Jasmine spoke of turning her anger into action to transform the child welfare system, starting with supporting the parents and the caseworkers who dealt directly with them. She stated:

> Despite my fear and anger, over time I changed my view on working in the system. I thought they needed someone to tell them that they are baby snatchers, and that the system is cruel and unjust, throwing parents to the wolves. I wanted to do something to make people hear and understand that the system is hurting families rather than helping. I began to imagine a different support for parents, a different practice within the system.

This activism is a contributing factor to Jasmine’s empowerment. She believes that she is having a direct impact on lessening the potential for harm in a system that caused her so much of it. Speaking to professionals in the system gives Jasmine the ability voice to what parents say they need and want while speaking from her own experience as well.

In the context of activism and community organizing, collective efficacy was a source of safety-related empowerment for Abena. Abena spoke to presence and absence of collective efficacy in chosen/cultivated community relative to neighborhood community, (which can, but does not always overlap). Abena expressed a lack of confidence in her neighborhood community to intervene when they see police violence. Disengagement (i.e., flight) was her primary trauma

response in instances of police violence in a neighborhood community context. Though in a chosen/cultivated community context, resistance (i.e., fight) was her primary trauma response. In turn, her Expectations of Support for police violence from her neighborhood community was low, but high from her chosen/cultivated community. She stated:

> In community and in organizing, I know that if I'm with people, I know that these are people who share a cause and share a belief and share a politic and if something happens to me, they're gonna come and support and help. If I'm just on the street, Black people, people in community have so many different understandings and responses to police; I'm not so sure that somebody's going to come to my aid, so I just need to try to get away.

"Shared Precariousness." The need for group survival rests on the subtheme of precarity expressed by participants. Alex's gender identity in being trans shaped their Expectations of Support for safety in a significant way. He expressed an issue of precarity in both his day-to-day safety, and his community of friends that are also trans. This notion of precarity in his community is a major reason why he does not rely on others in the trans community as much for safety.

> I feel like for me, especially being trans, I think the sources of safety are kind of tricky because it's like we're all kind of in a very precarious situation and it's kind of like what does safety mean when there are two people who are in danger in a very similar way? And I feel like a lot of the resources for safety that I can most easily identify come from allies and more so when they're in positions of power. And can actually leverage that power to provide safety, which I think is unfortunate because I think it can be hard to identify who is an ally and who is willing to provide safety for the community in that way. And so I think ultimately what ends up happening is, I turn(ed) to my community

> for a sense of solidarity and our shared precariousness and awareness of that precariousness and the respect for it, and then kind of assuming that other people are not supportive of that unless they explicitly come out and say, 'yes, I am supportive of the trans community and I'm willing to help you if you need help.'

Inez also connected with this notion of precariousness and seeing the dangers of leaning on one's support network/community as a trade-off.

> I can totally call my organizing comrade and they would help me bury a body in my backyard, you know I'm saying? But… that also is not safety. I am then dragging them into some stuff and now we're going to be co-conspirators in whatever the police charges with. So, not only am I not safe, I am making them less safe, you know what I'm saying? And that is almost a trade-off and not worth it, you know? And I'm saying like do I call this person and bring them into this mess, as someone who is part of my support network? Because I think that also makes that person less safe.

Marley expressed a disincentive to mobilizing police help both personally due to direct past experiences of neglect, as well as a bystander. The shared precariousness of being Black living in a predominately Black neighborhood in an urban city has given them pause for mobilizing police for other Black people due to fear of the consequences.

> That and coupled with like my personal experiences and seeing how they respond when they show up, coupled with like watching on TV like time after time when somebody calls an officer for a wellness check or somebody calls a police officer for help and they show up and somebody ends up getting killed or like a neighbor is just making sure their neighbor is OK, and now that neighbor regrets calling the police because their neighbors dead. You know, it's like seeing and all those things happen and its really traumatizing in

> that way because, while I lived in New York City, I lived in an apartment in Flatbush and the apartments around they're super, super close. And so, you could hear everything and I used to call one of my friends to just talk me through the night sometimes because I would hear screaming and people yelling and crying and I'm like 'I'm so conflicted' and I'm sitting here crying because I want to call somebody for help, but I live in Flatbush which is just like the Blackest part of Brooklyn. If I call police over here, somebody's going down somewhere, and that's going to be my fault. So how do I deal with knowing what I've been through, what I've seen happen to other people, and what could possibly happen if I call the police? That's a wild situation to be in.

The subtheme of shared precariousness emerged in Jasmine's story as well. Being a parent with prior involvement with the child welfare system had a significant negative impact on her Expectations of Support for programs and services in her community. The involvement of child protective services in Jasmine's life triggered a lasting system avoidance that pushes her towards self-reliance and her informal network, and away from any type of formal support. She explained,

> I'm a parent advocate … and I still will not go to my community and say 'I need this' or 'I need that' or 'I don't have enough food' or 'I need childcare,' only because the way New York City is set up is that any means of support that you try to get, if they feel that you're being neglectful or there's a safety concern or they even think of a risk, then they're already mandated reporters to call it into child welfare. And I think as a parent affected that I never in my life want to experience child welfare again. And it's something that parents say all the time. Even preventive agencies. You would think that's something that parents would want to reach out to, but in New York City, parents see that as a light foster care.

> It's the same surveillance, the same monitoring, same people in your house telling you what to do and how to do it. So, once I had that experience, I've always been the person that will say 'I'll figure this out myself' or 'I'll ask family or friends and if they can't do it, I'll sell my jewelry.' There's been times where I've had no jewelry at all and it's just something that we have to do as parents – we have to figure out what we are sacrificing to make sure our kids have what they have. But it shouldn't be that way… I shouldn't have to pawn all my jewelry to get the kids what they want because I'm scared to go to an agency to tell them I need help because they're going to see me as an unfit parent… Once you experience what kind of 'help' they give you, it really just restricts you from reaching out to help in the future.

In addition to the system avoidance that Jasmine now practices as a result of her previous child welfare system involvement, she expressed having to weigh Trade-Offs in making personal sacrifices to provide for her children, another element of safety-related empowerment.

d. "A Politic of [Collective] Care." A politic of care was an in vivo code used to capture participants' mutual aid and struggles for group survival. Abena expressed that cultivating an intentional community that was committed to "a politic of care" was critical to her safety-related empowerment. People within her cultivated community or "pod" had intentionally sought to live near one another so that if they needed each other, support was easily accessible. Taken together, her expectations of support and internal tools in situations of not just interpersonal violence, but in broader support needs, were high.

> It didn't always have to be somebody was in a physical fight or nothing like that. Sometimes it was just like people need to vent and cool off or sometimes people had to like you know come together and pool our money to share a meal together. It was just

different stuff. Or borrow a car or 'I got pulled over by police; can you pull up and make sure they don't do nothing?' And so, cop-watching for each other and stuff like that.

As a parent who has negatively lived experience in the child welfare system and sees the number of neglect cases based primarily on lack of resources, Jasmine has been invested in increasing her own and other parents' Expectations of Support through mutual aid efforts. Her experiences have shaped her to invest in cultivating a politic of care wherein the child welfare system does not have to get involved in families' lives because "a lot of families don't feel like you get support; you get surveillance…. But we as a community can be a resource for each other." She has been working with other parents to assess each other's needs and collectively ensure they are all met.

6. Defining Safety

I asked interview participants to define safety in their own words and describe what it looks like to them. It was a difficult exercise for some because of how seldom they have experienced it. The ways that the subsample conceptualized safety was and layered. It ranged from something that is widely accessible to something that does not exist. Despite the variety of conceptualizations, two major themes emerged: (1) Physical/Material Safety (2) Emotional/Relational Safety.

a. Physical/Material Safety. In defining safety, Ifunanya's definition of safety was both physical and material. Safety for Ifunanya included freedom from elements of harm:

> Mentally, emotionally, physically, sexually, financially, medically, spiritually, amongst friends, family and within the community one lives in. Safety means never having to worry about being harmed simply for existing. Safety also means being free from police violence and gender-based violence, as well as from all harmful and bigoted rhetoric.

Inez's definition of safety was more centered on having one's material needs met. More specific to her personal experience, she spoke to the importance of not having to be in a position to be punished for survival. She said:

> Safety just means like us being able to live our best lives without having to worry about how we're gonna have the basics. How are we going to have a roof over our head? How we're going to make sure our electricity and gas stays on? How are we going to buy food? I mean that's what safety means… No one should have to make the decision about whether or not they're going to have to do something bad or illegal in order to survive because I know from firsthand experience that people are going to do what they have to do and you expecting them to do anything otherwise, it's just not human nature. It is human nature to do what you have to do to survive. And we shouldn't fault people for doing what they have to do to survive. Let's put them in situations to where they don't have to do anything bad that they can just be like, "this is what I need" and then *bam*, there is a resource to provide whatever it is that they need.

At the same time, Inez was clear that her vision of safety cannot coexist with police as public safety providers saying, "If I have to depend on the police for my safety, then there's no such thing as safe. Period, because they make me unsafe."

b. Emotional Safety. The core theme of freedom included from violence and the threat of violence (physical safety); freedom to navigate the world as one's whole self in full dignity (safety as a feeling or state); and freedom from fear and hypervigilance. For Kelley and Marley, safety is a fleeting feeling that hinges upon self-protection and self-isolation. Kelley said, "feeling safe is your own sense of protection. With my experiences and how that's shaped me as

a person, I'm more now able to jump to protecting myself than allowing someone else to protect me."

c. Relational Safety. In addition to material safety, Abena and Melanie defined a more relational safety. Melanie said:

> Safety means not having to be resilient because we have the means to prevent harm. I feel safe when I am with my family and loved ones. I feel safe when I am in other countries where Black folks are not the minority. I feel safe with my dog.

Similarly, Abena described safety as "the ability to either within yourself or with others find a refuge in the midst of trauma." There was also a spiritual element in Abena's concept of safety, as she talked Black people having the ancestral cultural wisdom to activate building capacity to trust each other and build and systems to keep safe. She said, "I think it's just in us, we know what it feels like to struggle and survive and to know that we may be the only lifeline that we have for each other." This theme of relational safety connects to the notion of breaking generational cycles of trauma that emerged from several participants.

7. Conceptualizing Safety

Relatedly, phase one survey respondents were asked to respond to the open-ended question "What kinds of resources and systems need to exist for women, girls, trans and gender nonconforming people to be safe?" Several major themes emerged within how participants define and understand safety, listed in Table 15. The themes are listed here as distinct, but participants often discussed several of them together in their responses.

a. Access to Material Resources. Phase one participants mirrored the subsample in acknowledging the importance of material needs such as access to housing, employment, healthcare, and food as foundational to safety. Specifically, participants named accessible direct

financial resources to support survivors' departure from abuse, inclusive shelters for trans and gender nonconforming people, and gender-affirming healthcare as important material safety needs. Participants also supported the idea of unrestricted cash, such as basic monthly income and other financial resources for survivors. Participants called for access to free health care that is inclusive, comprehensive, and responsive.

Table 15

Conceptualizations of Safety

Core Themes	Subthemes
Access to material resources	Direct financial support for survivors
	Mental health care
	Affordable and accessible housing, including shelters accepting of TGNC people and family shelters
	Comprehensive health care, including gender-affirming and reproductive health care
Collective community care	Safety pods
	Restorative justice practitioners
	Community block clubs
	Sanctuary networks
	Healing spaces
Access to supportive advocates and competent institutions	Lists of patient advocates and how to reach them
	Lists of queer and trans friendly healthcare providers
	Wraparound services for survivors
	Doulas to provide myriad types of support
Mental health care, healing services, and safe spaces	Low-to-no cost mental health support
	Access to Black, queer, trauma-informed providers
Education and skill-building	Trauma-informed care training for providers
	Comprehensive sex education
	Free and widely available self-defense classes
Funding care, defunding carcerality	Funding for local organizations
	Funding for schools
	Defund police

b. Collective Community Care. Participants' visions of safety included processes for determining who one might rely on if they experience abuse as a normative practice of collective efficacy. People also talked about knowing their neighbors as helping to create a sense of safety. For example, one participant's conceptualization of safety included:

> Safety pods and internal procedures of caretaking, community block club style forums to unearth issues in the community, more and higher paying jobs, institutions for youth that aren't rooted in adultism and respectability politics, more education and restorative justice frameworks for understanding the politics and personal experience of being Black and Queer.

The Collective Community Care theme included mutual aid. Mutual aid becomes necessary when crises arise that informal networks respond to amid inadequate government policies. Collectively pooling resources to meet essential needs is a practice that Jasmine discussed frequently in her efforts to thwart economically disadvantaged parents' involvement in the child welfare system. Jasmine said,

> I'm thinking long term to create like an email or a hotline that anybody in your city can say like, 'I have go to work and I don't have childcare. Is there a respite where I can go drop little Jimmy off so that I can go to work for three hours? I don't want to lose by job'… I'm also creating peer and community advocates that will work outside of the system, that way we have people in the community that can give support to parents before child welfare gets involved. Really being that support to say, 'Hey, you have a crisis, call Jasmine or call Jasmine's team and they can help you look for housing resources, care pantries, get you sneakers for little Jimmy like… These are things that we've noticed as parents affected by the system. It's not that we're bad parents; it's that

there's a lot of economic issues that are going on. A lot of the child welfare cases are neglect.

The theme of collective community care captures participants' recognition that of collective efficacy as an antidote to neoliberalism and an inadequate safety net.

c. Access to Supportive Advocates and Competent Institutions. Responses that mentioned the need for access to any type of service provider or element of professional competence was categorized as Access to Supportive Advocates and Competent Institutions." Participants' visions of safety included widely accessible restorative and transformative justice hubs "that include folx trained in actual preventative and crisis work. These people would be folx who are skill in abolitionist: de-escalation; mediation; restorative and transformative justice; healers; spiritual works; and medical professionals." Within this category, participants envisioned doulas to support marginalized people through difficult experiences. Participants also envisioned widely accessible lists of patient advocates, hospitals and competent hospital staff that are "held accountable for the harm they cause," and queer- and trans-friendly hospitals and healthcare centers that "minimize, if not eradicate the disproportionate harms done to Black women, girls, femmes, transgender and GNC folks." Participants also envisioned holistic wraparound services in a community-based organizations because currently, many services are disjointed, which makes it difficult to navigate as a survivor.

d. Mental Health Care, Healing Services, and Safe Spaces. Respondents believed that mental health care and healing practitioners should be low-to-no cost. Respondents also believed that there should be more mental health practitioners reflective of and grounded in the experiences of Black people of marginalized gender identities. Participants talked about streamlining the process and accessibility of Black/queer therapists and trauma-centered

therapists. Relatedly, participants spoke to the need for "trauma-informed care [and] social workers who are trained/practiced restorative/transformative justice practitioners." Responses also highlighted the need for safe spaces to heal and provide and receive emotional and practical support. Participants spoke to a culture of silence and not being believed in their calls for safe spaces. Relatedly, participants talked about the need for hotlines, community centers, and platforms to speak out. Respondents valued strong social support networks as a necessary component for safety. Respondents spoke to the need for some of these healing and safe spaces to be exclusive to trans and gender nonconforming femmes because of cissexism.

e. **Education and Skill-Building.** Education was a major theme. Education itself as a broad category meant different things to different people. For some, it meant better funded schools and better-quality education at all levels. Others referred to political education, which I defined political education as building a shared analysis around systems of oppression. The need for comprehensive sex education in schools and educational programs for people who commit harm/abuse as part of accountability were also recurrent in the data. For example, on survey participant's conceptualization of safety included:

> "Self-defense programs. Community organizations where people actually know the people they live near, and they can check in with them to make sure they're safe. Programs and structures that need investment = healthy sex ed programs that include conversations about consent and healthy relationships, that start very early. Programs that teach people who to deal with conflict in a healthy way."

Respondents valued prevention as an area of needed focus relative to intervention. The most mentioned skill-based training was self-defense. Notably, most respondents believe self-defense classes should be free and widely accessible locally. Self-defense training also included

education on firearms. Other types of skills trainings mentioned included de-escalation, bystander intervention, conflict resolution and mediation, budgeting, and safe space training.

f. Funding Care, Defunding Carcerality. Participants envisioned a fundamental redistribution of power – primarily money – from the carceral state to community-based organizations and networks. One participant stated that safety looks like "BIPOC [Black, Indigenous, and people of color] funded organizations that do not re-create carcerality, that have consistent funding (and pay their staff a livable wage), that have workers who care." Another participant envisioned "community-based networks of first responders, like violence interrupters, safe houses, and survivor funds." Some participants echoed contemporary social justice movement demands to "defund the police," "abolish police [and] invest in communities via participatory budgeting."

C. Summary of findings

This study examined four research questions. The first two research questions examined risk associated with state violence exposure. Hypothesis #1a was that state violence exposure varied by gender identity, sexual orientation, migration status, caregiving status, disability, arrest history, age, employment status, educational attainment, or income level. Hypothesis 1a was partially supported. State violence exposure did not vary by age, employment status, educational attainment, or income level. However, bivariate analysis suggested that being transgender or gender nonconforming (TGNC), a sexual minority, an immigrant, a caregiver, and having an arrest history were risk factors in state violence exposure.

Hypothesis #1b examined whether intimate partner violence and community violence predicted exposure to state violence. Hypothesis 1b was also partially supported. Logistic regressions showed significant associations between IPV exposure and service neglect as well as

IPV and professional harm. Logistic regressions also showed significant associations between community violence and police violence, professional violence, and service neglect, respectively. However, quantitative analysis did not find that IPV survivors had significantly higher odds of experiencing police violence or police neglect compared to sample members who had no history of IPV. Similarly, although CV survivors had higher odds of experiencing police neglect compared to sample members with no history of CV, the associations were not significant.

Relatedly, the second research question examined whether state violence exposure varied by the type of safety strategy survivors employed in response to interpersonal violence/abuse. Hypothesis #2a was that the rate of state violence exposure would be higher among people who utilized formal supports and the legal system as a safety strategy to intimate partner or community violence. Hypothesis #2a was supported. Poisson regression models showed that IPV survivors as well as CV survivors that utilized a legal strategy had significantly higher rates of state violence compared to survivors who did not utilize a legal strategy. Additionally, both IPV and CV survivors that utilized a formal strategy had significantly higher rates of state violence compared to survivors who did not utilize a formal strategy.

Hypothesis #2b focused on whether the rate of state violence exposure would be lower among people who utilized informal supports and private strategies to IPV and CV. Hypothesis 2b was partially supported. Results showed that there was not a significant difference in the rate ratio of state violence between IPV survivors who utilized informal and private strategies and those who did not, though the difference was significant in the context of community violence. In other words, survivors of community violence that utilized informal and private strategies still experienced higher odds of state violence exposure relative to people with no previous CV exposure.

The third research question examined factors associated with the three domains of safety-related empowerment: Internal Tools, Expectations of Support, and Trade-Offs. A positive association was hypothesized with police trust and negative associations with exposure to direct police violence, police neglect, direct professional harm, and service neglect for Expectations of Support (Hypothesis 3a) and Internal Tools (Hypothesis 3b). As higher scores on the Trade-Offs measure mean less safety-related empowerment, the study hypothesized negative associations with police trust and positive associations with the four state violence exposure subtypes. Hypotheses 3a-3c were partially supported. OLS Regression models showed that police trust was positively associated with Expectations of Support and Internal Tools, but there was no significant effect of any state violence subtype on either domain of safety-related empowerment. For the Trade-Offs domain, ordered logistic regression results showed a positive association with police violence incidence, but no significant associations.

The qualitative findings found overlapping core themes of hypersurveillance, system rigidity, carceral collusion, and provider incompetence as themes associated with state violence exposure. Participants' narratives revealed that the individual, interpersonal, and structural factors within these themes also have disempowering effects on their sense of safety. The controlling narrative of "crazy" was associated with participants' use of violence and used to discredit their fitness to parent. Two of these participants were arrested in connection with their experiences of intimate partner violence. In this way, the qualitative findings support the quantitative finding that being a caregiver and prior arrest history being associated with state violence exposure. Similarly, trans and gender nonconforming gender identities in queer relationships and the controlling narrative of masculine as violent uncovered in the qualitative study help explain the quantitative findings that gender identity and sexual orientation were

associated with state violence exposure.

There was only one immigrant in the subsample whose migration status did not emerge as a significant factor in her narratives of violence and safety. Relatedly, while disability did not emerge as a significant state violence risk factor quantitatively, disability was implicated in some subsample members' experiences of violence, either as a direct result of professional incompetence (in the case of Melanie's chronic health conditions from misprescriptions) or precursor for needing to mobilize police help (as in the case of Marley's traumatic brain injury). Cases like Marley and Inez illustrate why IPV/A was found to be associated with service neglect, as they both sought institutional help and were dined or dismissed.

Participants experienced several forms of hypersurveillance (a structural form of state violence), which sometimes led to more overt forms of violence and harm such as inappropriate sexual contact and physical assault by police. Hypersurveillance in participants' lives often resulted in hypervigilance and system avoidance.

Fighting back as a resistance strategy to police violence was more likely in a collective context, but taking no action, placating, and avoidance were safety strategies employed in an individual, isolated context [police sexual violence]. In contrast, fighting back in an IPV/A context tended to drive controlling narratives and carceral collusion in the subsample. Children (i.e., participants' roles as parents) were a major factor in weighing trade-offs to keep safe in the context of hypersurveillance, especially dealing with police.

System rigidity, or the inflexibility of laws and policies, served to disempower survivors in a significant way economically and generally stripped survivors of their agency in particular situations. Carceral collusion was a theme often associated with the threat of family separation, formal help-seeking (related to system rigidity) and mental health crisis care.

Participants found strength in their traumas. Although instances of state violence in all its forms tended to reduce institutional trust and lower expectations of formal and legal support, participants found sources of empowerment in cultivated community. The notion of shared precariousness in collective identity spurred a politic of collective care. The study identified anger from institutional harm as a primary driver for struggles for institutional transformation.

Participants had variant understandings of safety, but in all, expressed elements of physical, material, relational, and emotional safety. Lastly, participants envisioned a range of practices, systems and other resources needed for Black women, trans, and gender nonconforming people to be safe.

V. DISCUSSION

Using a mixed methods cross-sectional research design, this study examined risk factors of state violence exposure, including whether that risk varies by safety response strategies, and contributing factors to safety-related empowerment. The study also explored participants' conceptualizations of safety. With the objective of gaining an in-depth understanding of state violence and safety-related empowerment, ten participants were also purposively selected from the total population for in-depth interviews. Data collected through an open-ended survey question and in-depth interviews with the subsample contextualized and helped explain the qualitative findings. The process of data integration involved comparing the major quantitative and findings qualitative results, as well as data from recent literature.

This chapter has four major sections. The first section includes a discussion of the quantitative and qualitative results. The second section discusses study limitations and strengths. This dissertation concludes with implications from the study for social work education, practice, policy, and future research and conclusions which make recommendations for next steps.

A. Study Aim #1: Factors Associated with State Violence Exposure

The results from this study indicate individual, interpersonal, institutional, community, and public policy factors associated with state violence exposure. Regarding individual factors, study findings suggest that being transgender or gender nonconforming (TGNC), a sexual minority (lesbian, gay, bisexual, or queer) an (im)migrant, a caregiver, having a disability, and having an arrest history were risk factors in state violence exposure. TGNC people experienced disproportionately more direct police violence and professional harm relative to cis women in the sample. Yet, cis women in the sample were also subjected to physical, sexual, and psychological forms of police violence in their day-to-day lives driving with their children, driving for work,

and protesting for social justice. Participants' experiences were in line with the CATO Institute's finding that sexual misconduct is one of the most reported forms of police misconduct, second only to excessive force (Packman, 2011). Participants were subjected to sexual harassment, inappropriate sexual comments, and invasive searches that were experienced as a form of systemic state-sanctioned sexual assault.

Despite the dearth of published data and studies of Black women's and TGNC people's experiences of direct harm from state agents, this study demonstrates that it is not for lack of its occurrence. Participants cited their own trauma responses, weighing the trade-offs of pursuing accountability against the immediate safety of themselves and their children, and their perception of the power imbalance between them and police as internal factors influencing their safety response strategies to police violence. One participant's sentiment that "cops do what they want to do" in reference to her experience of inappropriate sexual contact by police speaks to the perception of impunity in law enforcement. Such internal influences may explain, at least in part, why so much sexual violence by police goes unreported. Of what is reported, there is evidence that some cities have contracts with police unions that systematically purge evidence of sexual misconduct (see "Agreement between the city of Baton Rouge and Baton Rouge Union of Police," 2015).

Study findings also indicate that trans people are especially vulnerable to professional harm in the context of health care provision. This vulnerability was the result of the multiplicative impacts of race, queerness in both gender identity and sexual orientation, and class leading to discrimination and medical neglect. Although the study was not able to determine causation, there is value in knowing patterns.

While having a disability did not rise to the level of significance in examining factors associated with the count of all state violence types, it was a significant factor in professional harm specifically. Two participants with disabilities, who were in both phases, experienced professional harm in the medical and mental health arenas from cultural incompetence leading to long-term health issues, and a blatant disregard for participants' self-determination.

This study did not find statistically significant differences in state violence exposure by socioeconomic factors such as education, employment, or income level. Previous studies that have examined interpersonal violence in intimate contexts have found socioeconomic status to be a significant factor, but those same factors to not appear to be significant risk factors in state violence exposure. This lack of significant difference in the rates or odds of state violence exposure could signal that the risk level is fairly uniform across socioeconomic groups among Black women and TGNC people. It could also be the case that there is more variation at the community level relative to individual socioeconomic status. Neighborhood conditions arose as a prevalent theme among study participants, though neighborhood concentrated disadvantage was not statistically examined in the current study due to missing data. If there is an over-representation of people in neighborhoods where disadvantage is concentrated, individual-level sociodemographic measures may not detect place-based disadvantage.

Interpersonal factors associated with state violence exposure in the study included histories of intimate partner violence and community violence, but not all subtypes if state violence equally. A previous study by Fedina and colleagues (2018) found an association between lifetime prevalence of police victimization with histories of IPV and sexual violence, though the current study did not find that IPV survivors had significantly higher odds of experiencing police violence or police neglect compared to sample members who had no history

of IPV. One interesting finding was the significant associations between IPV exposure, and the state violence subtypes of service neglect and professional harm. Qualitative findings align with previous literature that show that poverty and economic insecurity is often heightened in the aftermath of leaving an abusive relationship. Participants were denied forms of public assistance such as childcare assistance, rental assistance, or support from the Supplemental Nutrition Assistance Program (SNAP) due to a combination of discriminatory attitudes among frontline workers and rigid requirements and rules. In this way, institutional factors impact the interpersonal risk factors of IPV and CV. This finding aligns with literature showing that the relationship between IPV and poverty is a reinforcing loop acting as both a driver of IPV and barrier to leaving abusive relationships (Gibbs et al., 2017). Although CV survivors had higher odds of experiencing police neglect compared to sample members with no history of CV, the associations were not significant.

Institutional and policy factors resulting in social disenfranchisement and the creation of a hostile social environment (cell 9 of the Violence Matrix) included incarceration (both the conditions of incarceration and the collateral consequences), mandatory arrest policy, draconian state labor and industrial relations statutes, the economic implications of state laws governing the dissolution of marriage, and policies that regulate the child welfare system. The study findings reinforce the notion that the criminal legal system has functioned as a solution to gender-based violence. It has also reinforced that the criminal legal system is a solution to poverty. The collateral consequences of one participant's involvement with the criminal legal system – including incarceration and probation -- functionally reduced her safety by further restricting her means to care for herself and her children, even more so than the reason why she ended up in the system in the first place. The way Dorothy Roberts (2012) studied and conceptualized the joint

functions of prison and foster care to discipline and control poor Black women through hypersurveillance while blaming them for the hardships of poverty is analogous to Inez's experience in probation and connects directly to Jasmine's experience with the child welfare system. Both Inez and Kelly experienced contact with child protective services and either actual or threat of arrest, which stemmed from a lack of childcare. The institutional factors that denied these participants the help they sought to give adequate care to their children ironically put them in contact with a system to separate them from their children.

B. Study Aim #2: Factors Associated with Safety-Related Empowerment

Previous research on intimate partner violence has explored Black women's fear of police involvement centered on their partner, but this study found that there are broader consequences to police involvement and interpersonal violence more broadly that is connected to a sense of collective identity as Black people. This collective identity is especially true among Black trans and nonbinary people. There is a collective sense of precarity and, in turn, sense of collective protection that exists when some participants weigh trade-offs in relying on the informal support network for safety.

The current study also found that expectations of support from formal and legal sources such as police were influenced by a combination of past neglect and media influence. Participants cited specific cases like Sandra Bland who, like several participants, was pulled over in a traffic stop, arrested, and found dead in a jail cell days later. The reluctance to utilize institutions known to cause harm to others with shared identity connects to the study by Desmond, Papachristos, and Kirk (2016), which found that the visibility of police misconduct via media reports of police violence can greatly subdue calling 911 to report crimes.

Survivors' hypervigilance, distrust, appeasing, and aggression are all what Staci Haines

(2019) refer to as embodied survival skills. Participants' reported hypervigilance and use of violence in moments when they were triggered stemmed from feeling unprotected and thus needing to protect themselves. While the current study did not systematically measure posttraumatic stress disorder (PTSD) symptoms, elements of PTSD were evident in all participants who experienced some form of state violence. A previous study of IPV and safety-related empowerment found that symptoms of PTSD were inversely associated with a sense of Internal Tools for staying safe and Expectations of Support from formal and informal sources, and positively associated with a sense of Trade-Offs in order to stay safe (Cattaneo et al., 2020). This study's findings align with the current study's, except for lower Internal Tools. While all participants expressed great institutional distrust and thus higher Trade-Offs and lower Expectations of Support in seeking formal or legal help, this distrust and system avoidance spawned efforts of collective community care and self-reliance in many cases. In other words, participants found resilience and empowerment through their chosen communities through mutual aid and other practices of care. The study by Cattaneo, Sylianou, Hargrove and colleagues (2020) also found that Trade-Off scores was not significantly associated with past service receipt, suggesting that participants' sense that efforts towards safety may cost other issues to contend with might be less connected to the experience with providers. The current study found that among phase 2 participants, Trade-Offs were certainly connected to experiences with help providers. Additionally, lack of choice created the conditions for the feeling that actions toward the goal of safety would create new problems with which to contend. Overall, though, the greatest contributor to participants' sense of Trade-Offs was their children.

Related to empowerment, the study found that Black women's and TGNC people's activism is born out of resistance, which shows up in both struggle for institutional

transformation and group survival. Stephanie Camp (2004) conceptualized the interdependence of these two spheres in the context of slavery and abolition in how women used their homes as spaces of antislavery political meaning, participated in and aided absenteeism, learning to read, and took space for their own pleasure and amusement. The current study showed that today, Black women undermine institutions of domination, namely policing and child welfare, in everyday resistance by committing to a reliance on community resources rather than state resources to keep them safe. They have resorted to building alternatives to these systems of domination without necessary engaging with or confronting police or prisons. Jasmine and Abena exhibited this in their collectively efficacy.

The findings supported previous literature that suggested that a criminalizing response to help-seeking efforts can result in the deterioration of institutional trust (Li et al., 2015). While the current study could not measure the relationship between concentrated disadvantage, police trust, and safety-related empowerment, qualitative data supported previous research that found that adverse neighborhood environments play a role in influencing individuals' legal cynicism. However, the study cannot draw causal conclusions. The current study suggests that there is a connection between CV exposure and state violence exposure. The study supports the notion that CV exposure can be linked to structural neighborhood conditions such as gentrification.

Results also confirmed that the system avoidance that an individual applies to one system within the carceral state often extends to another, as was found with police and the child welfare system. The disproportionate involvement with child protective services in connection to police response to violence is in line with previous survey research (e.g., Goldscheid et al. 2015).

C. Study Aim #3: Conceptualizations of Safety

The qualitative data from this study reflects participants use of their imaginations of

either the practices, structures, and systems that do not currently exist but should, or those that are currently inadequate and need bolstering. Participants vastly support community-based responses to patriarchal violence. Transformative justice interventions, including community accountability processes were among the most reported interventions that participants envisioned. Participants were explicit about process that do not involve police, that center survivors, and ways to hold people who cause harm accountable outside of the criminal legal system. These findings directly challenge the punitive responses that typically characterize patriarchal violence, and the implications for research, practice, education, and policy are further discussed in this chapter.

D. Limitations

The current proposed study has several methodological limitations. Due to the convenience sample used in the study, the generalizability of the results is limited. In addition, while online surveys are advantageous in several ways, a disadvantage of online surveys concerns the representation of respondents. Economically disadvantaged people are typically underrepresented in online surveys, as people who use the internet tend to be younger in age and generally have higher socioeconomic status than the rest of the target population (Rubin & Babbie, 2013). It is also noteworthy that the temporal order of certain variables could not be accurately assessed due to the cross-sectional nature of the data, as there was no way to link which safety response strategies were used with which instances and forms of interpersonal or state violence.

Phase one of the study also did not yield a large enough response to have the statistical power to conduct an intersectional analysis in the quantitative phase of the study. As a result, the study could not conduct mediation or path analysis, test for interaction effects, or otherwise

conduct multivariate analysis with many controls due to sample size. In turn, inferences of causation cannot be made from the study findings. Relatedly, very few (n = 5) transfeminine people were recruited into the full sample, and no transfeminine people were successfully recruited into phase two of the study. The low number of transfeminine people limited the subgroup analysis by gender identity. In turn, the findings are missing the distinct experience of racially gendered violence from the dearth of transfeminine people in the sample.

The measures used in the current study were all self-reported and thus vulnerable to recall bias in that they reflect participants' recollections of their interactions with professionals, police, intimate partners and community members and the broader situational context. The current study was also limited to police in its quantitative measure of institutional trust. Future research should consider more robust measures of trust outside of police such as trust in other service institutions and general trust of people and partners.

The lack of a neighborhood-level socioeconomic factor is also a study limitation. The amount of missing zip code data needed to calculate neighborhood concentrated disadvantage prevented its inclusion in statistical analysis. Moreover, there were issues with one of the key measures in the study, the Measure of Victim Empowerment in Relation to Safety (MOVERS; Goodman et al., 2015). While the Expectations of Support subscale had good internal consistency, the internal consistency of the Internal Tools subscale was very low and could not be calculated at all for Trade-Offs due, at least in part, to the low number of questions. MOVERS was developed as a 13-item measure and the current study only used six of those items. In turn, not enough items from the Internal Tools and Trade-Offs subscales constituted adequate internal consistency of the measure. The measure was also modified in that instead of insertion of "neutral" in the questionnaire. It has been observed in previous research that respondents who

are not willing to answer a particular question often select the Neutral option. Such cases can dilute the true essence of the results. Perhaps a better option would have been to add a "prefer not to respond*"* or "not applicable/not sure" option to account for such potential cases.

To prevent respondents from taking a survey multiple times, the Prevent Ballot Box Stuffing option was employed in Qualtrics, which places a cookie on respondents' browser when they submit a response. The cookie prevents a respondent from re-taking the survey if they attempt to use the same link again. The Prevent Ballot Box Stuffing can be an effective option to prevent repeat responders, but it is possible to bypass by clearing browser cookies or switching to a different web browser (*Qualtrics*, 2018a). The current study was not immune to such methods, as 30 cases were ultimately dropped from the sample due to suspected inauthenticity, potentially impacting the credibility of the dataset. Other options that may have prevented this, such as email invitation or using an Authenticator, but was not feasible due to the nature of the convenience sample. The researcher did not work from a predetermined contact list needed for those options.

E. Strengths

Despite the limitations, this study contributes to the current knowledge about how social institutions and systems relate to, and potentially perpetuate violence against gender-oppressed Black people. This is one of the first empirical studies of state violence – including police and professional violence – among Black gender-oppressed people in the U.S. This is the first empirical study with a community-based sample of Black women, trans, and gender nonconforming people that tests associations between interpersonal violence and various forms of state violence. Operationally defining and statistically examining state violence among a population that is especially vulnerable to it is a unique contribution. The study went beyond

sexual and physical abuse by heterosexual partners or acquaintances for a more robust examination of violence in multiple forms (i.e., emotional, economic, negligence) and across multiple domains (intimate partnerships involving LGBTQ couples, community, and institutions). The study is different than research that relies on people who are already using services; while the convenience sample may limit generalizability, a community-based sample may offer a different perspective from survivors who are engaged in a formal program.

A gendered analysis that transcends mere inclusivity is imperative to understanding how state violence is experienced by women – particularly Black women – and TGNC people to see more holistically how enforcement affects Black communities overall. This study also builds upon legal cynicism and help-seeking bodies of literature in seeking to understand the circumstances under which people may behave in ways that are paradoxical to their own evaluations of institutional trust. Knowledge gained from this research is critical for public servants (particularly police officers and social workers) to deepen understanding and improve responses to the ways that intersectionality shapes state violence to do the work to not only interrupt it, but also ensure that harm is not perpetuated against the very people to whom public servants are committed.

F. Study Implications

The ways in which conditions and experiences related to interpersonal violence intersect with Black women, trans and gender nonconforming people's experiences in the criminal legal, child welfare and social services systems is an area of vital importance to social work practice, research, policy, and education. The field of social work has the potential to lead the charge in transforming institutional responses to interpersonal violence, as well as prevention efforts, through survivor-centered practice, policy, education, and research. The principles of meeting

clients where they are and clients becoming empowered through strengths-based approaches coincides with the individual needs of marginalized violence survivors. Moreover, the core value of social justice requires the social work profession to ensure that new and experienced social workers alike are well-informed about the root causes of violence across contexts and cognizant about how different interventions may be helpful or harmful in meeting survivors' myriad needs.

1. Implications for Social Work Research

The current study adds an empirical basis to much of the anecdotal evidence of physical, sexual, and social disenfranchisement forms of state violence. There is a need for additional research and data collection of different forms of state violence to have a better understanding of prevalence in different contexts. The current study contributes to what is known about the causes and consequences of seeking help from police and social service providers in response to violent experiences. Additionally, the current study examined the role of other institutions within the carceral state in addition to police to analyze patriarchal violence, which is a unique and important contribution. Participants' conceptualizations of safety indicate a need for additional alternative responses to formal and legal strategies. Community-based participatory research that centers survivors could begin to answer questions of what alternatives look like. For example, in a community-based participatory research project and campaign called the Oakland Power Projects, the Oakland chapter of Critical Resistance sought to identify current harms, amplify existing resources, and develop new practices that transcend the carceral state (Critical Resistance, 2014). Part of the multi-phased research project included service providers' imagined solutions for direct resources, practitioner education, and community education to keep Oakland residents safe. Direct resources relate to the current study's participants and include processes to get care after sexual assault that does not mandate calling the police; creating a health

resource/services map; and highly skilled mental health counselors who could immediately respond to crisis calls. The project solicited the perspectives and experiences of community members and healthcare practitioners to make assessments and imagine solutions. Additional community-based, survivor-led research can create actionable knowledge towards preventing and interrupting patriarchal violence. Future research could also include program evaluation of current alternatives to criminal prosecution, including restorative justice programs.

2. Implications for Social Work Practice

With regards to social work practice, clinical roles such as substance abuse and mental health practitioners could conjoin individual and systems advocacy as complementary efforts to both address immediate needs while also working to change systems. When it comes to disrupting patriarchal violence, mental health therapists play a pivotal role in helping survivors make sense of their experience and supporting them along their healing journey. Therapists can act as disruptors, and mental health advocacy can be a tool used to interrupt cycles of violence and trauma. Considering the impact of systemic trauma that system-involved or otherwise stigmatized women and TGNC people have endured in the therapeutic process is also important. Further research and development of culturally relevant and trauma-informed programming is needed in this area.

Relatedly, crisis care and the criminal legal system was a carceral collaboration that emerged from the study findings. Social workers should advocate for mental health crisis care services that positions social workers as the first responders in lieu of police. Crisis Assistance Helping Out on the Streets (CAHOOTS) in Eugene, Oregon provides an example of what this alternative to police in crisis situations looks like. Created as a collaboration between a non-profit service organization and the city of Eugene to help people living with addiction and mental

illnesses, trained crisis workers became fully integrated into Eugene's emergency response system to minimize this populations contact with the police. The crisis team provides mental crisis intervention services/case assessment, referral, and advocacy) as well as non-emergency medical care and basic first aid (Bernd, 2016). Services that CAHOOTS-trained teams also provide include counseling, conflict mediation, and transportation to social services. According to a CAHOOTS team crisis worker, "in Eugene, [CAHOOTS has] been able to work with the local police department to build this kind of fourth human service option" (Bernd, 2016, p. 156) to police, fire, and ambulance. Although Eugene is predominantly White, which may contribute to the program's success in both filling critical service gaps and diverting vulnerable populations away from unnecessary police contact, it provides a promising model for other non-profit organizations and grassroots groups in locales with higher proportions of people of color nonetheless. Moreover, the CAHOOTS workers' service saves the EPD over $4.5 million annually and over $1 million in ER and EMS diversion savings freeing up money for under-resourced mental health and substance abuse treatment (Bernd, 2016).

Future directions for the field could take an approach that centers the leadership and expertise of the people most affected by patriarchal violence in all its forms and contexts, with the professional in a support role. Such an approach would redistribute power and authority of the state to grassroots community members and institutions. Social work practitioners can support those closest to the situation of violence to implement interventions themselves in the homes and neighborhoods where violence transpired. The Creative Interventions toolkit (*Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*, 2012) provides such a model that values and prioritizes "a collective, community-based organizing strategy rather than a professionalized individual treatment, case management, or state-based law

enforcement model" (Jacobs et al., 2021, p. 13). This community-based violence intervention model engages the community of people most impacted by the violence, including survivors, their informal network or social support system, and the person who caused harm. Moreover, marginalized Black women and TGNC people's reluctance to utilize formal supports in response to violence indicate a need for more restorative justice, transformative justice, and community accountability practitioners. Police violence and victimization among women and TGNC people should also be considered in intimate partner violence/abuse and sexual violence/abuse intervention treatment responses.

Anti-oppressive practice is indeed a necessary theoretical framework for practice, but we need to be increasingly vigilant about how social work contributes to and/or is complicit in sustaining the prison industrial complex by examining the ways our agencies respond to gender violence (directing women to call police in situations where it may be unsafe for them to do so); refusing services to someone based on their gender identity.

3. Implications for Social Work Education

Social workers connect with individuals, families, and communities affected by intimate partner, community, and state violence, even when their professional setting is not necessarily violence-focused. Thus, it is essential for social workers to be grounded in the complexities of interpersonal violence as well as basic skills for assessment and intervention. However, previous research has found that a miniscule percentage of students graduating with a Master of Social Work degree (MSW) are knowledgeable about specific interventions for interpersonal violence (Black, Weisz, & Bennett, 2010). Specifically, due to the complexities of issues related to interpersonal violence for client systems and the myriad circumstances of the clients that social workers serve, curricula should be organized around an intersectionality framework to provide

understanding and assisting marginalized survivors of intimate partner violence (Arnold & Ake, 2013; Messing et al., 2015). This is especially important because several study participants reported experienced professional harm due to provider incompetence. This incompetence stemmed from a lack of understanding of the trauma of oppression. It is vital that social work programs provide grounding in systemic trauma. Study findings also point to a need for more training in restorative practices.

Study findings also implicate the need for more representation of Black queer and trans mental health practitioners and advocates. In addition to ensuring that social work education curriculums integrate intersectional, trauma-informed approaches, there is also a need to recruit more people that better reflect the identities and experiences of multiply marginalized survivors. Recruitment efforts in social work programs grounded in social justice could offset the type of provider incompetence that study participants reported.

4. Implications for Policy

Efforts to understand and support the process of safety-seeking by multiply marginalized survivors are critically important for social workers to help transform systemic responses that adequately meet their needs. Study findings point to a need for policymakers to reconsider the rigidity of policies affecting the economic security of survivors and the extent to which such policies exacerbate the vulnerability to forms of interpersonal violence. Lack of affordable childcare was one form of structural state violence that was prevalent in the lives of economically disadvantaged participants with children, which often led to criminalization for not having childcare. It is essential for social workers to advocate for polices like universal childcare that give historically marginalized and disadvantaged caregivers equitable access to high-quality childcare without risk of punishment.

Study findings also point to a need to provide greater resources and capacity to grassroots programs with no mandates for carceral collaborations and other forms of direct provider support. There is great potential for a redistribution of needed resources to grassroots programs in reexamining federal policy like the Violence Against Women Act (VAWA) and its substantial focus and funding for legal approaches to address gender-based violence. Social workers can heed the demands of the contemporary movement to defund the police by advocating for a reallocation of carceral uses VAWA funding toward funding for prevention programs and direct support for survivors. One of the most significant carceral collusions the study found existed between the child welfare system and the criminal legal system. The expertise of study participants who had direct or vicarious involvement with the child welfare system articulated a need for funding for children and families in impoverished situations that are school-based and not just through Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

There is also a need to re-evaluate the policies and procedures that govern the child welfare systems. The family separation, surveillance, and criminalization associated with child welfare investigations are immensely traumatizing and operate as a form of social control in the lives of Black caregivers. There was a deep distrust of social workers within the child welfare system among participants, as child removals were collaborative efforts between law enforcement and social workers. Study participants asserted the need for child welfare responses to address the root of issues that bring cases to the attention of the system in the first place. The Bay Area Transformative Justice Collective (BATJC) is a demonstrative example of responses to harm against children outside of legal and formal systems that constitute the carceral state.

To actualize survivors' conceptualizations of safety, social workers should advocate for legislation that advances a non-carceral paradigm for community safety. An example of such legislation is the People's Response Act (PRA). Inspired by the Movement for Black Lives, United States Representative Cori Bush introduced the PRA, which would institute a Division on Community Safety within the Department of Health and Human Services. This division would fund non-carceral first responders, community-based organizations to implement violence interruption, mental health, and other non-punitive safety interventions, and incentivizes state and local governments to shrink their criminal legal systems while investing in community-based approaches to public safety, among other reforms (H.R. 4194, 117th Cong., 2021). Legislation like the PRA directly challenge the type of neoliberal policies that undermine Black women, trans, and gender nonconforming people's ability to obtain and maintain safety.

G. Conclusion

This dissertation study comes 20 years after Critical Resistance and INCITE! released a joint statement on gender-based violence and the prison industrial complex that critiqued criminalization as a strategy to address patriarchal violence against marginalized communities (INCITE! & Critical Resistance, 2001). The statement was a call-to-action for strategies and analysis that addressed both state and interpersonal violence; this dissertation study sought to advance that call by analyzing the connection between state and interpersonal violence with a focus on survivors' agency and empowerment. The study's findings highlight the need for the social work field to repair the historic and ongoing harms and institutional neglect of Black gender-oppressed violence survivors. There is an opportunity to reverse the carceral trend in social work by integrating an abolitionist analysis in feminist social work research, policy,

education, and practice to develop transformational models that do not rely on systems of social control, surveillance, and punishment.

APPENDICES

APPENDIX A: RECRUITMENT MATERIALS

- ARE YOU 18 YEARS OR OLDER?
- DO YOU IDENTIFY AS A BLACK WOMAN, TRANSGENDER, OR GENDER NONCONFORMING PERSON?
- DO YOU LIVE IN THE U.S.?

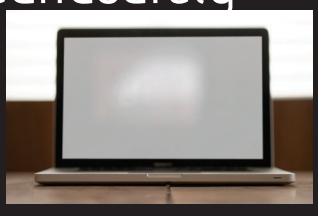
PARTICIPATE IN A RESEARCH STUDY ON GENDER-BASED VIOLENCE AND SAFETY INTERVENTIONS

Participants who complete the survey will receive a $5 digital gift card.

Participation is confidential.

There are **two ways** to take the survey

Go to https://bit.ly/genderviolenceandsafety



or scan this QR Code

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UNIVERSITY OF ILLINOIS AT CHICAGO | DEPARTMENT OF SOCIAL WORK

APPROVED
PROTOCOL #: 2019-1449
DATE: 01/23/2020
UIC UNIVERSITY OF ILLINOIS AT CHICAGO INSTITUTIONAL REVIEW BOARD

Take the Gender Violence & Safety survey!

The Gender Violence & Safety Survey is part of a research study being conducted by Janae Bonsu, a PhD candidate in social work at the University of Illinois at Chicago.

The purpose of this research study is to 1) better understand the relationships between Black women and gender nonconforming people's experiences with violence from intimate partners, community members, and authority figures like the police, and 2) learn about people's ideas and actions to keep safe.

To be eligible to participate, you must: 1) be at least 18 years of age, 2) be of African descent, 3) identify as woman, transgender, or gender nonconforming 4) able to read and speak English, and 5) reside in the United States.

Survey responses are confidential. Participants who complete the survey will receive a $5 digital gift card.

To access the survey, scan the QR code on the right or visit **http://bit.ly/genderviolenceandsafety**

For questions, contact Janae Bonsu at jbonsu2@uic.edu or (773) 609-4756.

APPROVED
PROTOCOL #: 2019-1449
DATE: 01/23/2020
UIC UNIVERSITY OF ILLINOIS AT CHICAGO INSTITUTIONAL REVIEW BOARD

APPROVED
PROTOCOL #: 2019-1449
DATE: 12/21/2020
UIC UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

Phase 2 Recruitment Email

This email will be sent to phase one participants who indicated in the survey that they are interested in a follow up focus group (before Amendment approval):

Hello,

My name is Janae Bonsu, and I am a doctoral student in social work at the University of Illinois at Chicago. I am conducting a dissertation study that is being supervised by Dr. Henrika McCoy that explores Black women, transgender, and gender nonconforming people's experiences of interpersonal and institutional violence, as well as what factors impact their sense of safety. You are receiving this email because you participated in the Reconceptualizing Safety Survey (the first phase of this research study) and indicated interest in being contacted for a follow up focus group discussion.

In light of the COVID-19 pandemic, I will be conducting remote interviews via Zoom instead of focus groups. I'm following up to confirm whether you are still interested in participating in the second phase of this research study in the form of a remote interview instead of a focus group. The interview will last between 60 and 120 minutes and will be audio/video recorded via Zoom. Interview questions will ask about your experiences of and responses to different types violence, and how those experiences have shaped your sense of safety. By participating in the research, you will receive a $25 digital gift card immediately after the interview.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship. If you are interested in participating, please respond to this email or contact me via phone at 917-439-1876 with a date and time that works well for you. Once we confirm a date and time, I will send you a Zoom meeting invitation. If you have any questions, please do not hesitate to contact me. Thank you for your consideration.

Best regards,
Janae Bonsu

This email will be sent to phase one participants who indicate in the survey that they are interested in a follow up interview (after Amendment approval:

Hello,

My name is Janae Bonsu, and I am a doctoral student in social work at the University of Illinois at Chicago. I am conducting a dissertation study that is being supervised by Dr. Henrika McCoy that explores Black women, transgender, and gender nonconforming people's experiences of interpersonal and institutional violence, as well as what factors impact their sense of safety. You are receiving this email because you participated in the Reconceptualizing Safety Survey (the first phase of this research study) and indicated interest in being contacted for a follow up interview. I'm following up to confirm your interest in participating in the second phase of this research study in the form of a virtual interview.

The interview will last between 60 and 120 minutes and will be audio/video recorded via Zoom. Interview questions will ask about your experiences of and responses to different types violence, and how those experiences have shaped your sense of safety. By participating in the research, you will receive a $25 digital gift card immediately after the interview.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship. If you are interested in participating, please respond to this email or contact me via phone at 917-439-1876 with a date and time that works well for you. Once we confirm a date and time, I will send you a Zoom meeting invitation. If you have any questions, please do not hesitate to contact me. Thank you for your consideration.

Best regards,
Janae Bonsu

APPENDIX B: SURVEY INFORMED CONSENT AND QUESTIONNAIRE

University of Illinois at Chicago
Research Information and Consent for Participation in Social Behavioral Research
"Reconceptualizing Safety: Examining the Intersections of Gender Violence, State Violence, and Survivor Empowerment"

Principal Investigator/Researcher Name and Title: Janae Bonsu, PhD Candidate
Faculty Advisor Name and Title: Dr. Henrika McCoy, Associate Professor
Department and Institution: Jane Addams College of Social Work at UIC
Address and Contact Information: 1040 W. Harrison (MC 309), Chicago, IL 60607, (773) 609-4756, jbonsu2@uic.edu
Sponsor: ASC Division on People of Color and Crime, UIC Institute for Research on Race and Public Policy

About this research study
You are being asked to participate in a research study. Research studies answer important questions that might help change or improve the way we do things in the future.

Taking part in this study is voluntary
Your participation in this research study is voluntary. You may choose to say "no" to this research or may choose to stop participating in the research at any time. Deciding not to participate, or deciding to stop participating later, will not result in the loss of any services, class standing, and/or professional status to which you are entitled, and will not affect your relationship with the University of Illinois at Chicago (UIC) and/or University of Illinois Hospital and Health Sciences System (UI Health), or any of the agencies or organizations collaborating in this research.

This consent page will give you information about the research study to help you decide whether you want to participate. Please read this page and ask any questions you have before agreeing to be in the study.

To be eligible to participate in this research study, you must meet the following criteria: (1) be at least 18 years of age, (2) be of African descent, (3) identify as woman, transgender, or gender nonconforming, (4) able to read and speak English, and (5) live within the United States.

Important Information
This information gives you an overview of the research. More information about these topics may be found below.

WHY IS THIS STUDY BEING DONE?
The purpose of this research study is to: (1) understand the relationships between interpersonal and institutional violence among Black women, transgender, and gender nonconforming people, and (2) learn about Black women, transgender, and gender nonconforming people's strategies for

preventing and responding to harm in their lives to keep themselves safe.

WHAT WILL I BE ASKED TO DO DURING THE STUDY?
You will be asked to complete an online survey about your trust in police, experiences of violence and harm, how you responded and might respond in the future, and how you feel about your safety. You can skip any questions that you do not feel comfortable answering.

HOW MUCH TIME WILL I SPEND ON THE STUDY?
The amount of time needed to complete the questions will range depending on your own experiences but will last anywhere from 10 to 20 minutes.

ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?
Being in this research study will not benefit you directly. We hope that your participation in the study may benefit other people in the future by helping us learn more about abuses against Black women and gender non-conforming people by their intimate partners, community members, authority figures, and public policy. The results of the study are intended to inform interventions to prevent and interrupt gender-based violence.

WHAT ARE THE MAIN RISKS OF THE STUDY?
One risk presented by this research study is a potential breach of privacy (others outside of the study may find out you are a subject), as internet use can be monitored and can be difficult to completely clear. If you do not want the history of sites you have visited to be found on your computer or mobile device, consider:

- Erasing your Internet "Footprints". The best place to get information about clearing your cache is in your Browser's help menu. You can also search the Internet to find how to clear your cache.
- Use a safer computer that someone monitoring you does not have direct access, or even remote (hacking) access to, such as a public library, at a community center, at a friend's house, or an internet cafe.

Another risk of the research is that you may feel uncomfortable with some of the questions you may be asked. This research includes some items about personal experiences of violence. You can skip and/or not respond to any questions that may make you uncomfortable. We have included a list of phone numbers you can call or websites you can visit here and at the end of the survey.

DO I HAVE OTHER OPTIONS BESIDES TAKING PART IN THE STUDY?
You have the option to decide not to take part at all or discontinue the survey at any time without any consequences.

QUESTIONS ABOUT THE STUDY?
For questions, concerns, or complaints about the study, please contact principal investigator, Janae Bonsu at 773-609-4756 or email at jbonsu2@uic.edu. You may also contact faculty

sponsor, Henrika McCoy at 312-413-5027 or email at hmccoy@uic.edu.

If you have questions about your rights as a study subject; including questions, concerns, complaints, or if you feel you have not been treated according to the description in this form; or to offer input you may call the UIC Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

Please review the rest of this page for details about these topics and additional things you should know before making a decision about whether to participate in this research.

What about privacy and confidentiality?
Efforts will be made to keep your personal information completely confidential. However, laws and state university rules might require us to tell certain people about you. For example, study information which identifies you may be looked at and/or copied for quality assurance and data analysis by:

- Representatives of the university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for the Protection of Research Subjects.
- Other representatives of the State and University responsible for ethical, regulatory, or financial oversight of research.
- Government Regulatory Agencies, such as the Office for Human Research Protections (OHRP).

Your survey responses will be stored in a secure web-based research platform called Qualtrics. Only the principal investigator of this research study, Janae Bonsu, and the faculty advisor, Henrika McCoy, will have access to the survey responses. Any personally identifiable data will be destroyed by the close of the study. Specifically, email addresses provided for survey compensation will be destroyed after collection of the survey data. Any contact information provided for potential participation in a follow up focus group will be destroyed after focus groups have been completed.
When the results of the study are published or discussed in conferences, no one will know that you were in the study. The de-identified data from this study (data that cannot be linked to you in anyway) will be archived.

Will I be paid for my participation in this research?
You will receive a $5 digital gift card to a retailer of your choosing for completing the survey. At the end of the survey, you will be asked to provide the email where you want your gift card sent. Qualtrics will immediately send you an email with instructions to choose the retailer for your gift card. Your email address will not be connected to your survey responses.

Can I withdraw from the study?
Your participation in this study is 100% voluntary. If you decide not to participate, there will not be any negative consequences. You may stop and decline to answer any questions you do not wish to answer for any reason. You may also exit the survey at any time and return to finish it later if you wish by using the same internet browser. Your progress will be lost if you use a

different browser or clear your internet history before completion of the survey. If you do not finish the survey, compensation cannot be provided.

Please print out a copy of this document for your records if you feel safe doing so.

Q0.2 **By selecting "I consent, begin the study," you acknowledge that you have read the above information, you meet the eligibility criteria, and voluntarily consent to participate.**

- ○ I consent, begin the study. (1)
- ○ I do not consent, I do not wish to participate. (2)

Page Break

End of Block: Informed Consent

Start of Block: Eligibility

Q0 This first set of questions ask for basic demographic information such as age, gender identity, and education.

Page Break

Q1 Do you identify as Black or as a person of African descent, African heritage, or African ancestry?

- ○ Yes (1)
- ○ No (2)

Page Break

Q2 Which of the following best describes your ethnic identity? Please check all that apply to you.

- ☐ African (1)
- ☐ African American (2)
- ☐ Afro Latina/o/x (3)
- ☐ Afro Caribbean (4)
- ☐ Afro European (5)
- ☐ Not listed (please specify) (6) _____

Page Break

Q3 How old are you?

- ○ Under 18 years of age (1)
- ○ 18 - 24 years of age (2)
- ○ 25 - 34 years of age (3)
- ○ 35 - 44 years of age (4)
- ○ 45 - 54 years of age (5)
- ○ 55 - 64 years of age (6)
- ○ 65 years of age or older (7)

Page Break

End of Block: Eligibility

Start of Block: Sociodemographic Characteristics

Q4 What is your gender identity?
Gender identity is how a person feels and who they know themselves to be when it comes to their gender. It is not about someone's anatomy.

- ○ Cisgender Woman (1)
- ○ Transgender Woman (2)
- ○ Cisgender Man (3)
- ○ Transgender Man (4)
- ○ Non-binary, Genderqueer, or Gender non-conforming (5)
- ○ Not listed (please specify) (7) _____

Page Break

Q5 How would you describe your sexual orientation?

- ○ Heterosexual/Straight (1)
- ○ Bisexual (2)
- ○ Gay, lesbian, or same-gender loving (SGL) (3)
- ○ Queer (4)
- ○ Pansexual (6)
- ○ Asexual (7)
- ○ Not listed (please specify) (8) _____

Page Break

Q6 Did you migrate to the United States?

- ○ Yes (1)
- ○ No (2)

Page Break

Q7 Do you have primary care-taking responsibilities for children, elderly loved one, or other relative?

- ○ Yes (1)
- ○ No (2)

Page Break

Q8 What is your current personal (just yours) annual income from any source?

- ○ Less than $20,000 (1)
- ○ $20,000 - $49,999 (2)
- ○ $50,000 - $74,999 (3)
- ○ $75,000 or more (4)
- ○ Not sure (5)

Page Break

Q9 Do you have a disability?

- ○ Yes (1)
- ○ No (2)

Display This Question:
If Disability = Yes

Q9A Please specify your disability. Check all that apply

- ☐ Blind/Visually impaired (1)
- ☐ Deaf/hard of hearing (2)
- ☐ Learning disability (3)
- ☐ Mental health (4)
- ☐ Physical (5)
- ☐ Other (6) _____

*

Q11 Please enter the zip code where you live.

_____

Page Break

Q12 Are you currently employed?

- ○ Employed full-time (1)
- ○ Employed part-time (2)
- ○ Self-employed or freelance (6)
- ○ Unemployed (7)
- ○ Other (please specify) (8) _____

Page Break

Q13 What is the highest level of education you've completed?

- ○ Less than high school (1)
- ○ High school graduate or equivalent (GED) (2)
- ○ Some college (3)
- ○ 2- year degree (4)
- ○ 4-year degree (5)
- ○ Some graduate school (6)
- ○ Graduate or professional degree (7)

Page Break

End of Block: Sociodemographic Characteristics

Start of Block: Police Trust

Please read the following statements and rate how much you agree with them when thinking about your local police department.

Page Break

Q14 I have confidence that the police can do its job well.

- ○ Strongly disagree (1)
- ○ Disagree somewhat (2)
- ○ Agree somewhat (3)
- ○ Strongly agree (4)

Page Break

Q15 People's basic rights are well protected by the police.

- Strongly disagree (1)
- Disagree somewhat (2)
- Agree somewhat (3)
- Strongly agree (4)

Page Break

Q16 The police can be trusted to do what's right for my neighborhood.

- Strongly disagree (1)
- Disagree somewhat (2)
- Agree somewhat (3)
- Strongly agree (4)

Page Break

Q17 The police are often dishonest.

- Strongly disagree (1)
- Disagree somewhat (2)
- Agree somewhat (3)
- Strongly agree (4)

End of Block: Police Trust

Start of Block: State Violence

CONTENT WARNING: The next set of questions ask about experiences you may have had with various institutions. Institutions can include health care agencies (like local hospitals, clinics, therapy or mental health services, and psychiatric facilities), law enforcement agencies, shelters, child protective services, or non-profit organizations.

Page Break

Q18 Have you ever called or summoned the police for assistance and the police either did not respond, responded too late, or responded inappropriately?

- Yes (1)
- No (2)

Page Break

Q19 Have you ever been arrested?

- Yes (1)
- No (2)

Page Break

Q20 Have you ever experienced harm or violence from a law enforcement officer, such as police, probation, parole, correctional or immigration enforcement officer?

- Yes (1)
- No (2)

Skip To: Q21 If Have you ever experienced harm or violence from a law enforcement officer, such as police, probat... = No

Display This Question:
If Have you ever experienced harm or violence from a law enforcement officer, such as police, probat... = Yes

Q20.1 What type of harm or violence did you experience from law enforcement? Select all that apply.

- [ ] An officer(s) used physical force against you (1)
- [ ] An officer used a weapon (e.g., gun, baton, taser) against you (2)
- [ ] An officer forced inappropriate sexual contact on you, including while conducting a body search in a public place (3)
- [ ] An officer(s) engaged in non-physical aggression toward you, including threats, intimidation, stopping you without probable cause, or using slurs (4)
- [ ] Something else not listed (please specify) (5)

_____

Page Break

Display This Question:
If Have you ever experienced harm or violence from a law enforcement officer, such as police, probat... = Yes

Q20.2 How did you respond to this violence from law enforcement? Select all that apply.

- [ ] Reported the officer(s) (4)
- [ ] Tried to get help from a clergy member or spiritual advisor (8)
- [ ] Sought medical help (7)
- [ ] Talked to someone at a rape crisis center or hotline (9)
- [ ] Fought back physically or verbally (5)
- [ ] Did whatever the officer wanted in order to stop the violence (6)
- [ ] Something else not listed (please specify) (10)

_____

Page Break

Q21 Have you ever asked for help from a human services institution (e.g., a shelter, hospital) and not been believed or provided with the help you needed?

- ○ Yes (1)
- ○ No (2)

Page Break

Q22 Have you ever experienced violence or harm from a professional (such as a counselor, case worker, doctor/nurse)?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Block If Have you ever experienced violence or harm from a professional (such as a counselor, case worker,... = No

Display This Question:
If Have you ever experienced violence or harm from a professional (such as a counselor, case worker,... = Yes

Q22.1 What type of harm did you experience from the professional? Select all that apply.

- ☐ Physical (includes hitting, slapping, pushing, punching, kicking, dragging, choking) (1)
- ☐ Sexual (includes sexual assault, sexual harassment) (2)
- ☐ Emotional (includes insulting, belittling, humiliating, intimidating you on purpose) (3)
- ☐ Economic (includes withholding resources) (4)
- ☐ Something else not listed (please specify) (5) _____

Page Break

Display This Question:
If Have you ever experienced violence or harm from a professional (such as a counselor, case worker,... = Yes

Q22.2 How did you respond to the harm from the professional? Select all that apply.

- [ ] Reported them (4)
- [ ] Tried to get help from a clergy member or spiritual advisor (8)
- [ ] Sought medical help (7)
- [ ] Talked to someone at a rape crisis center or hotline (9)
- [ ] Fought back physically or verbally (5)
- [ ] Did whatever the worker wanted in order to stop the violence (6)
- [ ] Something else not listed (please specify) (10) _____

End of Block: State Violence

Start of Block: Intimate Partner & Community Violence

CONTENT WARNING: The next questions ask about your personal experience with violence and harm in intimate relationships and member of your broader community. It can be physical, emotional, psychological, sexual, economic, or spiritual in nature. It can also take the form of a denial of resources or access to services.

Page Break

Q23 Have you ever experienced violence or harm in your intimate relationships (involving spouses, boyfriends, girlfriends, dates, hookups, or people you coparent with)?

- ○ Yes, over a year ago (1)
- ○ Yes, within the past year (2)
- ○ No (4)

Skip To: Q24 If Have you ever experienced violence or harm in your intimate relationships (involving spouses, boy... = No

Page Break

Display This Question:
If Have you ever experienced violence or harm in your intimate relationships (involving spouses, boy... = Yes, over a year ago
Or Have you ever experienced violence or harm in your intimate relationships (involving spouses, boy... = Yes, within the past year

Q23.1 What type of violence have you experienced in your intimate relationships? Select all that apply.

- ☐ Physical (includes hitting, slapping, pushing, punching, kicking, dragging, choking) (1)
- ☐ Sexual (includes demanding or forcing sex against your will, refusing to use a condom when you wanted to) (2)
- ☐ Emotional (includes insulting, belittling, humiliating, intimidating you on purpose) (3)
- ☐ Economic (includes taking money from you, making you ask for money, doing things to keep you from having money) (4)
- ☐ Other (please specify) (5) _____

Page Break

Display This Question:
If Have you ever experienced violence or harm in your intimate relationships (involving spouses, boy... = Yes, over a year ago
Or Have you ever experienced violence or harm in your intimate relationships (involving spouses, boy... = Yes, within the past year

Q23.2 Have you taken any of the following actions in response to the violence you experienced from an intimate partner? Select all that apply.

- ☐ Called police or asked someone else to (1)
- ☐ Filed a petition for an order of protection (2)
- ☐ Filed or tried to file criminal charges (17)
- ☐ Tried to get help from a clergy member or spiritual advisor (e.g., pastor, minister, priest/priestess) (5)
- ☐ Sought medical help (e.g., clinic, emergency room, doctor, nurse, urgent care, OBGYN) (6)
- ☐ Talked to someone at a domestic violence program, rape crisis center, shelter, or hotline (8)
- ☐ Talked to a mental health professional (e.g., therapist, psychologist, counselor, clinical social worker) (18)
- ☐ Talked to family or friends (9)
- ☐ Fought back physically or verbally (20)
- ☐ Ended (or tried to end) the relationship (21)
- ☐ Did whatever the partner wanted in order to stop the violence (22)
- ☐ Worked out an escape plan (23)
- ☐ Something else not listed (please specify) (15)

_____

Page Break

Q24 Have you ever experienced violence from someone in your community who is **not** an intimate partner, such as a family member, friend, coworker, supervisor, classmate, neighbor, or acquaintance?

- ○ Yes, over a year ago (1)
- ○ Yes, within the past year (2)
- ○ No (3)

Skip To: End of Block If Have you ever experienced violence from someone in your community who is not an intimate partner,... = No

Display This Question:
If Have you ever experienced violence from someone in your community who is not an intimate partner,... = Yes, over a year ago
Or Have you ever experienced violence from someone in your community who is not an intimate partner,... = Yes, within the past year

Q24.1 Who was the person/people who harmed you? Select all that apply.

- ☐ A family member (1)
- ☐ A friend (2)
- ☐ A coworker/classmate (3)
- ☐ A neighbor (4)
- ☐ A member of the same organization (e.g., church, community organization) (5)
- ☐ An acquaintance (not a close relationship and do not share the same space or circles) (6)
- ☐ A stranger (7)
- ☐ An authority figure (such as a teacher or boss). (8)
- ☐ Other (please specify) (9)

_____

Page Break

Display This Question:

If Have you ever experienced violence from someone in your community who is not an intimate partner,... = Yes, over a year ago

Or Have you ever experienced violence from someone in your community who is not an intimate partner,... = Yes, within the past year

Q24.2 What type(s) of violence have you experienced from this person/people in your community? Select all that apply.

- ☐ Physical (includes hitting, slapping, pushing, punching, kicking, dragging, choking (1)
- ☐ Sexual (includes demanding or forcing sex against your will, refusing to use a condom when you wanted to) (2)
- ☐ Emotional (includes insulting, belittling, humiliating, intimidating you on purpose) (3)
- ☐ Economic (includes taking money from you, making you ask for money, doing things to keep you from having money) (4)
- ☐ Other (please specify) (5) _____

Page Break

Display This Question:

If Have you ever experienced violence from someone in your community who is not an intimate partner,... = Yes, over a year ago

Or Have you ever experienced violence from someone in your community who is not an intimate partner,... = Yes, within the past year

Q24.3 Have you taken any of the following actions in response to the violence or harm you experienced from this person? Select all that apply.

- ☐ Called the police or asked someone else to (1)
- ☐ Filed petition for an order of protection (2)
- ☐ Tried to get help from a clergy member or spiritual advisor (e.g., pastor, minister, priest/priestess) (5)
- ☐ Sought medical help (6)
- ☐ Talked to someone at a domestic violence program, rape crisis center, shelter, or hotline (8)
- ☐ Talked to a mental health professional (e.g., therapist, psychologist, counselor, clinical social worker) (16)
- ☐ Talked to your family or friends (9)
- ☐ Fought back physically or verbally (11)
- ☐ Ended (or tried to end) the relationship (12)
- ☐ Did whatever the person wanted in order to stop the violence (13)
- ☐ Worked out an safety plan (e.g., made escape plan; hid valuables; removed weapons; changed locks) (14)
- ☐ Something else (please specify) (15)

_____

End of Block: Intimate Partner & Community Violence

Start of Block: Safety-Related Empowerment

This last section asks questions about how you think about safety.

Page Break

Please read the following statements and select how much you agree with them when thinking about your safety right now. When you are responding to these statements, it is fine to think about your family's safety along with your own if that is what you usually do.

Page Break

Q32 I have a good idea about what kinds of support for safety that I can get from ***people*** in my community (friends, family, neighbors, people in my faith community, etc.).

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Neutral (3)
- ○ Agree (4)
- ○ Strongly agree (5)

Page Break

Q33 I feel comfortable asking for help to keep safe.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Neutral (3)
- ○ Agree (4)
- ○ Strongly agree (5)

Page Break

Q34 I have a good idea about what kinds of support for safety that I can get from programs/services in my community.

- Strongly disagree (1)
- Disagree (2)
- Neutral (3)
- Agree (4)
- Strongly agree (5)

Page Break

Q35 Programs/services in my community provide support I need to keep safe.

- Strongly disagree (1)
- Disagree (2)
- Neutral (3)
- Agree (4)
- Strongly agree (5)

Page Break

Q36 I know what to do in response to threats to my safety.

- Strongly disagree (1)
- Disagree (2)
- Neutral (3)
- Agree (4)
- Strongly agree (5)

Page Break

Q37 I have to give up too much to keep safe.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Neutral (3)
- ○ Agree (4)
- ○ Strongly agree (5)

Page Break

Q38 What kinds of resources and systems do you think needs to exist for Black women, girls, transgender, and gender nonconforming people to be safe?

_____

_____

_____

_____

_____

Page Break

End of Block: Safety-Related Empowerment

Start of Block: Phase 2 Interest

Display This Question:
If Police neglect = Yes
Or Have you ever experienced harm or violence from a law enforcement officer, such as police, probat... = Yes
Or Have you ever asked for help from a human services institution (e.g., a shelter, hospital) and no... = Yes
Or Have you ever experienced violence or harm from a professional (such as a counselor, case worker,... = Yes
Or Have you ever experienced violence or harm in your intimate relationships (involving spouses, boy... != No
Or Have you ever experienced violence from someone in your community who is not an intimate partner,... != No

Q39 Would you be open to participating in a follow up interview about your experiences? The interview will last for about 1 to 2 hours. Participants will receive $25 for their time.

By selecting "yes," you authorize the principal investigator, Janae Bonsu, to contact you. You will be prompted to enter your contact information, but selecting "yes" does not guarantee that you will be contacted. You will still receive your $5 digital gift card for participating in this survey regardless of whether you respond "yes" or "no".

- ○ Yes (1)
- ○ No (2)

Display This Question:
If Would you be open to participating in a follow up interview about your experiences? The interview... = Yes

Q40 Please provide your preferred contact information for follow up.
Remember: this information is only accessible to the principal investigator and her faculty advisor. It will be destroyed at the end of the study.

- ○ First name (pseudonym is okay) (3) _____
- ○ Email (1) _____
- ○ Preferred phone (2) _____

Display This Question:
If Would you be open to participating in a follow up interview about your experiences? The interview... = Yes

Q41 What's the best way for Janae to contact you?

- ○ Phone call (1)
- ○ Text message (2)
- ○ Email (3)

End of Block: Phase 2 Interest

APPENDIX C: INTERVIEW INFORMED CONSENT DOCUMENT

APPROVED
PROTOCOL #: 2019-1449
DATE: 01/23/2020
UIC UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

University of Illinois at Chicago
Research Information and Consent for Participation in Social Behavioral Research
"Reconceptualizing Safety: Examining the Intersections of Gender Violence, State Violence, and Survivor Empowerment"

Principal Investigator/Researcher Name and Title: Janae Bonsu, PhD Candidate
Faculty Advisor Name and Title: Dr. Henrika McCoy, Associate Professor
Department and Institution: Jane Addams College of Social Work at UIC
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Sponsor: ASC Division on People of Color and Crime, UIC Institute for Research on Race and Public Policy

About this research study
You are being asked to participate in a research study. Research studies answer important questions that might help change or improve the way we do things in the future.

Taking part in this study is voluntary
Your participation in this research study is voluntary. You may choose to say "no" to this research or may choose to stop participating in the research at any time. Deciding not to participate, or deciding to stop participating later, will not result in the loss of any services, class standing, and/or professional status to which you are entitled, and will not affect your relationship with the University of Illinois at Chicago (UIC) and/or University of Illinois Hospital and Health Sciences System (UI Health), or any of the agencies or organizations collaborating in this research.

This consent page will give you information about the research study to help you decide whether you want to participate. Please read this page and ask any questions you have before agreeing to be in the study.

To be eligible to participate in this research study, you must meet the following criteria: (1) be at least 18 years of age, (2) be of African descent, (3) identify as woman, transgender, or gender nonconforming, (4) able to read and speak English, and (5) live within the United States.

Important Information
This information gives you an overview of the research. More information about these topics may be found below.

WHY IS THIS STUDY BEING DONE?	The purpose of this research study is to: (1) understand the relationships between interpersonal and institutional violence among Black women, transgender, and gender nonconforming people, and (2) learn about Black women, transgender, and gender

	nonconforming people's strategies for preventing and responding to harm in their lives to keep themselves safe.
WHAT WILL I BE ASKED TO DO DURING THE STUDY?	You will be asked to complete an online survey about your trust in police, experiences of violence and harm, how you responded and might respond in the future, and how you feel about your safety. You can skip any questions that you do not feel comfortable answering.
HOW MUCH TIME WILL I SPEND ON THE STUDY?	The amount of time needed to complete the questions will range depending on your own experiences but will last anywhere from 10 to 20 minutes.
ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?	Being in this research study will not benefit you directly. We hope that your participation in the study may benefit other people in the future by helping us learn more about abuses against Black women and gender non-conforming people by their intimate partners, community members, authority figures, and public policy. The results of the study are intended to inform interventions to prevent and interrupt gender-based violence.
WHAT ARE THE MAIN RISKS OF THE STUDY?	One risk presented by this research study is a potential breach of privacy (others outside of the study may find out you are a subject), as internet use can be monitored and can be difficult to completely clear. If you do not want the history of sites you have visited to be found on your computer or mobile device, consider: • Erasing your Internet "Footprints". The best place to get information about clearing your cache is in your Browser's help menu. You can also search the Internet to find how to clear your cache. • Use a safer computer that someone monitoring you does not have direct access, or even remote (hacking) access to, such as a public library, at a community center, at a friend's house, or an internet cafe. Another risk of the research is that you may feel uncomfortable with some of the questions you may be asked. This research includes some items about personal experiences of violence. You can skip and/or not respond to any questions that may make you uncomfortable. We have included a list of phone numbers you can call or websites you can visit **here** and at the end of the survey.
DO I HAVE OTHER OPTIONS BESIDES TAKING PART IN THE STUDY?	You have the option to decide not to take part at all or discontinue the survey at any time without any consequences.

QUESTIONS ABOUT THE STUDY?	For questions, concerns, or complaints about the study, please contact principal investigator, Janae Bonsu at 773-609-4756 or email at jbonsu2@uic.edu. You may also contact faculty sponsor, Henrika McCoy at 312-413-5027 or email at hmccoy@uic.edu. If you have questions about your rights as a study subject; including questions, concerns, complaints, or if you feel you have not been treated according to the description in this form; or to offer input you may call the UIC Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at *uicirb@uic.edu*.

Please review the rest of this page for details about these topics and additional things you should know before making a decision about whether to participate in this research.

What about privacy and confidentiality?
Efforts will be made to keep your personal information completely confidential. However, laws and state university rules might require us to tell certain people about you. For example, study information which identifies you may be looked at and/or copied for quality assurance and data analysis by:

- Representatives of the university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for the Protection of Research Subjects.
- Other representatives of the State and University responsible for ethical, regulatory, or financial oversight of research.
- Government Regulatory Agencies, such as the Office for Human Research Protections (OHRP).

Your survey responses will be stored in a secure web-based research platform called Qualtrics. Only the principal investigator of this research study, Janae Bonsu, and the faculty advisor, Henrika McCoy, will have access to the survey responses. Any personally identifiable data will be destroyed by the close of the study. Specifically, email addresses provided for survey compensation will be destroyed after collection of the survey data. Any contact information provided for potential participation in a follow up focus group will be destroyed after focus groups have been completed.

When the results of the study are published or discussed in conferences, no one will know that you were in the study. The de-identified data from this study (data that cannot be linked to you in anyway) will be archived.

Will I be paid for my participation in this research?
You will receive a $5 digital gift card to a retailer of your choosing for completing the survey. At the end of the survey, you will be asked to provide the email where you want your gift card sent.

Qualtrics will immediately send you an email with instructions to choose the retailer for your gift card. Your email address will not be connected to your survey responses.

Can I withdraw from the study?
Your participation in this study is 100% voluntary. If you decide not to participate, there will not be any negative consequences. You may stop and decline to answer any questions you do not wish to answer for any reason. You may also exit the survey at any time and return to finish it later if you wish by using the same internet browser. Your progress will be lost if you use a different browser or clear your internet history before completion of the survey. If you do not finish the survey, compensation cannot be provided.

By selecting "I consent, begin the study," you acknowledge that you have read the above information, you meet the eligibility criteria, and voluntarily consent to participate.

- I consent, begin the study
- I do not consent, I do not wish to participate

Please print out a copy of this document for your records if you feel safe doing so.

Skip To: End of Survey If != I consent, begin the study

APPENDIX D: INTERVIEW PROTOCOL

Appendix: Interview Guide

Interview Protocol

Reconceptualizing Safety: Examining the Intersections of Gender Violence, State Violence, and Survivor Empowerment

Table of Contents

Introduction & Informed Consent ***1***

Introductory Questions ***1***

Defining Gender-based Violence ***2***

Personal Experiences with GBV and Support Needs ***2***

Institutional Violence ***3***

Safety and Prevention ***4***

Closing Questions ***6***

Introduction & Informed Consent

Hi, my name is Janae Bonsu and I use she/her pronouns, my first, or last name. I'm a PhD candidate at the University of Illinois at Chicago in Social Work studying gender-based interpersonal and institutional violence in Black communities. Thank you for agreeing to meet with me today. Before we get started, I want to give you some important information about this research study to help you decide whether you want to participate. I will also send you this information via email so that you can have a copy for your own records.

[Interviewer go through informed consent document with subject.]

- Do you consent to participate in this interview?
- Do you consent to this interview being recorded?

Introductory Questions

I'd like to start with a bit about who you are.

1. What name should I call you? What pronouns do you use?

2. Civil Rights activist and organizer Ella Baker used to often ask the question, "Now, who are your people?" to essentially ask: where do you come from, where do your people come from, who are you aligned, affiliated, allied with? She understood that individuals were a part of kinship networks, local communities, and organizations. With that in mind, who are your people? [Probe as necessary.]

Defining Violence

With this next set of questions, I want to better understand how you think about violence.

3. How would you define violence?
4. What kinds of actions and behaviors would you describe as violence?

Personal Experiences with GBV and Support Needs

Now I am going to ask you about different types of violence (physical, sexual, emotional, and economic) you have personally experienced, how you responded, and whether you got the support you needed.

5. Can you tell me about the types of violence you have experienced?
   Note to interviewer: Use these as prompts.
   - Have you experienced violence in intimate relationships (involving spouses, boyfriends, girlfriends, dates, hookups, or people you are coparenting with)?
   - In your family? (parents, grandparents, aunts, uncles, cousins, chosen families)
   - In your community?
   - From police, prisons, immigration authorities, probation, parole, etc.?
6. Who was the person who abused or harmed you?
   Note to interviewer: Use these as prompts for the previous question.
   - A parent or family member
   - A friend
   - A coworker/classmate
   - A neighbor
   - A member of the same organization (e.g., church, community organization)
   - An acquaintance (not a close relationship and do not share the same space or circles)
   - A stranger
   - An authority figure (such as a teacher, police, boss, etc.) [specify]
7. How did you stay safe? How did you take care of yourself?
8. Did you ask for help? Who did you ask? What did you ask them for? What happened?
9. Did someone else ask for help for you? Who? What happened?
10. Did the police or someone else show up on their own? Who? What happened?
11. What was most helpful to you when you experienced violence? What was not helpful?
12. What would be helpful in the future?
13. If you were to experience a similar harm in the future, how do you imagine you would respond? Who or what would you think you'd involve?
14. What resources or structures in your life, family, community would help prevent or stop the gender-based violence you have seen or experienced?

15. Have you ever called the police for help when you experienced or witnessed violence? Why or why not?
16. Have you ever chosen not to call the police when you experienced or witnessed violence?

If yes:

16a. Why didn't you call the police?

Use more as follow up prompts than a checklist.

- Afraid of retaliation by the other person or people involved
- A private or personal matter
- Took care of it yourself informally
- Did not want to get in trouble or risk police violence, arrest, deportation
- Did not want to get the person doing harm into trouble with the law
- Thought the police wouldn't think the incident was important enough or that the police wouldn't want to be bothered or get involved
- Reported to another official
- Lack of proof
- Police are ineffective
- Police would be biased or would harass or insult you
- Was advised not to report
- Other reason [specify]

16b. What did you do instead of calling the police? What happened?

16c. What did you learn from the experience?

Institutional Violence

The next set of questions ask about experiences you may have had with various institutions. Institutions can include health care agencies (like local hospitals, clinics, therapy or mental health services, and psychiatric facilities), law enforcement agencies, shelters, child protective services, or non-profit organizations.

17. Have you ever called the police for help and the police either did not respond, responded too late, or responded inappropriately?

If yes:

17a. Are you willing to describe what happened?

18. Have you ever experienced harm or violence from a law enforcement officer, such as police, probation, parole, correctional or immigration enforcement officer?

If yes:

18a. Are you willing to describe what happened?

- Note what type of harm or violence subject experienced:
  - Non-physical aggression, including threatening, intimidating, stopping without probable cause, or using slurs

- Physical force
- Sexually harassment, extortion or forced sexual contact, including during a search

18b. How did you (or others around you) respond?

19. Have you ever been arrested?

If yes:

19a. Are you willing to describe what happened? What was the charge?

20. Have you ever had any adverse experiences with any helping institutions?

Use this list as prompts.

- Child protective services
- Welfare
- Medicaid
- A landlord
- Health care provider
- Shelter
- Another institution?

If yes:

20a. What did that look like? What happened?

20b. How did you respond?

20c. What did you learn?

21. Have you ever asked for help from an institution (e.g., a shelter, hospital) and not been believed or provided with the help you needed?

If yes:

21a. What did that look like? What happened?

21b. How did you respond?

21c. What did you learn?

This section will ask you to think about the institutions that you've interacted with in the experiences you responded "yes" to in the previous sections. Institutions can include health care agencies (e.g. Chicago area hospitals, clinics, therapy/mental health services, and psychiatric facilities), law enforcement agencies, school, shelters, DCFS, or non-profit organizations. In thinking about those previous experiences, did an institution respond by:

	Yes	No	N/A
Not doing enough to prevent this type of experience/s?	❍	❍	❍
Creating an environment in which this experience/s seemed common or normal?	❍	❍	❍
Creating an environment wherein this experience is more likely to occur again?	❍	❍	❍
Making it difficult to report the experience/s?	❍	❍	❍
Responding inadequately to the experience, if reported?	❍	❍	❍
Mishandling your case, if disciplinary action was requested?	❍	❍	❍
Covering up the experience/s?	❍	❍	❍
Denying your experience/s in some way?	❍	❍	❍
Punishing you in some way for the experience/s?	❍	❍	❍
Suggesting your experience/s might affect the reputation of the institution?	❍	❍	❍
Responding differently to your experience/s based on a personal characteristic (e.g., race, gender identity, sexual orientation, etc.)?	❍	❍	❍
Creating an environment in which you felt discriminated against based on a personal characteristic (e.g., race, gender identity, sexual orientation, etc.)?	❍	❍	❍
Blaming you for what happened to you?	❍	❍	❍
Not believing your report?	❍	❍	❍
Denying you services (e.g., medical, mental health, drug, shelter) that you needed?	❍	❍	❍

Have you ever been investigated for welfare or Medicaid fraud?

- ○ Yes
- ○ No

Have you ever been investigated by the Department of Child and Family Services (DCFS)?

- ○ Yes
- ○ No

Have you ever been evicted or sued for eviction from housing for a reason other than nonpayment?

- ○ Yes
- ○ No

Safety and Prevention

This last set of questions, I want to ask you about safety, how you think about it and what's needed.

22. What does safety mean to you? What/who makes you feel safe?
23. Who in your community do you feel like you can count on when you feel unsafe?
24. Where in your community have you gone, or feel like you can go when you feel unsafe?
25. How do you think your previous experiences with support systems has impacted your sense of safety today?
26. What do you think you need in order to feel equipped to intervene or respond in a violent situation?
27. What kinds of resources and systems do you think needs to exist for Black women, girls, transgender, and gender nonconforming people to be safe?

Closing Questions

Our time together is coming to a close now. I want to thank you so much for your time today. Before you go, I just want to check in:

- How are you feeling?
- How did you find this process?
- Can you confirm the email address for your gift card? Would you also like to receive a copy of the informed consent document to this email?

APPENDIX E: RESOURCE LIST

Healing & Safety Support Resource List

Domestic & Sexual Violence Crisis Resources
- National
- Illinois
- Michigan
- Smartphone Apps & Technology

Mental Health Directories, Healing Collectives & Spiritual Centers
- National
- Bay Area
- Chicago
- Durham/Triangle
- DMV
- New York
- Smartphone Apps & Technology

Domestic & Sexual Violence Crisis Resources

National

- National Domestic Violence Hotline: 800-799-SAFE (7233)
- Anti-Violence Project has contact information for most major cities.
- Domestic shelters: Can help you find the closest shelter to your actual location. The site also has many educational links and services.
- National Network to End Domestic Violence (NNEDV): The National Network to End Domestic Violence (NNEDV), a social change organization, is dedicated to creating a social, political, and economic environment in which violence against women no longer exists. Significant resources and legal updates.
- The local YWCA usually has an abundance of resources, support, and advocacy for individuals in need of assistance around domestic violence.
- RAINN (Rape, Assault, & Incest National Network) Hotline: 800-656-HOPE (4673)
- Nonconsensual Pornography Hotline: 844-878-2274
- Victim Connect Hotline: 855-484-2846

- Men Can Stop Rape: The mission of Men Can Stop Rape is to mobilize men to create cultures free from violence, especially men's violence against women. This site provides information on different awareness and involvement programs, as well as ways to get involved and resources for perpetrators and male survivors.
- Men Stopping Violence. Men Stopping Violence organizes men to end male violence against women and girls through innovative training, programs, and advocacy.

Illinois

Chicago

- Neopolitan Lighthouse 24-hour Crisis Line: 773-722-0005.
- Crisis Center of South Suburbia: 708-429-SAFE (7233)
- City of Chicago Domestic Violence Helpline: 877-863-6338
- Chicago Metropolitan Battered Women's Network: 877-863-6338 (877-TO END DV).
- Illinois Domestic Violence Victim Services 24 Hour Help-Line: 1-877-863-6338
- Beyond Legal Aid: Resources for people with immigration status issues and domestic violence issues in Chicago: This is an online group, they can schedule appointments to the location that is the nearest victim to get the process going. It's free if a person is able to prove that they are in need. The wait is sometimes long for certain things but they do their best to help people.
- Apna Ghar has a crisis line and a few locations across the City of Chicago. Apna Ghar provides holistic services and conducts outreach and advocacy across immigrant communities to end gender violence. They provide comprehensive services to survivors as they begin their journeys of healing and empowerment. They also conduct community education and address the systemic barriers that immigrant survivors face.
- **Rape Victim Advocates:** (312) 443- 9603, 180 North Michigan. Chicago, IL 60601. Services include medical and legal advocacy as well as free counseling services. Provides medical advocacy to the UIC Emergency Room and surrounding area hospitals.
- **The Center on Halsted:** (773) 472-6469; 24 Hour Crisis: (773) 871-2273; 3656 N. Halsted Ave, Chicago, IL 61357. Serving Gay, Lesbian, Bisexual, & Transgender survivors of domestic violence and sexual assault. It offers advocacy and counseling.

Lake County, IL

- **A Safe Place:** Sole provider of services exclusively addressing domestic violence in Lake County, IL.

Michigan

Detroit

- Sasha Center: (1-888-865-7055); Sexual assault services promoting holistic healing and awareness, serving the Black community, offers 4 separate free and confidential support groups

Minnesota

- The Link's Safe Harbor Program is grounded in the best practices for working with sexually exploited youth, including trauma-informed care, harm reduction, positive youth development, victim-survivor-leader model and culturally inclusive services.
- Youth Services Network Helps youth find shelter and services

North Carolina

Durham County, NC

- **Durham Crisis Response Center:** Offers a by and for LGBTQ domestic and sexual violence program. DCRC offers free counseling, hospital accompaniment, court accompaniment, support groups, advocacy, 24/7 helpline. Offers free one-on-one advocacy, support groups, court accompaniment.
    - LGBTQ Program: 984-287-0818
    - 24/7 helpline (English): 919-403-6562
    - 24/7 helpline (Español) 919-519-3735

Orange County, NC

- **Compass Center**:
    - A queer-friendly organization that offers Intimate Partner/Family violence interventions. Immigration-status sensitive. Has funding available to help LGBTQ survivors in Orange county access LGBTQ competent therapy
- **Orange County Rape Crisis Center**
    - Offers free short term therapy for survivors of sexual violence
    - Offers free EMDR to survivors of sexual assault
    - Bilingual (Spanish/English) therapy services available
    - Survivors do not need to reside in Orange County
    - 24-HOUR helpline: (866) WE-LISTEN [(866) 935-4783]
    - TEXT LINE: (919) 504-5211

Smartphone Apps & Technology

The following is a list of apps that are specifically designed for individuals experiencing domestic or intimate partner violence:

- **Awaken App** - Social justice anti-oppression guided meditation app. Subscription-based, but they offer sliding scale
- **myPlan App** bilingual (Spanish) – myPlan is a tool to help with safety decisions if you, or someone you care about, are experiencing abuse in their intimate relationship. Requires PIN (personal identification number) to get in. Without a PIN, you'll be directed to a dummy page. It's an educational app and also holds a digitized safety plan.
- **Aspire News App** – education, distress signal, send an emergency notification.
- **PEVO** – PEVO app will consist of national information that can be applied to all states while containing local laws and policies supplied by each state. Requires a PIN
- **Circle of 6** - Circle of 6 apps for iPhone and Android makes it quick and easy to reach the 6 people you choose. A simple tool to prevent violence before it happens.

Mental Health Directories, Healing Collectives & Spiritual Centers

National

- National Queer and Trans Therapists of Color Network (NQTTCN) - a healing justice organization committed to transforming mental health for queer and trans people of color (QTPoC). NQTTCN works at the intersection of movements for social justice and the field of mental health to integrate healing justice into both of these spaces. The overall goal is to increase access to healing justice resources for QTPoC.
- The Association of Black Psychologists - Therapist Resource Directory: http://www.abpsi.org/find-psychologists/
- Melanin and Mental Health: https://www.melaninandmentalhealth.com
- Therapy for Black Girls: https://www.therapyforblackgirls.com/therapist-directory/
- National Queer and Trans Therapists of Color Network: https://www.nqttcn.com
- SAMHSA (Substance Abuse & Mental Health Service Administration): 1-800-662-HELP (4357)

- NAMI (National Alliance on Mental Illness):
    - 1-800-950-NAMI (6264) M-F, 10am-6pm EST
    - 24/7 Crisis Text Line: Text NAMI to 741-741
- National Suicide Prevention Lifeline, Depression & Bipolar Support Alliance: 1-800-273-TALK (8255)
- Gay, Lesbian, Bisexual, & Transgender National Hotline: 1-888-843-4564
- S.A.F.E. Alternatives - Self-harm behaviors: 800-366-8288
- Community Healing Network: www.communityhealingnet.com
- Harriet's Apothecary: http://www.harrietsapothecary.com/
- This Bridge Called Our Health: https://thisbridgecalledourhealth.wordpress.com/about/
- Psychology Today: https://www.psychologytoday.com/us/therapists
- Good Therapy: https://www.goodtherapy.org/find-therapist.html
- Therapy Tribe: https://www.therapytribe.com
- Mental Wellness Information & Resources from Sista Afya: includes tips on how to find mental wellness services in your area, strategies to pay for mental wellness services, apps you can use to track your progress, and hotlines to speak with someone about your challenges.

Bay Area

- Oakland Center for Spiritual Living: http://oaklandcsl.org/

Chicago

- **Brave Space Alliance**: The first Black-led, trans-led LGBTQ Center located on the South Side of Chicago, dedicated to creating and providing for-us-by-us resources, programming, and services
- Peace House, Englewood Chicago
- **Sista Afya Community Mental Wellness**: Sista Afya's mission is to sustain the mental wellness of Black women through building community, sharing information, and connecting Black women to quality mental wellness services. We believe that by making mental wellness simple, accessible, affordable, and centered around Black women's experiences, more people will get what they need to have a full, whole life.

Durham/Triangle

Movement Based Healing/ Resources

- Living Arts Collective: Community in Motion
    - Offers movement-based classes, workshops, socials, and performances
    - For more information visit https://www.livingartscollective.com/
- Jameela Dallis
    - LGBTQ+ ally, non-monogamy/Poly friendly
    - Tarot Reader, Yoga Teacher, Writing & Creative Modalities Facilitator
    - For more information visit https://www.jameeladallis.com/ or Instagram @YEMAJ4328

Body Work (Reiki, Massage, Yoga) & Tarot Reading

- Megan Bowser
    - Black woman, bodyworker
    - Swedish and Myofascial Massage, Somatic Meditation and Practices, Biodynamic Cardiovascular Therapy
    - http://www.sunandbone.com/bodywork/

- Donna Fulcher
    - Holistic bodyworker and massage therapist
    - https://www.powerofmassagebydonna.com/
- Jameela Dallis
    - LGBTQ+ ally, non-monogamy/Poly friendly
    - Tarot Reader, Yoga Teacher, Writing & Creative Modalities Facilitator
    - For more information visit https://www.jameeladallis.com/ or Instagram @YEMAJ4328

Creative Arts/ Writing

- Jameela Dallis
    - LGBTQ+ ally, non-monogamy/Poly friendly
    - Tarot Reader, Yoga Teacher, Writing & Creative Modalities Facilitator
    - For more information visit https://www.jameeladallis.com/ or Instagram @YEMAJ4328

Therapists

- Adrienne Michelle with Radical Healing
    - LGBTQ Couples and Family Therapist

    - Offers Sex Therapy, individual therapy, life coaching, career counseling, and more
    - For more information visit https://adriennemichelletherapy.com/
    - Or contact Adrienne Michelle at adrienne.michelle.mft@gmail.com
- Parker Hurley with Radical Healing
    - Black trans man, sliding scale
    - http://www.radicalhealing.us/parker.html
- Sara Yates with Mindful Collaboration
    - Offers individual therapy
    - Specializes in mood and anxiety disorders
    - For more information visit https://www.mindfulcollaborationnc.com/index.html
    - Or contact Sara Yates at Contact info: 423-281-4014 or syates542@gmail.com
- Shivani Chudasama with Carolina Partners
    - Queer, TGNC affirming somatic therapist
    - For more information visit https://www.carolinapartners.com/staff/shivani-chudasama-msw-lcswa-ryt/
    - Or contact Shivani Chudasama at 919-354-0830 Ext 527

Community Organizations

- Spirit House - Harm Free Zone
    - https://www.spirithouse-nc.org/harm-free-zone/
- BYP100 Durham Chapter
    - Black Youth Project 100
    - https://byp100.org/durham-chapter/

LGBTQ Affirming Churches / Projects

- CityWell
    - For more information visit https://citywell.org/
- Imani Metropolitan Community Church (MCC)
    - For more information visit https://www.imanimcc.org/
- The Reformation Project—Advancing LGBTQ Inclusion in the Church
    - Challenges “traditional” interpretations of Christian scripture
    - Offers a Leadership Development Cohort
    - For more information visit https://www.reformationproject.org/
    - Or contact Leadership Development Cohort member Tsharre Sanders at tsharre.sanders@gmail.com

DMV

- Our Space Acupuncture: http://www.ourspaceacupuncture.org/ (Silver Spring, MD)

New York

- Open Center: http://www.opencenter.org/programs/ (New York, NY)
- New York Community Center for Spiritual Living: http://www.nycspiritonline.org/ (New York, NY)

Smartphone Apps & Technology

- **BetterHelp App** - BetterHelp is a convenient way to get professional help from licensed therapists and counselors online. With over 3000 trained, experienced and accredited counselors covering a wide range of areas – from depression and anxiety to family and couples therapy – it's never been easier to receive personal, professional help when you need it. Associated with a cost for service.
- **Talkspace** - Talkspace is an online and mobile therapy company where users have access to licensed therapists through the website or mobile app on iOS and Android. Associated with a cost for service.

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VITA

JANAE BONSU

EDUCATION

Jane Addams College of Social Work | University of Illinois Chicago
Doctor of Philosophy **2021**
Dissertation: "Re-Conceptualizing Safety: Examining the Intersections of Patriarchal Violence and Survivor Empowerment"

Crown Family School of Social Work, Policy, and Practice | University of Chicago
Master of Arts **2015**
Concentration: Social Administration

College of Arts and Sciences | University of South Carolina
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Major/Minor: Experimental Psychology/Criminal Justice
Honors: Cum Laude

RESEARCH EXPERIENCE

National Black Women's Justice Institute
Senior Research Associate **2021 – Present**

University of Illinois Chicago | Office of Social Science Research
Graduate Research Assistant **2020 – 2021**
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Senior Research Consultant **2020**

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University of Illinois Chicago | Department of Sociology
Graduate Research Assistant **2019**
Faculty Advisor: Andy Clarno, PhD

Northwestern University | Department of Sociology
Research Assistant **2018**
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Jane Addams Center for Social Policy and Research
Graduate Research Assistant **2015-2017**
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MDRC | Criminal & Juvenile Justice Department
Research Assistant **2012-2014**

University of South Carolina | Interpersonal Violence Laboratory
Research Assistant **2011-2012**
Faculty Advisor: Suzanne Swan, PhD

University of Nebraska | Law & Policy Laboratory
Undergraduate Research Fellow **2010-2011**
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TEACHING EXPERIENCE

University of Illinois Chicago | Jane Addams College of Social Work
Adjunct Instructor **2017-2018**
SOCW 410 - Human Behavior and the Social Environment
SOCW 411 - Critical Social Work in a Multicultural Society

Northeastern Illinois University | Department of Sociology
Adjunct Instructor **2017-2018**
SOC 310 - Social Movements
SOC 373 - Community Action and Resistance

FUNDING AWARDS

IRRPP Dissertation Grant	**2019 – 2020**
Helen Taylor Greene and Vernetta D. Young Graduate Fellowship	**2019 – 2020**
Abraham Lincoln Fellowship	**2018 – 2019**
Davis-Putter Scholarship Award	**2018 – 2019**
Dr. Martin Luther King Jr. Scholarship Award	**2018 – 2019**
Edith Abbott Scholarship	**2013 – 2015**

PUBLICATIONS AND PAPERS

Peer Reviewed

De Anda Muñiz, M., **Bonsu, J.**, Dana, L., Ravichandran, S., Volpintesta, H., Clarno, A., Anzures-Oyorzabal, R., Carrasco, R., Unzueta, C., Wences, R. (2020). From graduate practicum to activist research collective: A roundtable with members of the Policing in Chicago Research Group and our community partners. Radical History Review (137): 141-156. https://doi.org/10.1215/01636545-8092822

Gottlieb, A., Charles, P., Mcleod, B., Kjellstrand, J., & **Bonsu, J.** (2020). Were California's Decarceration Efforts Smart? A Quasi-Experimental Examination of Racial, Ethnic, and Gender Disparities. *Criminal Justice and Behavior*, 1–19. https://doi.org/10.1177/0093854820923384

McLeod, B. A., & **Bonsu, J.** (2018). The benefits and challenges of visitation practices in correctional settings: Will video visitation assist incarcerated fathers and their children? *Children and Youth Services Review*, *93*. https://doi.org/10.1016/j.childyouth.2018.07.004

Swan, S. C., Lasky, N. V., Fisher, B. S., Woodbrown, V. D., **Bonsu, J. E.**, Schramm, A. T., … Williams, C. M. (2016). Just a dare or unaware? Outcomes and motives of drugging ("drink spiking") among students at three college campuses. *Psychology of Violence*, *7*(2), 253–264. https://doi.org/10.1037/vio0000060

Chapters

Bonsu, J. E. (2018). Fund Black Futures as an Abolitionist Demand. In A. Kim, E. R. Meiners, A. Petty, J. Petty., B. E. Richie, S. Ross (Eds.), The long term: Resisting life sentence, working toward freedom. Chicago: Haymarket Books.

Bonsu, J. (2018). Black Queer Feminism as Praxis: Building an Organization and a Movement. In O. N. Perlow, D. I. Wheeler, S. L. Bethea, and B. M. Scott (Eds.), Black women's liberatory pedagogies: Resistance, transformation, and healing within and beyond the academy. New York: Palgrave MacMillan.

Book Reviews

Bonsu, J. (2016). Affilia Journal for Women & Social Work. Review of *Addicted. Pregnant. Poor.* by Kelly Ray Knight. Durham, NC: Duke University, 2015.

SELECTED PRESENTATIONS AT PROFESSIONAL MEETINGS

(2021, April). "Moving Beyond Carceral Approaches to Address and Prevent Violence," keynote speaker with Beth E. Richie, National Conference on Health and Domestic Violence.

(2021, May). "Practical Applications for Abolition," panelist, Crown Family School of Social Work, Policy, and Practice.

(2021, March). "Carceral Cycles of Harm: A Teach-in on the Violence Against Women Act," panelist, The People's Coalition for Safety and Freedom.

(2021, February). "Journeys to Abolition," panelist. University of Denver Graduate School of Social Work.

(2021, February). "Black Lives Matter vs. Far-Right Extremism: Protests, Movements, and Riots," panelist, American Society of Criminology and Jane Addams College of Social Work.

(2020, September). "The Abolitionist Moment and Alternative Forms of Justice," panelist University of Virginia School of Law.

(2019, November). "Chicago Campaign to #EraseTheDatabase in Policing in Chicago: Big Data and Racialized Policing" Social Science History Association (SSHA), Chicago, IL.

(2019, June). *Activist, Scholar, and Organizer: The trajectory of a program alumna*. In Fighting Injustice with an Undergraduate Research Training Program in Psychology symposium, Society for the Psychological Study of Social Issues (SPSSI) 2019 Conference, San Diego, CA.

PROFESSIONAL MEMBERSHIPS

National Association of Social Workers
Society for Social Work Research
American Society of Criminology (Division on People of Color & Crime; Critical Criminology & Social Justice; Policing; Women & Crime)