Is It Because I'm Black Or a Woman? Constructing An Intersectional and Trauma-Informed Model of Social Support

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LOYOLA UNIVERSITY CHICAGO

IS IT BECAUSE I’M BLACK OR A WOMAN?
CONSTRUCTING AN INTERSECTIONAL AND TRAUMA-INFORMED
MODEL OF SOCIAL SUPPORT

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF SCIENCE

PROGRAM IN SOCIOLOGY

BY

MORIAH LYNN JOHNSON
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To all my sistas
Black women must explain to themselves, for themselves and for others what [their] experiences mean

– Rose M. Brewer
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CHAPTER 1

IN WHICH WE EXAMINE INEQUALITY IN THE LIVES OF BLACK WOMEN

Scholarship inequality impacts how we think about marginalized communities while simultaneously abetting their marginalization. Scholarship inequality is the privileged production of knowledge that results in either the omission or distortion of facts about “othered” groups (i.e. non-dominant or minority groups). Indeed, the process of knowledge production is just as embedded in and influenced by power as any other social construct, thereby it reflects and often, perpetuates social inequities. Two types of scholarship inequality of relevance to this study are stereotyped knowledge and universalized knowledge. Stereotyped knowledge arises from narrow conceptions of communities/people while universalized knowledge results from the outright exclusion of communities in the meaning making process. Although they have similar impacts, I argue in this chapter that both obscure the intersectionality and multiplicity of black women’s experiences and further social inequalities experienced by black women when accessing social services.

It is understood that black women have been marginalized within and outside of academia, but less is known about the relationship between these two spheres of marginalization. In this paper, I introduce a framework for understanding this relationship as a feedback loop wherein scholarship inequality reproduces and reinforces social inequalities. This phenomenon described as scholarship inequality was inspired by Patricia Hill Collins’ (1986) work wherein she explores Black Feminist scholars’ “outsider within status” as both a marginalized and yet,
specialized position of knowledge production. Collins (1986: S27-S28) describes what she calls the “omission” and “distortion” of sociological facts. Namely, the omission and distortion “of facts and observations about Afro-American women in sociological paradigms.” Quoting Scott (1982: 85), Collins adds, “from reading the literature, one might easily develop the impression that Black women have never played any role in this society.” Here, Collins draws a direct connection between the exclusion of black women within Sociology and the oppression of black women in society. The omission and distortion of perceptions of black women in society erases not only their agency, but their existence altogether. Collins discusses the sociological impact of these omissions and distortions. Using Collin’s insights as a foundation, this paper will explore the social impact of scholarship inequality; namely, how the development of models of social service provision are based on stereotyped knowledge (or what Collin’s called distortions) and how measures of trauma are developed and validated using universalized knowledge (or what Collin’s called omissions). Using the lens of black women’s experiences to critique stereotyped and universalized knowledge will elucidate the crucial relationship between scholarship and social inequality. Lastly, these key insights will form a new model of support from and for Black women.

Stereotyped knowledge is used to produce models of social service provision that disadvantage Black women. With regards to trauma, care for Black women focuses heavily on addiction (Davis, Mill & Roper 1997; Morissey et al. 2005; Wyatt et al. 2005; Blakey & Grocher 2017), domestic violence (Crenshaw 1991; Grant 2011) and low socioeconomic status (SES) (Davis et al. 1997; Wyatt et al. 2005; Hong & Burnett-Zeigler 2016). While Black women experience “violent victimization” or trauma at higher rates than other demographics, “the rates
of women in substance abuse treatment facilities reporting abuse is statistically the same across races (Amaro 2005)” (Grant 2011: 1). This means that Black women are not more likely to use drugs and alcohol to cope with trauma (Grant 2011). Yet, I continue to see scholarship pair blackness, womanhood, trauma, and addiction as if they were synchronous. With growing interests in Posttraumatic Stress Disorder (PTSD) and depression in the Black community (Alim, Graves, Mellman, Aigbogun, Gray, Lawson & Charney 2006), including studies on Black women specifically (Hong & Burnett-Zeigler 2016), now is the time to reexamine the way we approach research about Black women and trauma-related issues.

Current understandings of Black women’s experiences disproportionately focus on the experiences of addicted and low-income Black women, which is not and should not be treated as representative. As a result, perspectives of Black women and trauma are largely stereotyped and exclude the multiplicity of both the experiences and opinions that Black women share about their own trauma and trauma more broadly. This impacts the types of social programs that are developed as there is an assumption, based on these stereotypes, that addiction treatment programs that address trauma best serve Black women’s needs.

Further, universalized knowledge assumes the experiences of the majority are reflective of the experiences of the minority. This means that rather than doing the work to include diverse perspectives and experiences in the meaning making process, a singular perspective/experience is treated as universal. In America, universalized knowledge treats whiteness and maleness as universal norms and builds tools based off these norms. In this case, measures of trauma have historically been developed and validated using white and male populations rather than diverse populations (Norris and Hamblen 2004). While these tools are widely used, they exclude the
experiences, language, and understandings of Black women. In the social service delivery process, universal tools for measuring trauma fail to operationalize Black women’s experiences of trauma, thereby misrecognizing traumatized participants. Rather than engage in erasure of differences, intersectional approaches rely on differences as a source of information to better understand how systems of oppressions impact those at the intersection of blackness and womanhood. Using universalized knowledge compounds the inequalities within and outside of academia, which results in Black women not being able to access needed services.

This research study addresses two forms of inequality, while introducing the relationship between these two forms. The first form is scholarship inequality as both stereotyped knowledge and universalized knowledge produce gaps in sociological paradigms that contribute to omitted and distorted facts about marginalized communities (Collins 1986). The second form of inequality is the social inequality reflected in the current models of social service provision and current measures of trauma employed in social service delivery. Current models of social service provision that are based on stereotyped knowledge only offer support to those who match the stereotypes (i.e. struggles with addiction, poverty, etc.), thereby excluding those who do not; while current measures of trauma that are based on universalized knowledge eschew Black women’s intersectional experiences of trauma altogether. In this study, I show that through the exercise of engaging Black women in the intellectual process of critiquing current measures of trauma and evaluating social service delivery, in order to gain: (1) new ways of measuring trauma in Black women and other marginalized communities, (2) new models of understanding Black women’s experiences of trauma in the context of social service delivery and (3) new methods for researching Black women and trauma that is based on intellectual understanding,
rather than survivor or victim experience. Finally, this study explores the extent to which Black women’s perspectives of trauma differ from scientific perspectives represented in current measures of trauma and current models of social service provision. Overall, through non-academic critiques of measures of trauma and models of social service provision, I develop an alternative model of social support that is intersectional and trauma-informed, while also expanding accurate representations of Black women in sociological research.
CHAPTER 2

IN WHICH THE TERM ‘SCHOLARSHIP INEQUALITY’ IS FORMALLY INTRODUCED

Stereotyped knowledge is integrated into models of social service provision

Today, social services that target minority communities, particularly Black women, focus heavily on addiction treatment and domestic violence for low-income people (Crenshaw 1991; Grant 2011). Although these are often needed services, they are not wholly representative of all the needs black women have when accessing trauma-related services and thereby they do not effectively serve these communities (Morrissey et al. 2005). There is a gap between social service provision and Black women’s needs. This gap necessitates a study that communicates directly with Black women to assess their needs, their help-seeking behavior, and their perspectives of trauma. There are two guiding questions that inform this exploration of current models of social service provision: (1) what does stereotyped knowledge within academia tell us about Black women? And (2) how do current models of social service provision mirror and reinforce these perspectives of Black women?

The first example of stereotyped knowledge is that Black women are predominantly victims or survivors. Studies of Black women and trauma prioritize learning about the victim/survivor experiences of Black women (Alim et al. 2006; Hong & Burnett-Zeigler 2016). It is not so much about Black women and trauma as it is about Black women as victims of trauma. The difference is important. When studies overemphasize the victimization of Black women, they produce a distorted theory of Black women’s position in society. While it is
important that these experiences are represented, the overrepresentation of knowledge about Black women from a singular position, namely a disempowered victim position, puts scholarship at risk of stereotyping rather than studying Black women. Past studies that have sought to understand the experiences of victimization and survivorship of Black women (Alim et al. 2006; Hong & Burnett-Zeigler 2016), have distorted perspectives of Black women and trauma in academia by not considering what else they might offer to the topic beyond their experiences; namely, their intellectual contributions to the topic. Choosing a victim-based or survivor-based lens to view Black women only reaffirms their subjugation both within academia and in society. It also reaffirms a lack of agency that Black women are presumed to have over their lives given their social position and therefore, their lack of power.

There is currently little to no research on the relationship between disempowered perspectives of Black women in academia and paternalistic approaches to social service provision for black women. However, both scholarship on Black women and trauma and treatment in social service organizations employ a victimized or “needy” perspective of these women. Without conducting a study wherein I explore what specific sources of knowledge social organizations use to inform their practices, it is hard to prove this relationship; however, it is possible to demonstrate that both scholarly perspectives and social service practices reflect a disempowered perspective of Black women. Further, feminist legal scholar Crenshaw suggests that the lack of representational intersectionality in popular culture and dominant social understandings of Black women impacted perspectives of Black women and their treatment in social and legal systems (Crenshaw 1991). It is possible that these stereotypes also interact with and influence both scholarly perspectives and social service practices. This study will not prove
the exact mechanism for the relationship between scholarship and social inequality, but it does introduce the idea that they are related. Indeed, social service providers approach service from a paternal, rather partner-oriented perspective, because of disempowered and racist stereotypes of Black women as victims.

Paternalism has played a key role in the development of social service programs. Paternalism within social agencies is embodied by their bureaucratic structure, wherein program rules and organizational regulations are strictly and inflexibly enforced (Rai 1983). The central belief in the bureaucratic model of social service is that participants need order and rules to be successful; therefore, strict enforcement of rules is done so with the participants’ best interest in mind. However this form of paternalism can actually be very disruptive to service delivery and thus interrupt client success as “workers often have difficulty in providing needed services to their clients because of the inflexibility of organizational rules and regulations” (Rai 1983: 44). Although disruptive, this model is still widely used, which indicates it may be employed not because it is most effective, but rather because it best reflects a belief that “the poor” need to be regulated. Strictly enforcing rules does not enhance service provision and may interrupt trust and authentic relationship development between organization staff and participants.

While many organizations apply this model, staff members often experience dissonance when being socialized into the bureaucratic model of service. According to Stone, some sociologists and organizations experts such as, W. Richard Scott note that social agency workers often feel a strain between the need to enforce rules and regulations of the agency and the desire to be more flexible, he terms this “professional reconciliation” (Stone 1977). Professional reconciliation involves “reconciling the regulation of client conduct with the professional ideal of
service,” which de-emphasizes the punitive nature of restrictions and emphasizes its “protective nature” (Stone 1977: 795). As staff become more comfortable and more able to recognize their internal dissonance, they adopt a belief that “regulation is in the interest of the poor” (795). This is paternalism at its core. Paternalism reflects the belief that “the poor” need behavior modification to improve their circumstances.

The idea that regulation is in the best interest of the poor is rooted in a disempowered perspective of “the poor.” Stone suggests that one cause of paternalism amongst social agency workers is the disconnect between structural causes and individual causes in the lives of participants. Agency workers may confront daily, the individual “character flaws” they assume are responsible for the client’s predicament while eschewing structural explanations of inequality. As Stone writes, “the altruism of social agency employees may direct attention to shortcomings in the character and behavior of the poor, not to defects in the social system” (1977: 801). In this sense, employees choose to “help” the poor not by improving the systems that oppress them, but rather by helping the poor change their behaviors. In this way, agency workers have a “blame the victim” disposition that allows them to justify the strict regulation of the participants as they are seen as “irresponsible and child-like” (Stone 1977: 800).

This paternalistic, blame-the-victim approach to social service that is modeled by the staff is particularly harmful to Black women seeking services. Black women experience intersecting forms of oppression due to their social location, which predisposes them to needing services provided by social service organizations. Staff at agencies that do not recognize these intersecting oppressions and instead blame these women for their circumstances stand to do more harm, including re-traumatizing, than good. Staff should instead respect the agency of Black
women while acknowledging their intersecting oppression. By listening to Black women’s own help-seeking narratives and remaining informed about the racist, sexist and classist structures that systematically oppress Black women, staff can better partner with women to achieve their desired outcomes.

Universalized knowledge is used to develop measures of trauma

In the same way that paternalistic models of social service eschew the intersectional experiences of Black women, universalized knowledge is used to develop measures of trauma that do not operationalize trauma for diverse populations. Indeed, current Western measures of trauma have been designed without consideration of social factors such as race, ethnicity, gender and culture, or the way these factors intersect in the lives of Black women (Jayawickreme et al. 2012). This is problematic because both expressions of and exposure to specific traumatic events can be a result of structural, historical, cultural and social factors (Substance Abuse and Mental Health Services Administration [SAMHSA] 2014). This can result in individuals and groups being exposed to certain types of trauma, responding and expressing trauma symptoms differently, and overall experiencing trauma in socially specific ways. These differences must be factored into the design and validation of measures of trauma.

Fran Norris and Jessica Hamblen (2004) reviewed 24 measures of traumatic stress, providing an in-depth review of the contents and the validity of the measures. The 24 measures fell into two broad categories: (1) “DSM-IV posttraumatic stress disorder (PTSD) criterion A, or trauma histories and (2) DSM-IV PTSD criteria B-D, or symptom histories (Norris and Hamblen: 63-64). Of the 24 measures, only 7 were validated using specific populations and of the 7, only 3 were validated using specifically women or multicultural populations. If measures
are not being developed or validated with specific populations in mind, then they are operating on the false assumption that trauma event exposures and trauma symptom expressions are universal. This is particularly surprising given research on the racial, ethnic, gender and SES differences in the type and frequency of traumatic and stressful life events (Hatch and Dohrenwend 2007). In spite of the research, there is a pattern of developing universal measures over culturally and gender-specific measures.

Additionally, even studies into the trauma of racial minorities and Low SES groups obscure the intersectionality of Black women’s experiences. Although Hatch and Dohrenwend found gendered differences in the type of trauma as well as higher frequency of traumatic exposure in Low SES and racial/ethnic minority groups, their grouping of Low SES and racial minority groups poses a problem for examining the intersection of race, gender and class. For example, Black women can be low SES or high SES and are a racial minority, but studies like Hatch and Dohrenwend omitted the experiences of high SES Black women and thereby further distort understandings of Black women and trauma overall. As Black women stand at the intersection of race, gender and SES, special attention must be given to the unique perceived and realized experiences of Black women and trauma; as well as attention given to the perspectives of Black women that may develop as a result of these experiences. This unique intersection precipitates the need for measures of trauma that are developed with and validated using specific demographic groups.

Although the majority of measures of trauma were not validated using specific demographic groups, one measure was validated using a population of Black women: the Stressful Life Events Screening Questionnaire (SLESQ). The SLESQ was developed in 1998
(Green et al.) but was evaluated for cultural validity in 2006. The evaluation used focus groups and interviews with low-income African American women to assess the effectiveness of capturing experiences of trauma within this community. The study found that the women used similar language to the language found within the SLESQ and that the criticisms largely centered on wording issues (Green et al. 2006). While it is important that this measure was validated using a population of Black women, the method of validation and the measure itself is questionable for three reasons. Firstly, the interviews did not inquire about additional traumatic events to include in the measure and focused largely on violence against women, which means there was no opportunity for Black women to challenge definitions of trauma imposed by the measure. Secondly, the measure was not developed with a theoretical orientation towards incorporating the culturally- and gender-specific language and experiences of Black women; in fact, the measure was said to be developed without any theoretical orientation (an assumption common when engaging universalized knowledge). Lastly, the study only used low-income African American women to validate the measure, conforming to the stereotyped understanding that it is low-income and not Black women across SES that experience trauma.

Further, the question of whether or not population-specific measures of trauma are necessary was addressed in a 2012 study of Sri Lankan residents (Jayawickreme et al.). Jayawickreme et al. focused on creating appropriate measures of trauma that incorporated “local idioms of distress,” (160) rather than simply translating western measures into the local language of Tamil or Sinhala. The findings of the study showed that “the measures with local idioms of distress [had] incremental validity in non-Western war-affected populations, predicting functional impairment above and beyond translations of established self-report measures that
have been developed in the Western world” (2012: 797). The measures that integrated the local idioms of the Sri Lankan community were more effective at measuring traumatic impairment than the translated Western measures. The findings speak to the existence of a local language of trauma. The Jayawickreme and colleagues’ (2012) study demonstrates that direct translations are insufficient when it comes to trauma language and that trauma language is local and contextualized. In the same way, Black women have not only unique experiences and definitions, they have a unique trauma language that must be coded and integrated into measures of trauma to effectively measure functional impairment. Without this in-depth regeneration of measures of trauma, Black women will likely continue to be misunderstood and misdiagnosed.\footnote{In a 2007 study by Derek H. Suite, Robert La Bril, Annelle Primm and Phyllis Harrison-Ross titled, “Beyond misdiagnosis, misunderstanding and mistrust: relevance of the historical perspective in the medical and mental health treatment of people of color.” The authors examined the relationship between African Americans and the medical and mental health communities and how it perpetuates current state of health disparities.} This study aims to better understand the trauma language of Black women across SES.

It is important that measures of trauma and the population being measured speak the same trauma language to reduce misrecognition. While current measures of trauma are used to assess exposure to trauma and are assumed to effectively operationalize trauma for diverse populations, they fail to capture the differences in experiences of trauma in a meaningful way beyond translation.\footnote{Despite the findings of Jayawickreme et al (2012) study, most current measures of trauma are provided in multiple languages, but are only direct translations rather than full re-adaptations that incorporate local idioms of distress or specific trauma language.} These measures further inequality because they are based on a false notion of universalized knowledge, specifically a universalized language of trauma. Universalized knowledge production occurs when tools (i.e., measures of trauma) that are intended to be for
“everyone” are developed from research done only on white and/or male populations. The universalization of whiteness and maleness erases the gendered and racialized experiences of Black women. It also ignores the intersecting experiences of other communities. Two measures that reflect this have been selected for critique in this study: “Brief Trauma Questionnaire (BTQ)” (The National Center for PTSD 1999) and “the Trauma History Questionnaire (THQ)” (Hooper, Stockton, Krupnick & Green 2011).

The BTQ and THQ measures of trauma are widely used through self-administration and professional-administration and both are provided through the U.S. Department of Veteran Affairs website. While it is still used and easily accessible, the BTQ (See Appendix I) is 25 years old and was developed from a 1995 study called the Brief Trauma Interview (Schnurr et al.) and later validated in 2002 in a study with only older men (Schnurr et al.). Two glaring problems is that the reliability and validity of the measure are based on its effectiveness with a population of older white men, yet it is presented as a measure of trauma for everyone available via the VA website. Also, 18 years is a long time to not be re-validated.³

Additionally, the BTQ only captures what the DSM-IV calls “Criterion A.1” traumatic event exposure. Criterion A.1 includes traumatic events that are life threatening or serious injury only. The DSM-IV has another category called “Criterion A.2,” but the BTQ excludes this group because it includes subjective responses to trauma, which is too “difficult to accurately assess” (U.S. Department of Veteran Affairs 2018). Eventually the DSM-5 completely removed Criterion A.2 events from the PTSD diagnostic criteria altogether and now the BTQ can be said to capture all Criterion A traumatic events. This change in definition and exclusion of specific

³ The BTQ version available on the Veteran Affair’s website is a 1999 version.
aspects of trauma, particularly trauma responses has real consequences. The subjectivity of what is counted as a trauma can increase the validity of a measure without any real changes or adaptations taking place to improve the measure.

Contrastingly, the THQ measure is a more detailed self-report measure that captures a broad range of traumatic events. Unlike the BTQ, the THQ (see Appendix II) asks about the frequency of events, age at the time of the event and provides space for respondents to provide more details. A 2011 review of the THQ found that it is one of the most widely used trauma history measures (Hooper et al.). Although it is believed that the THQ does not have a specific theoretical orientation, it was developed based on recommendations from the Kilpatrick/Resnick group to use “neutral behavioral language” (Hooper et al. 2011). The presumed neutrality of the language is itself a pitfall of universalized knowledge usage. There is no such thing as “neutral behavioral language,” all language is culturally situated, and all trauma event items included and excluded within the trauma measures represents a theoretical orientation. The THQ and BTQ are not the only measures of trauma that exist, but they are two of the most widely used measures in the academic literature. Although both are offered in multiple languages, they are not evaluated for their cultural appropriateness. Similarly, in this study I argue that linguistic translation is insufficient without cultural context and a gender responsive lens and that communities have trauma languages that cannot be universalized. I explore this in greater detail in the next chapter.
CHAPTER 3

IN WHICH A BLACK FEMINIST AND CRITICAL RACE METHODOLOGY IS EXPLORED THROUGH A NARRATIVE ANALYSIS

This study is rooted in a methodological approach that integrates Critical Race Theory and Black Feminist Thought to an empirical narrative analysis research project. It is important that this methodology stay particularly rooted in Black Feminist thought as it is an intellectual tradition that elevates the humanity of Black woman and seeks to share the truth of our stories even and especially when it contradicts dominant sociological paradigms. Through the integration of these theories, this study will build upon traditions that seek to honor the intellectual lives of Black women, rather than further colonize them (Brewer 1993; Collins 1986).

Critical Race Methodology

A Critical Race methodology is grounded in the five tenets of Critical Race Theory (Solórzano & Yosso 2002) and argue that it is necessary to examine intersectional experiences of Black women in particular. Namely, a Critical Race methodology acknowledges the centrality of race and racism as well as other forms of subordination (in this study, gender and SES), the importance of challenging dominant ideology, a commitment to social justice, the centrality of experiential knowledge and a transdisciplinary perspective (Solórzano & Yosso 2002). This study integrates the five tenets of Critical Race Theory into its research methods and analysis
in order to better understand how racism, sexism and classism have excluded Black women voices from certain scholarly conversations and spaces

The centrality and even, intersectionality of race, gender and SES embodied in Black women is a key piece of this research study. By centering the study on Black women across all levels of SES, this study acknowledges the importance of the experience and knowledge of individuals that stand at this significant intersection and the way their “racialized subordination,” as Solórzano & Yosso (2002) describe it, may inform their critiques of measures of trauma and how they perceive trauma more broadly. Additionally, by talking to Black women across SES, this study is challenging the dominant narrative that trauma is exclusively experienced by poor and addicted Black mothers. This study affirms that Black women of high SES, who are sober or not mothers at all, define and embody trauma as well and that their perspectives matter to this narrative. This approach also challenges the narrative that Black women’s contribution to conversations of trauma can only come from survivor or victim experiences of trauma. By integrating the ways that Black women across SES define, understand, and embody trauma, this study will develop a nuanced model of Black womanhood and trauma in Sociology.

Solórzano & Solórzano (1995) and Valencia & Solórzano (1997) spoke of the centrality of experiential knowledge in addressing distorted understandings of communities of color. In their own words, experiential knowledge is crucial to exposing “deficit-informed research and methods that silence and distort the experiences of people of color and instead focuses on their racialized, gendered and classed experiences as sources of strength” (26). In this way, experiential knowledge is central to countering scholarship inequality in the form of stereotyped knowledge by interrupting distorted narratives with lived experiences. Solórzano & Yosso
(2002) see a Critical Race Methodology as the necessary tool for countering deficit storytelling by honoring both the experiences and knowledge of people of color. This study intends to do the same. This study invited Black women to be a part of the knowledge production process, including the interpretation of their own ideas to counter stereotyped knowledge about Black women and trauma. Through the intellectual engagement of Black women critiquing measures of trauma, this study will indeed challenge deficit-informed research that glorifies the survivorship and victimization of Black women. This study gathered the intellectual capital of Black women as meaningful and necessary to the development of effective measures of trauma and nuanced models of Black womanhood. This Critical Race Methodology both informs and builds upon Black Feminist sociological theories of understanding the lived experiences of Black women.

Black Feminist Methodology

This study also employed a Black Feminist theoretical approach to sociological research methods. As a Black Feminist, Rose M. Brewer (1989) felt that the key to developing Black Feminist theories in Sociology is acknowledging the “idea that Black women must explain to themselves, for themselves and for others what [their] experiences mean” (65). This is important because, as Kimberlé Crenshaw observed (1991), Black Feminist scholars often encounter the omission and distortion of facts about Black women within Sociological knowledge. When Black women explain to themselves and for themselves, the belief is that distortions are corrected, and omissions filled in. In fact, it is only through a Black Feminist Methodology that scholarship inequality and its impact on Black women can be countered. Crenshaw writes that Black Feminist researchers have moved “Black women’s voices to the center of the analysis, to study people, and by doing so, to reaffirm their human subjectivity and intentionality” (S28).
Crenshaw believes, as I do, that it is possible to learn more about humanity by studying Black women, not by universalizing their experiences but by including their experiences as equally human to those of other people. This study relied heavily on this theoretical framework as a research tool and a goal.

This study, through intentional recruitment, a semi-structured interview style, narrative analysis, and shared identities with the interviewees, sought to accurately represent Black women’s stories and intellectual lives. Black women are, what Brewer classifies as, “the ultimate intellectual other in this society” (1986:66) and she uses this claim as a basis for arguing against the colonization of Black women’s intellectual lives. Crenshaw makes similar claims about the necessary work of Black Feminist scholars “to bring a special perspective not only to the study of Black women, but to some of the fundamental issues facing Sociology itself” (S29); namely, the tendency to universalize the white and male experience and perspective. Brewer and Crenshaw argue on behalf of Black feminist sociologists whose contributions are undervalued and I intend to build upon this argument. Black women inside and outside of academia are the intellectual other. One of the goals of this study is to stop othering the intellectual lives of Black women and instead dive into them as legitimate and valuable. In this way, this study sought to decolonize the intellectual lives of Black women in the way we conduct research and the way we are researched.

Narrative Analysis Methodology

A narrative analysis methodology has been used to enrich the quality of qualitative interviews. This methodology allows for the subject’s voice to be heard in the research authentically (Riessman 1987). But the adoption of this methodology by feminist researchers
highlights the fact that gender is not always enough. This acknowledges that women cannot be cornered by their gender, but rather stand at complex intersections of gender, class, race, education and other relevant factors that inform not only their experiences, but how they understand and talk about their experiences.

In a study headed by feminist scholar Catherine Kohler Riessman (1987) merely matching interviewees and interviewers by gender was insufficient. By adopting a more narrative method, the interviewers were able to reach a deeper understanding of the unique ways that women of various backgrounds tell their stories and make sense of their lives. For example, social class and race were important factors in the way that women told their stories; however researchers were liable to misunderstand or misinterpret the experiences of these women when they did not incorporate the full context of their experiences through narrative analysis. Although this study will explicitly avoid personal anecdotes of trauma exposure and experience, a narrative method of analysis still has the value of allowing participants to communicate their intellectual experiences and assessments. By using a semi-structured interview style, guided only by the participants’ assessment of the measures of trauma, this study gave agency to the Black women to give their full perspective, rather than an abbreviated one. Also, by adopting and learning from a narrative analysis, I acknowledge that even as a Black woman interviewing other Black women, I cannot assume to understand every experience of every participant. My SES, sexuality, educational background, and other indicators did not match all the participants that I interviewed. However, I hope that through employing a narrative analysis their meanings are clear and represented well throughout all stages of this study.
CHAPTER 4

IN WHICH BLACK WOMEN EXPLAIN FOR THEMSELVES

Sources of Data: EWI Study and BWT Study

The data analyzed in this paper were gathered from two separate studies. The first study was an evaluative research project for a Chicago community initiative called the Englewood Women’s Initiative (EWI). Loyola’s Center for Urban Research and Learning (CURL) was tasked with assessing the efficacy of EWI programming, in part, through one-on-one semi-structured interviews with the initiative participants. As one of the researchers, I personally conducted the interviews for this initiative. Although the purpose of the interviews was to evaluate the initiative, other topics arose during the conversations with the participants that inspired and were relevant to this paper. This data was pertinent to understanding the gaps between service provision and participant needs. Additionally, all the interviewees were Black women, so it offered a gendered and cultural lens through which to view these issues. It was through these interviews, that the second study was developed.

I designed the second study, Black Women and Trauma (BWT) specifically to explore the unique ways in which Black women perceive trauma on both an intellectual and personal level. This study used a qualitative approach through interviews to learn firsthand about Black women’s assessments of how trauma has been studied and measured. Previous studies have done in-depth and structured interviews to learn about the individualized experiences of Black women and trauma (Davis et al. 1997; Jenkins et al. 2002; Alim et al. 2006; Hong & Burnett-Zeigler
This study differed from these previous studies by using a semi-structured interview style that had a guided portion and an open-ended portion. The guided portion of the interview focused on two measures of trauma, the BTQ and THQ measures, and the open-ended portion focused on the themes that arose from critiques of the two measures.

It is essential that the participants did not feel a need to share their personal experiences of trauma. Indeed, they were not asked to share individual examples or experiences of trauma. By asking the participant’s opinions on academic and medical measures of trauma, I honored the intellectual lives of all Black women, not just academic Black women. Past research has derived value from Black women via their experiences of victimization and survivorship. This study aimed to empower by engaging in an intellectual discussion about issues that face Black women rather than an experience-based discussion, which could prove traumatizing or re-traumatizing. Through intellectual engagement, this study acknowledges that Black women have more than just their struggles and experience to contribute to academia, they have rich intellectual lives and perspectives that are worth sharing and publishing. Through this Black feminist approach, I hoped to add to an intellectual tradition that is not built on the backs of Black women, but rather one that was built in partnership with Black women. In doing so, I will argue for the creation of a new model of support that is informed by the perspectives and needs of Black women, while also learning about how these perspectives differ within Black women communities across SES.

Data Gathering

Similar to the Sri Lanka study (2012), this study used qualitative methods to learn the local idioms and perspectives of Black women on issues of trauma and service provision. For the EWI study, 14 participants were interviewed (3 participants were interviewed twice; once in year 2016).
one and once in year two of the initiative. Thus, a total of 17 EWI interviews were analyzed) and
for the BWT study, 4 participants were interviewed. A total of 21 interview transcripts were
analyzed, along with 14 intake documents from the EWI participants, which provide the
demographic information of each participant and list their intersectional needs.

Englewood Women’s Initiative (EWI) Study

Although, I planned for hour-long interviews, the interviews typically took between 20
and 30 minutes to complete. A total of 14 EWI participants were interviewed. I took each
participant through the informed consent process; reading the consent form out loud and
providing them with their own copy as I read. Participants signed both my copy and their
personal copy before the recorded interview began. After consenting to being audio recorded, the
interview began with a check-in regarding their needs and any changes to the information they
provided at the time of intake. Then each participant was asked a series of questions with regards
to specific experiences within each EWI partner organization with which they interacted.
Although unintended, the findings of these interviews helped to expand understandings around
the diverse needs of Black women when accessing social service organizations and their unique
and collective social positions that inform their help-seeking behaviors. Additionally, the EWI
itself provides an example of an intersectional model of social service that will be used to
develop the proposed Intersectional and Trauma-informed Model. At the end of the interview,
participants were compensated with $25 visa gift cards.

Black Women and Trauma (BWT) Study

For the follow-up study, the BWT study, 4 Black women of varying backgrounds were
interviewed. The interviews differed in time from 30 minutes to 90 minutes, directed by
participants’ engagement and the depths of their responses. Participants were asked to sign consent and confidentiality forms before the interview began. The BWT interviewees were also given a list of local and free/affordable mental health resources in case they were interested in seeking help or discussing the topics of this study further with a professional. After signing consent forms, participants were asked about their background and the reason for their interest in the study. The first portion of the interview was dedicated to participants reading over the BTQ and THQ measures of trauma. Participants were given as long as they needed to read, comment on and edit the measures of trauma.

The two measures selected for examination are the “Brief Trauma Questionnaire (BTQ)” (The National Center for PTSD 1999) and “the Trauma History Questionnaire” (Hooper, Stockton, Krupnick & Green 2011). I selected these measures because they are widely used and easily available for self-assessments and professional use. Participants were asked to read and annotate directly onto the two current measures of trauma. Participants were asked questions about whether the measure included any words or phrases they did not understand or that made them uncomfortable and to write down alternative words or phrases. Then participants engaged in a conversation with the interviewer about the measures, about trauma more broadly (avoiding any specific stories about their own trauma) and about perceptions of trauma in their own communities, particularly groups of all Black women. By the end of the interviews, there was a sense of camaraderie and rapport, which allowed the conversation to flow naturally beyond the formal structure and end naturally. All four participants said they were open to being contacted again for follow-up interviews as needed.
Findings

As noted above, the data gathered for this study comes from two sources: the Englewood Women’s Initiative (EWI) Evaluation Study and the Black Women and Trauma (BWT) Pilot Study. Both studies were interview-based and focus on the experiences and knowledge of Black women. The EWI study centered on the experiences of Black women in social service delivery, specifically in a wrap-around model of service that had intersectional properties. This model is based on a collaborative network of community organizations that provide programs and services that serve women holistically in a one-stop-shop approach. The programs and services include job readiness training (i.e. resume writing, soft skill training, interview skills, etc.), non-traditional job training in the manufacturing and trades industry, access to further education, socio-emotional learning and care, domestic violence services and emergency financial services. Interviews were conducted to evaluate the effectiveness of these programs and services, the initiative overall and this model of service provision. The second study, the BWT pilot study, involved interviews with 4 Black women, with varying backgrounds, to critique current measures of trauma. The critiques will be used to recommend the development of entirely new measures that are culturally and gender specific.

The interviews indicate that Black women experience traumas and psychological harm outside of the narrow scope of current research. Here we explore a few examples of stress, fragility and perspectives of trauma in the lives of Black women through: 1) an examination of educational attainment and income level amongst the EWI interviewees, which shows the income inequality often experienced by Black women as a life stressor with potentially traumatizing effects, 2) vulnerability and fragility in the lives of Black women that can be linked
to income and housing inequality and 3) how Black women’s definitions of trauma differ from definitions represented in measures of trauma and how exclusion of social inequities in our understandings of trauma limit our ability to fully contextualize trauma in the lives of Black women. All three indicate that Black women not only speak their own trauma language, but they are more susceptible to traumatizing life events due to the social inequalities that impact them.

Together, the women from the EWI and BWT studies represent an economically and socially diverse group of people. The heterogeneity represented by the groups is emblematic of why I wanted to study Black women populations and combat narrow conceptions of Black womanhood. These women are no monolith, but a multitude of intersecting identities, knowledge, and experience. Yet, the sciences distort or omit their uniqueness (Collins 1986) and sadly, society reinforces these stereotyped conceptions (Crenshaw 1991). Although differing across age, education level, income, and occupation (See Table 1), these women are indeed all Black women.

Despite the heterogeneity there were clear similarities across the lives of these Black women. These similarities were largely predicated on the fact that Black women are subject to multiple intersecting oppressions due to sexist, racist and classist inequalities. Some of these structural inequalities are explored through this study, for example, income and housing inequality. Income inequality is seen in both studies. As shown in Table 1, 55% of participants across the two studies, had at least an associate’s degree, but 61% made less than $20,000 annually. Additionally, 44% of women were unemployed or underemployed\(^1\) at the time of our

\(^{1}\) Underemployed indicates participants were either self-employed or working part-time and not making enough money to support themselves financially.
The discrepancy between educational attainment and income level is a critical barrier that Black women face and an issue I will discuss further in the next section.

**EWI Participants (2017-2018)**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Education</th>
<th>Income</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25-29</td>
<td>Bachelors</td>
<td>$10,000-$19,000</td>
<td>Retail worker</td>
</tr>
<tr>
<td>2</td>
<td>50-59</td>
<td>Associates</td>
<td>$30,000-$39,000</td>
<td>Teacher</td>
</tr>
<tr>
<td>3</td>
<td>20-24</td>
<td>Associates</td>
<td>&lt;$10,000</td>
<td>Unemployed</td>
</tr>
<tr>
<td>4</td>
<td>30-39</td>
<td>Bachelors</td>
<td>$10,000-$19,000</td>
<td>Business owner/Self-employed</td>
</tr>
<tr>
<td>5</td>
<td>30-39</td>
<td>Some college</td>
<td>&lt;$10,000</td>
<td>Unemployed</td>
</tr>
<tr>
<td>6</td>
<td>50-59</td>
<td>HS/GED</td>
<td>$10,000 - $19,000</td>
<td>Unemployed/on disability</td>
</tr>
<tr>
<td>7</td>
<td>20-24</td>
<td>HS/GED</td>
<td>&lt;$10,000</td>
<td>Safe Passage worker</td>
</tr>
<tr>
<td>8</td>
<td>50-59</td>
<td>Masters</td>
<td>$30,000-$35,000</td>
<td>Unemployed</td>
</tr>
<tr>
<td>9</td>
<td>40-49</td>
<td>Doctorate</td>
<td>$30,000-$35,000</td>
<td>Self-employed</td>
</tr>
<tr>
<td>10</td>
<td>20-24</td>
<td>HS/GED</td>
<td>&lt;$10,000</td>
<td>Unemployed</td>
</tr>
<tr>
<td>11</td>
<td>60+</td>
<td>&lt; HS/GED</td>
<td>&lt;$10,000</td>
<td>Service Industry worker</td>
</tr>
<tr>
<td>12</td>
<td>30-39</td>
<td>Bachelors</td>
<td>&lt;$10,000</td>
<td>Underemployed/Self-employed</td>
</tr>
<tr>
<td>13</td>
<td>unknown</td>
<td>Certificate</td>
<td>$20,000 - $29,000</td>
<td>Iron worker</td>
</tr>
<tr>
<td>14</td>
<td>40-49</td>
<td>Certificate</td>
<td>&lt;$10,000</td>
<td>Unemployed</td>
</tr>
</tbody>
</table>

**BWT Participants (2019)**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Education</th>
<th>Income</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Unknown</td>
<td>Bachelors</td>
<td>$100,000 - $149,000</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>16</td>
<td>20-24</td>
<td>Masters</td>
<td>$50,000-$59,000</td>
<td>Public Policy Coordinator</td>
</tr>
<tr>
<td>17</td>
<td>25-29</td>
<td>Some college</td>
<td>$10,000 - $19,000</td>
<td>Massage Therapist</td>
</tr>
<tr>
<td>18</td>
<td>40-49</td>
<td>Doctorate</td>
<td>$50,000 - $59,000</td>
<td>Detective</td>
</tr>
</tbody>
</table>

Table 1. The demographic overview of all the participants.
Mismatched Educational Attainment and Income level

EWI study participants varied in age range, educational attainment, and income level. Although 59% of EWI participants interviewed had at least an Associate’s degree and the majority of participants had at least a high school diploma, 50% made less than $10,000 a year. Additionally, several of the women reported to have at least one child and at least one adult dependent living in their household. According to 2020 Federal poverty guidelines, for a household of 1 the poverty line is $12,760 and for a household of 2 the poverty line is $17,240 (Illinois Legal Aid 2020). This means that all the EWI women interviewed are living below the poverty line. This is not because of a lack of personal education attainment, but because of structural inequalities ubiquitous to Black women in America. Indeed, this data demonstrates the harsh reality that educational attainment does not provide equal opportunities to Black women with regards to income.

![Age of EWI Participants](image-url)

**Figure 1.** The age distribution of EWI Participants interviewed in 2018.
It isn’t surprising that all of the EWI women made less than $40,000 a year as that is one qualifying factor of the initiative. However, it is surprising that women who have bachelor’s degrees, master’s and even a PhD, could fall into the “low-income” category and be in need of the services offered by the initiative. It also complicates stories about what low vs. high socioeconomic status means and looks like. Current definitions use a combination of income, education, and occupation to determine socioeconomic status (SES) (Baker 2014; Rubin et al. 2014), however for Black women the difference between educational attainment and income level defies these strict categorizations. Scholars are beginning to acknowledge the limitations of objective socioeconomic status measures and their lack of generalizability (Rubin et al. 2014). The experiences of these Black women highlight this criticism of objective SES measures.

![Diagram of Level of Education of EWI Participants](image_url)

Figure 2. The education attainment of EWI Participants interviewed in 2018.
In fact, Black women have been classified as the most educated demographic in the United States (Thompson 2020), yet they continue to experience income inequality. According to the U.S Department of Education, the National Center for Education Statistics (2019), Black female students were leading in associate’s and bachelor’s degrees earned in the 2015-2016 Academic year. Black women are not the “typical” low-income group. They are the most educated and yet, least rewarded financially. This lack of reward for their work contributes to familial and financial instability, but it may also contribute to mental unwellness.

We know that Race-based and Gender-based income inequality exists and impacts Black woman significantly. National statistics for the Median Annual earnings of adults in the United States by education level, indicate the expected trend that the higher the level of education, the higher the annual earnings (US Bureau of Labor Statistics 2019). However, these numbers differ

![Annual Income of EWI Participants](image)

**Figure 3.** The annual income of EWI Participants interviewed in 2018.
by race and gender. According to the National Center for Education Statistics (NCES), Black people earn less than Asian Americans at every education level. Indeed, the use value of an education is much lower for Black Americans than Asian and Hispanic Americans (NCES 2019).

Unsurprisingly, these earnings drop when examining female median annual earnings. Neither the US Bureau of Labor Statistics (2019) nor the National Center for Education Statistics (2019) provided earnings by race and gender, which reaffirms the lack of an intersectional understanding with regards to income inequality. An intersectional understanding of annual earnings would help us better appreciate the structurally imposed economic disadvantage of Black women, but it isn't hard to imagine the circumstances that Black women find themselves in. Regardless, whether examining national difference, differences by race or differences by gender, EWI participants often made far less than the median annual earnings expected for their education level. This all contributes to the volatility of financial security for Black women. For example, one EWI participant shared how an unexpected work injury resulted in loss of income:

We were actually staying not too far from here [at a shelter] off of Western and 63rd. We had lost our place because I had hurt myself while working in the nursing field so I was out of work for a while. (Sandra Turner²)

Through no fault of her own, within a month Sandra lost her job and her house and was living in a shelter with her kids and hospital bills due to the injury. The intersecting oppression of income inequality that Black women face puts them at a high risk of this type of vulnerability. When Black women experience a loss of a job, a reduction in their income or any other change in financial support, it has disproportionate impacts on them versus other demographics because they are already disadvantaged by their racial and gender category.

² Sandra Turner is a pseudonym for a real EWI participant.
The participants did not contextualize their financial struggles in the larger framework of income inequality. In fact, most participants shared the need for a financial coach or help improving their finances. This indicated a desire to take personal responsibility for their finances rather than blame it, however appropriately, on inequality.

The full extent of the psychological harm caused by income inequality in Black women is understudied. Studies have examined how income inequality can make people more vulnerable to post-traumatic stress disorder (PTSD) following exposure to trauma (Pabayo et al. 2017) and that income inequality may contribute to the risk of suicide in people between the ages of 15 and 34 (Miller et al. 2005); however, no research has been done to explore income inequality as a form of trauma in and of itself. These studies examined income inequality as a mediating factor in trauma response and risk of suicide, but they did not look at how awareness of income inequality impacts women and people of color’s emotional wellness.

To be systematically undervalued and not paid what others are paid for the same work because of your race and gender impacts Black women in unique ways. Yet, we do not have metrics to fully understand the impact because this form of trauma is under-researched. For the data presented here, it is clear that these Black women experience the income inequality ubiquitous to Black women in America, but I do not know how that impacts their emotional and mental lives. This is a product of scholarship inequality; particularly the focus on victim and survivor experiences as well as narratives of need that blame the victim rather than acknowledging systems of oppression that victimize these women. Similarly, other structural inequalities and their individual effects were explored through both the EWI and BWT studies. Namely, how experiences of homelessness and housing instability is itself a trauma.
Predatory Housing Practices and Homelessness

The EWI study precipitated the BWT study because interviews with EWI women revealed a high level of reoccurring and intersecting stressors that the existing literature did not recognize as traumas. These life stressors were largely absent from the literature because research has historically focused on domestic violence and low SES, therefore theories around trauma and Black womanhood remained at a standstill. Although all the EWI women made less than $40,000 annually, they did not fit current conceptions of low socioeconomic status considering some of their educational levels. The group represented a heterogeneous population of Black women with similar life stressors and trauma experiences. What I learned is that EWI women were dealing with homelessness, chronic unemployment, unstable relationships, and inconsistent childcare support; sometimes, all at once. From this, I became interested in how definitions of trauma ought to capture these experiences and the need to challenge and expand current theories of trauma and Black womanhood specifically.

Issues related to housing arose during the interviews with both the EWI and BWT women. The EWI women spoke of various struggles with stable housing including homelessness, lack of safe and affordable housing and predatory housing practices by landlords. Indeed, 64% of EWI women interviewed said their housing was unstable and insecure and 21% said their housing was very unstable and insecure. Only 14% reported their housing to be very stable and secure. Beyond their housing status, EWI women shared negative housing experiences including struggles to access Section 8 housing and predatory landlords.
One EWI participant, Keisha Dearen, shared that she was struggling to find a job and safe/affordable housing. Keisha applied for Section 8 housing and shared, “I got picked for one in Texas and I couldn't make it out there in time” because she had finally found a job working Downtown in Chicago. Keisha had to decide between skipping work to get housing in another State or losing an opportunity for safe housing. Such an example speaks to larger issues with the United States’ Section 8 housing policy. Another EWI participant, Victoria White, reported that her housing was stable and secure, but also described how new management of her apartment building resulted in her being extorted for $3,000. In her own words she shared the confusing experience:

They said that I was $3,000 behind in rent. But I knew that was wrong, if I owed that much in back rent, you’d think I would’ve gotten a notice. So I had to pay an extra $284
outside of my regular rent. But, thank God, I only got one more payment and I’ll be back. (Victoria White)

Victoria’s experience even with “stable and secure” housing speaks to the need for a greater exploration into Black women’s experiences with housing outside of just inquiring about their housing status. Victoria shared that the new management wanted to evict her first, but instead decided she owed $3,000 with no documentation or evidence shown to her. She also shared that she maintained a good relationship with her previous landlord and remained in good standing because she always paid her rent on time. Victoria is a 60-year-old, Black woman, living alone and without an advocate for this situation because she “just didn’t want to tell anybody.”

The story of eviction and extortion when it comes to Black women is unique from other groups. According to Matthew Desmond, “poor Black women” are evicted at higher rates than any other demographic (2014:1). Desmond’s study was based in Wisconsin, but the implications reach far beyond the Midwestern State. Not only can experiences of eviction be traumatic, but evictions carry a similar stigma to a prison record thereby leading to chronic homelessness and housing instability amongst Black women (Desmond 2014). Victoria’s landlord threatening eviction and settling for extortion is particularly dangerous and harmful. Although the choice between loss of housing and loss of income is no real choice, Victoria made the best choice to maintain her “secure” housing. If Victoria had chosen to fight the extortion and instead was evicted, she would join many other Black women in a chronic struggle for safe, secure and affordable housing.

Outside of Desmond’s initial work, present research on housing instability and trauma (appropriately) focuses on the experiences of youth and teenagers, particularly LGBTQIA youth
who experience homelessness at alarmingly high rates (Aviles 2018; Thompson 2017; Bidell 2014; Page 2017). Less has been done to understand the trauma of homelessness and chronic housing instability amongst Black women. Some studies have addressed the role of trauma in the persistence of homelessness (Robinson 2005), but not homelessness as a trauma in and of itself. As is consistent with studies of trauma about Black women, research into housing instability and Black women focus on poverty (Daoud et al. 2016; Kushel et al. 2006), domestic violence (Montgomery et al. 2018; Daoud et al. 2016; Baker et al. 2010) and motherhood (Carrion et al. 2015; Suglia et al. 2011). Again, there is a need to expand this framework for studying Black women to capture all the experiences of Black women more effectively; and to develop a more complete social theory of Black womanhood. This under-researched aspect of trauma as it relates to housing was also addressed through the BWT study.

During the BWT study, both Tamera and Zaynah brought up the issue of homelessness as a trauma. Zaynah’s mention of homelessness was in the context of her own experience of temporary homelessness. Zaynah shared how she was very depressed when she was homeless and that a woman at a homeless shelter once “pulled a shank” on her. This personal experience of homelessness, which included the threat of violence and depression, speaks to the trauma of homelessness both physically and emotionally. Although not from personal experience, Tamera confirmed the experience of homelessness as traumatic through her professional exposure to populations struggling with homelessness. Tamera, as a Detective, has been exposed to trauma on a professional level and spoke to what she had witnessed while on the job. When critiquing the BTQ and THQ measures of trauma, she was surprised to find multiple trauma events missing including homelessness. In her own words:
I mean let's talk about homelessness and starvation. I would be willing to put down cold, hard cash that that is traumatic. You cannot eat. People are staring at you crazy. Whatever the reason you became a homeless person, be it veteran issues, other mental illness issues, just straight poverty, discrimination, criminal background, drugs whatever it is. People are trying to run you down with their cars they're calling you all kinds of crazy names all day. I would say that's traumatic, too. (Tamera West)

In Tamera’s view, it was obvious that homelessness was traumatic, regardless of the cause for that homelessness. Through her professional experience she witnessed firsthand the impacts of homelessness and the stigma attached to those experiencing it. This is only one critique of the measures of trauma that Tamera shared; other critiques are addressed in a later section. Where present research eschews experiences of trauma outside of domestic violence and outside the labels of motherhood and poverty, the EWI and BWT study construct a new framework for Black womanhood and trauma. As hypothesized, the experiences shared by women of the EWI study were not just stressors, but rather what BWT women identified as traumas. This speaks to the importance of this two-part study, wherein it is possible to have conversations with Black women not as victims, but as informers and knowledge producers. Additionally, these studies contextualize experiences of trauma through the lens of structural inequality, particularly income and housing inequality.

Between the structural inequalities of income and housing, I find that Black women experience unique traumas that ought to be studied more deeply. As both Victoria and Zaynah’s experiences demonstrate, it is not only Black mothers that experience housing instability, but Black women of all ages, who are living alone or without familial support, are also vulnerable. This finding suggests that it is not about Black women’s statuses, but that another mitigating factor exists in the experiences of and types of trauma in their lives.
Past trauma frameworks have focused on the various social, economic, and relational statuses of Black women. Such frameworks suggest that Black women are vulnerable to traumas because of individual choices (i.e., the choice to enter and remain in a threatening relationship or the choice to become a mother before they are “ready”). At present, there is less research about how structural inequalities not only predispose Black women to traumas but are traumatizing in and of themselves. For a closer examination of these experiences of inequality, how they relate to each other and other intersecting traumas in the lives of Black women, the next section shares the story of Deonna Johnson.

Fragility in the Lives of Black Women

Deonna Johnson³ is a 50-year-old Black woman with an associate’s degree and an EWI participant during year 2 of the initiative. At the time of her intake into the community initiative, Deonna reported that she was married and employed for the last 17 years as a teacher; a job which included healthcare benefits and opportunities for a promotion or raise. She identified herself to be living in safe and affordable housing. Additionally, Deonna was at an income level of $30,000 to $39,000, which is around the median annual earnings of full-time year-round Black American worker (between the ages of 25 and 35⁴) with an associate’s degree (National Center for Education Statistics 2019). Deonna also shared that she has two kids under the age of 17 who live with her, her husband and two additional adult dependents that also live with her.

³ Deonna Johnson is a pseudonym for a real EWI participant to protect their rights to privacy. Deonna consented to her story being used for research purposes.

⁴ The annual earnings of workers above the age of 50 was not provided by this source. We can infer the numbers would be similar and thereby Deonna matches median earnings.
While I do not know her husband’s income, or if he is one of the two adult dependents she mentioned, I know that there are at least two other adults and two kids that depend on her income as well as Deonna herself. Assuming that her husband is one of the dependents listed, Deonna lives in a household of at least 5 people. According to 2020 Federal poverty guidelines, Deonna is near, but not below the Illinois poverty line (Illinois Legal Aid Online 2020). From an outsider perspective, Deonna was financially, and socially stable with a full-time job and familial ties.

<table>
<thead>
<tr>
<th>Participant #2: Deonna Johnson</th>
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<tbody>
<tr>
<td>Date</td>
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<tr>
<td>Age</td>
</tr>
<tr>
<td>Employment</td>
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<tr>
<td>Income</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Housing</td>
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</table>

Table 2. Major life changes for Deonna Johnson.

Unfortunately, in between the time of intake with the initiative and her interview with me much of Deonna’s life changed. Although she initially joined the initiative because it was “something to do,” the changes in her life precipitated a need for multiple resources accessible through the initiative. In Deonna’s own words:

I would love to try to find more affordable housing. I am currently a permanent owner to a flat, but I’m having a lot of difficulties with that...I’m right in the middle of trying to get separated from my husband now. (Deonna)

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5 According to the Status of Black Women in the United States Report, “eight out of ten black mothers are breadwinners, who are either the sole earner or earn at least 40 percent of household income.” This means that when a Black women in the home experiences a reduction or loss of income, the entire household suffers and is disproportionately impacted compared to other households.
However, Deonna did not make these two major life transitions a central part of our conversation. Both details were brought up casually in conversation and if I had not asked about any changes to her housing situation, it did not seem like Deonna would have volunteered this information. Indeed, she framed the loss of her job of 17 years as “an opportunity” for her to try other things, like completing a customer service certificate with the Bridges to Career Opportunities offered by an EWI partner.

Even after these losses, it would be inappropriate to label Deonna’s story as a story of disempowerment. Indeed, her own narrative reflects a story of opportunity and community uplift. Job loss was “an opportunity,” and connecting with the initiative was “an opportunity.” Deonna also demonstrated a strong belief in herself and her ability to “pick up and just go.” Her only limiting factor was her access to resources, she shared:

The main thing is resources. If I had resources then I can just pick up and just go. If I had a start, a little help, a little knowledge, a little something to get my foot in the water and I can just take off from there. I definitely need resources though. (Deonna)

Although Deonna recognized her need for resources, she was more concerned about the needs of her community overall. Deonna’s community ties to Englewood are very deep and clearly important to her. She mentioned that she grew up in Englewood and her husband has lived in Englewood for 49 years. She also shared that she taught the kids of the woman who connected her to the community initiative. She demonstrated great concern for opportunities and services from which others in the community could benefit. Additionally, although my questions focused on her personal needs, she incorporated the needs of her community into her own narratives; for Deonna, needs were framed as a collective struggle, rather than an individual struggle for opportunities: “I think we [the community] should do a little better. Open more
resources for the black women, we are struggling here in Englewood. That’s what I would love.” In this way, Deonna recognizes that her struggles are not just personal, they are communal.

Job loss and divorce are both considered major life stressors that may precipitate trauma responses. Additionally, the two events may be related according to a 1998 study that found that for Black families “reduced work hours substantially increased the probability of divorce or separation” (Yeung & Hofferth: 279). The study hypothesized that the relationship between job loss and divorce was mediated through the “emotional strain” associated with the loss of a job. The idea of job loss being traumatic is contested, but divorce is recognized as a form of trauma or what some have called emotional “or spiritual trauma” (Mahoney et al. 2008).

The multiple and intersecting life transitions that Deonna experienced are emblematic of the fragility of Black women’s lives in the United States. The reality of gender and race-based income inequality impacts Black women and other women of color disparately and makes the loss of a job or reduction of hours particularly harmful. Reduced income due to racism and sexism already makes living affordably and saving money a struggle, which means any changes to income has multiple effects. In the case of Deonna, this meant the loss of her safe and affordable housing and separation from her husband. There is a social and psychological harm caused by these losses, but the extent of their harm remains unknown.

From the interviews in this study, we learn that women from varying backgrounds seek out services in times of crisis or simply times of transition. We also learn that life can shift quickly for Black women and stability can be precarious. There is a need to integrate these insights into how we think about social service support and how we think about those “in need.” Deonna did not need a paternalistic service structure “helping” her to change, but rather a
supportive structure to assist her, provide job leads and a community of like-minded people.

Deonna was not looking for a hand-out, but rather she desired resources so that she could help herself and her community.

It would be inappropriate to call Deonna a victim or even more inappropriate to victim blame her; she did not embrace a disempowered view of herself or her story. What we do learn from Deonna’s story, particularly the major life changes in such a short amount of time, is that there is a need for consistent supportive partnerships outside of crisis-focused services. This shift toward long-term supportive partnerships may be crucial for providing sustained stability in the lives of many Black women in spite of structural inequalities.

Understanding Trauma Through the Lens of Black Womanhood

The EWI women’s stories beg a few questions about daily stressors, experiences of trauma and how Black women talk, think and process trauma. Indeed, it was stories like Deonna that I heard repeatedly during my time interviewing EWI participants that made me interested in pursuing these types of questions. A deeper dive in the literature further exposed how little is known about the negative or traumatic experiences of Black women. As previously discussed, trauma in the lives of Black women is directed toward domestic violence and sexual assault and is viewed through the lens of addiction. Deonna’s story did not have domestic or sexual violence and there was no mention of addiction; Deonna is just a Black woman, teacher by profession, who experienced multiple major life transitions all at once and who may have been vulnerable to psychological harm as a result. How do Deonna’s and other Black women’s experiences differ from current understandings of trauma/life stressors? And how might closing the knowledge gap in our understanding close gaps in social service provision?
Four women were interviewed in the Black Women and Trauma (BWT) Study. Tamera West is a Violent Crimes Detective, Venneka Houston is a Senior Manager in Corporate America, Vanessa Smith is a recent graduate with a master’s degree and a background in Psychology and lastly, Zaynah Adams is a massage therapist. Incidentally, two participants shared they are in their forties and two are in their twenties. Like the EWI participants, these women all came from varying backgrounds, with diverse experiences and perspectives to bring to the conversation of trauma. Unsurprisingly each conversation was as unique as the participants themselves.

Established measures of trauma impose definitions of trauma through their selective inclusion and exclusion of trauma events. As previously mentioned, the BTQ measure explicitly and intentionally excluded an entire category of trauma. Both the BTQ and THQ narrowly define trauma while implying the universality of their trauma definitions through their wide usage with diverse populations. These definitions impact how individuals self-identify their trauma and how professionals recognize trauma. It is therefore incredibly important that measures, the professionals, and the individuals using the measures speak, what will call, the same trauma language. As the Sri Lanka study demonstrated, directly translating between Western academic and Sri Lankan languages was not sufficient (Jayawickreme et al. 2012), but rather the integration of the local idioms at all stages of development of trauma measures is necessary to fully understand the local trauma language. With this in mind, the conversations around the

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6 Each participant name provided here is a pseudonym chosen to protect the identity and privacy of the participants.
trauma measures attempted to illuminate the differences in trauma language between Black women and Western academic measures of trauma.

Before being asked about the two measures of trauma, the participants were asked to define trauma for themselves. When defining trauma, the participants relied on their own experiences and knowledge; and even after exposure to the measures, they did not adjust their definitions around the measure’s conceptions. Language used to define trauma included: “life altering,” “jarring,” “difficult to define,” and something outside of your “control.” One participant, Vanessa Smith, who has a background in Psychology and a Master’s in Public Policy, integrated her personal and professional knowledge into her definition. Her full definition is provided below:

When I think of trauma, I think about experiences that have a lasting impact on people because of the high emotional [factor]. It’s a highly emotional experience that can have a negative impact on somebody’s mental health or life in general. (Vanessa Smith)

As her definition notes, trauma for these women was emotional with an impact on mental health unlike the definitions offered by the measures of trauma. There was a consensus amongst the participants that both measures only focused on physical or sexual trauma, while ignoring mental trauma. Again, the two measures selected for examination were the “Brief Trauma Questionnaire (BTQ)” (The National Center for PTSD 1999) and “the Trauma History Questionnaire (THQ)” (Hooper, Stockton, Krupnick & Green 2011). As the names indicate, they are supposed to measure trauma; however, participants all made comments about how only certain types of trauma were captured by both measures. When discussing what the measures were lacking, Vennekia made a comment about the absence of mental trauma:
That's the physical part of it. But what about being abused, you know, mentally. I don't see that on here [on the measure] I mean, that sometimes can be even worse than the physical abuse. (Vennekia Houston)

The other participants echoed Vennekia’s sentiments. Zaynah shared that she “would just add emotional trauma [to the measure]” and Tamera (who is also a Detective) said that “[Trauma] doesn't have to be murder or rape. Trauma is external and internal." Their comments do not just expose an insufficiency of the measures to capture trauma fully, they also alluded to the existence of a hierarchy of trauma.

In their commentary on the exclusion of mental or emotional trauma, the participants exposed a hierarchy of trauma within the measures and within their own thinking. Vennekia’s comment that mental trauma is sometimes worse than physical abuse, placed mental abuse above physical in the hierarchy of trauma. While Tamera said that trauma does not have to be murder or rape, she was implying that trauma is often thought of in those extremes. Both of their comments contradict implied hierarchies. While Vennekia’s comment pushed back against the idea that trauma is physical, she inserted her own hierarchical thinking by comparing mental and physical traumas. Tamera on the other hand, pushed back against the need for a hierarchy at all, equalizing both “external” and “internal” forms of trauma.

For Tamera, trauma is trauma, there is no hierarchy, but there are differences in trauma responses. Her definition of trauma incorporated traumatic events and trauma responses which is consistent with her occupation. While certain events may always be traumatic, people’s trauma responses may vary. In her own words:

Just one slap could be traumatic to someone, then not to someone else. I guess that's a wide definition of trauma. But it could be anything, anything that's going to break you or cause an abrasion on the soul. (Tamera West)
Tamera’s definition of trauma eschews a hierarchy because she recognizes that trauma responses are personal. Tamera also added that there are “little traumas that people forget about” that are in fact “very traumatic.” Tamera acknowledges that trauma does not have an equal impact on everyone. To one person, it may be very traumatic, to someone else it may seem like a “little trauma,” and yet to another, it may not be traumatic at all. This may explain exactly why capturing trauma and operationalizing it through measures is particularly difficult and why the BTQ excluded traumatic responses in the measure. Tamera’s input also captures the importance of distinguishing between a traumatic event and a trauma response. The two measures selected for this study measured exposure to traumatic events, not necessarily trauma responses. Tamera’s input as a violent crime detective speaks to the importance of not engaging in hierarchical thinking about trauma and instead approaching trauma conversations in an open way. Conversations should be guided by participant’s trauma languages, including their personal understandings and interpretations of their experiences. In Tamera’s view, trauma is wide and can be anything that causes “an abrasion on the soul” – but how do we operationalize soul abrasions? And how do we avoid valuing certain abrasions over others?

From a medical perspective, the need to place trauma into a hierarchy is part of the long history of the practice of triage; wherein, the “worse off” patients are pushed to the front of the line and less emergent patients are left in the waiting room. This has been a valuable practice in the medical field for directing resources to where they are most needed (Frykberg 2005; Funderburke 2008). Measures of trauma seem to adopt a similar practice through word choice and the exclusion of certain types of trauma; both choices suggesting, these events are more traumatic than those. The outcome is that many patients, many Black women, are left in the
waiting room and never receive much needed care for their “internal” trauma. One participant captured this impact in her critique of the BTQ measure:

If this is supposed to be studying trauma or measuring trauma and somebody who’s been through mental abuse or psychological abuse [uses this measure], they might answer no because “none of these are what happened to me.” The measure is pretty much saying oh well to those people, you don't have any trauma…But they do, it’s just a different type, you know? The measure is super narrow. And it wouldn’t be consistent for measuring all types of trauma. It shouldn’t be called the Trauma Questionnaire it should be called the Physical Trauma Questionnaire. (Vanessa Smith)

As Vanessa’ critique demonstrates, language is not incidental in measures of trauma. As these measures can be self-administered, their language choice is the difference between appropriately operationalizing trauma and misrecognizing trauma. This means that word choice and trauma event inclusion (or exclusion) can impact whether a person accesses a trauma-related service and whether a person says, “none of these happened to me” so I must not be traumatized. Measures of trauma do not just tell people if they are traumatized, they tell people what is and is not trauma.

Further, mental and emotional traumas were not the only forms of trauma that were excluded. Notably, there was no mention of race-based traumas on either of the measures. Participants noted this exclusion without surprise. While Tamera felt that every Black person in Chicago had been a victim of racism or discrimination at some point, she noted “that racism is not on here. There are no questions like have you ever been a victim of racism or discrimination?” Similarly, Vennekia felt that both measures should have added “racism, or issues of inclusion” even though “some people might not understand and look at it as trauma.” None of the participants seemed to be surprised by the exclusion of race, racism, discrimination or hate crimes on the measures of trauma.
The exclusion of racism or discrimination on the measures of trauma reflected who the measures were written by and for whom the measures were written. Both Vanessa and Zaynah commented on these aspects of the measures. Zaynah said based on the wording and the exclusion of certain types of traumas, it must have been written by white people. In her own words:

I don't know if they're white [referring to the authors], but judging from how this was worded and everything, it just seems like they [the authors] never experienced the trauma themselves…it seems like they must be white and it makes me feel like they've never experienced trauma themselves. (Zaynah Adams)

In Zaynah’s view both the race and the experiences of the authors impacted the quality of the measures. Although, it is unknown if the authors have experienced any traumas, it is known that they are indeed all white. This is an important criticism as it demonstrates that the ability to speak the same trauma language may be wrapped in both race and experience-based knowledge that is inherently inaccessible to some scholars. The efficacy of measures of trauma should not be limited by the race and experiences of their authors. Therefore, it is necessary to engage with communities and populations in order to develop the most effective measures of trauma.

Authorship is not the only issue, as previously mentioned, the populations that validate the measures are also important. Vanessa shared her insights into who is usually being measured and who is excluded and how unsurprising she finds it:

I’m not shocked [that there’s nothing about racism]. I mean you would think they'd be a little bit better, but based off of what I know from psychology and my undergrad studies, a lot of times it is very much a specific group of people that are being measured. Usually straight, white, middle class. They don’t have any other voices, well they could, but it’s not intersectional, so yeah there’s nothing in here that says, “have you been the victim of a hate crime?” it’s just very general or to the point, being general makes sense, but at the same time it is leaving out a lot of things that people could have experienced as traumatic. (Vanessa Smith)
There is a breakdown in trauma language between the presumed white academic understanding and the local Black women understanding of traumatic events and responses. Participants explained the breakdown as a result of the presumed racial demographics and lack of trauma experiences of the authors of the measures. Additionally, the exclusion of mental, emotional and racial traumas was highlighted by all of the participants in their critiques of the BTQ and THQ measures of trauma. In spite of scholarship that focuses disproportionally on physical and sexual experiences of trauma in the lives of Black women, these Black women were particularly concerned with the emotional and mental impact of trauma and stressors including experiences of racism, discrimination and all hate crimes. The exclusion of these experiences increases the likelihood of misrecognizing trauma in Black women and other communities.

While there is no way to guarantee that authors are of a certain race or that they have experienced the traumas within the measure, engaging diverse communities in the development and validation process of the measures can compensate for these limitations. Ultimately, it is through engagement with and exposure to diverse communities that scholars can become aware of traumas they have never experienced.

Engaging Black women and other diverse populations in conversations about trauma is how to combat the misrecognition of trauma. There is a need to integrate Black women’s voices in the development stages of measures. The disconnect between local understandings of trauma and academic definitions is harmful to Black women receiving the support they need in times of crisis or ongoing experiences of inequality. Integrating local understandings into academic measures is how to appropriately operationalize local needs. The findings of the BWT study show that across SES, Black women may have their own ways of understanding trauma that is
not captured by current measures. Insofar as these measures or any other measures are being used in diverse populations, the question must be asked: how many traumatized individuals have been misrecognized?

In particular, within the context of social service provision, developing tools with the local population in mind is not enough. It needs to go a step further, to develop tools with local community in partnership using local idioms, local experiences and other relevant contextual factors. As Tamera mentioned, racism and discrimination are ubiquitous in the lives of Black Chicagoans. These types of insights are needed in the development of appropriate tools of service. It is this mentality that informs the proposed model of social support discussed in Chapter 5 rather than traditional social service models of provision. The proposed model is an intersectional and trauma-informed model that integrates the voices of those it supports in an ongoing and meaningful way in order to create long-lasting supportive partnerships with diverse communities.
CHAPTER 5

IN WHICH AN INTERSECTIONAL AND TRAUMA-INFORMED MODEL OF SOCIAL SUPPORT IS PROPOSED

I am not the first to argue for an intersectional or trauma-informed model of social service. Some research has been done to examine the need for intersectionality (Crenshaw 1989; Crenshaw 1991) and trauma-informed practices (Grant 2011) separately, while some have combined intersectional trauma-informed services together (Kulkarni 2019); however, these studies all focused on domestic and intimate partner violence services specifically. Still, there is a lot we can learn from these models and how to apply similar frameworks to broader social support for Black women.

Current Intersectional and Trauma-Informed Models

Kimberlé Crenshaw was the first to coin the term intersectionality to capture the ways in which racism, classism and sexism interact in the lives of women of color (1989). Crenshaw understood that the domestic violence experiences of women of color, particularly Black women, were unique and usually a result of intersecting systems of oppression. Crenshaw developed a tri-fold framework of intersectionality that captured the structural, political and representational intersectionality that Black women experience. Structural intersectionality explains the need for social services, especially with regards to domestic violence, that incorporate the multiple needs women of color have when seeking services. According to Crenshaw, the location of women of color at the intersection of race, gender and class makes our experiences with domestic violence,
rape, and remedial reform qualitatively different than that of white women (1991). Political intersectionality addresses black women’s exclusion from both feminist and antiracist politics, as they reinforce the subordination of black women. A lack of political intersectionality suggests that you are either a black man or a white woman, there are no other options. Lastly, her push for representational intersectionality captures how women of color are represented in distorted ways by popular culture that reinforce their subordination and is thus another source of intersectional disempowerment (Crenshaw 1991).

Through an intersectional framework, Crenshaw challenges perspectives and models of service provision that only target singular needs or issues, while ignoring the multiple barriers women of color face when accessing services. In *Mapping the Margins*, Crenshaw focuses on the way that women of color experience violence and barriers to accessing social services that assist survivors of abuse (Crenshaw 1991). Women of color who are escaping abusive relationships are not just seeking shelter. In Crenshaw’s words, “The fact that minority women suffer from the effects of multiple subordination, coupled with institutional expectations based on inappropriate non-intersectional contexts, shapes and ultimately limits the opportunities for meaningful intervention on their behalf” (1991: 1251). Indeed, there are multiple intersecting forms of social oppression that have contributed to a woman’s need for shelter and that also make her likely to need counseling, childcare support, and employment assistance. Crenshaw criticizes shelters that only provide shelter; because this model of social service provision is based off the needs of middle-class white women, rather than the intersectional needs of all women.

Although Crenshaw introduced intersectionality in the 80s and has since developed the concept further, only a few service models have adopted an intersectional approach to service
delivery. Shanti Kulkarni examines the need for intersectional and trauma-informed services with regards to intimate partner violence (IPV) to close the gap between IPV service delivery and survivor needs (2019). Kulkarni describes three intersectional approaches to IPV services: survivor-centered advocacy, the full-frame model and culturally specific programs. These three approaches focus on the need for survivor-directed programming wherein survivors’ knowledge, expertise and preferences guide program delivery rather than “service-defined advocacy practices that tend to fit survivors into existing services regardless of their needs” (Kulkarni 2019: 57). The need for holistic understandings of well-being and safety that do not prioritize physical safety over psychological safety and social well-being; and the need to think culturally rather than universally to contextualize the lives of survivors. Overall, an intersectional approach must understand that survivors have rights to agency in service delivery, their needs for safety extend beyond physical safety and that the cultural, gendered and social context in which the women exist is crucial to their experiences of trauma and their access to quality care.

In combination with these three intersectional approaches, Kulkarni argues for a trauma-informed model of service. Kulkarni’s trauma-informed model of service has four key elements: power sharing, authentic survivor-advocate relationships, individualized service plans and robust systems advocacy (2019). Power-sharing rethinks the power dynamics and counters paternal models of service provision. Power-sharing is a lateral and partnered approach rather than hierarchical. In this way, service providers are intentional about not reinforcing hierarchical power dynamics responsible for these types of trauma in the first place. This is particularly important if the women’s trauma or abuse was at the hands of an authority figure. Staff should not have or enforce power over participants, but rather communicate, seek understanding, and
listen to the needs of participants as partners and co-authors of service plans. This connects to the other two elements: authentic survivor-advocate relationships and individualized service plans.

By eliminating hierarchical power relationships, advocates are better able to develop authentic relationships with participants wherein the participants have agency. Gabriella Grant’s (2011) work on improving outcomes for African American survivors of domestic violence speaks to the importance of these relationships and agency in these relationships as a trauma-informed approach. Grant writes, “Co-equal interactions are less traumatizing than hierarchical relationships that mirror abusive relationships.” (2011: 2). Authentic relationships are formed on the basis of equality. Both parties have equal decision-making power and control over the terms of the relationship. In particular, the participant must decide the course of treatment/service that best suits her needs. As Grant adds, “a trauma-informed program takes active steps not to re-traumatize the women. One easy step is to allow the woman to choose her own priorities, goals and steps” (2011: 2). Advocates should think of themselves as facilitators in these discussions and partners with participants. Program design, implementation and evaluation processes should incorporate all four of these elements meaningfully for successful service provision.

The Intersectional Trauma Informed Model or the I.T. Model

Crenshaw, Kulkarni, and Grant’s work all offer important insights into how to develop an intersectional and trauma-informed model of social support. However, they still approach the issue of black women, trauma, and social service delivery from an addiction and domestic violence lens. To be clear, providing services to those who struggle with addictions or who have experienced domestic and intimate partner violence is critical, but it is also critical that we provide services to black women who do not fit these types of trauma and yet, still experience
very real trauma. Using Crenshaw, Kulkarni and Grant’s thinking as a framework and the input of the Black women in both the BWT and EWI studies, an adapted intersectional and trauma-informed model is proposed: The I.T. Model (See Table 3).

Support-oriented practices rather than crisis-oriented practices see participants as equals and experts. Equals in the decision-making and goal-setting for their individualized supportive plans (ISP) and experts in their lives and their needs. Rather than paternalistically imposing a plan, organizational staff help participants develop their ISPs. Additionally, crisis-oriented practices aim to meet the immediate needs of participants but are too short-sighted to provide intersectional support. Support-oriented practices examine short- and long-term needs of participants to address their intersectional needs and the structures that create them. As Crenshaw critiqued, many current models of service are concerned with addressing singular and immediate needs, rather than examining the structural inequalities that produce vulnerability and fragility in the lives of many Black women and women of color.

Further, as the goal is to effectively support participants long-term, the I.T. Model incorporates advocacy into its operations. Social advocacy is a crucial component of the I.T. Model because it is a part of focusing on the structural inequalities that impact Black women and other marginalized groups the most. The social advocacy can take multiple forms. Firstly, organizations should prioritize remaining informed about current and changing local policies particularly in regard to issues like affordable housing, evictions and school board elections. Remaining informed is how socially supportive organizations empower participants and engage in the policy process. Social advocacy can also mean drafting policy memos and engaging in senate hearings to promote policies that can benefit participants directly and their communities.
Whether preventing harmful policies or promoting beneficial policies, the I.T. Model seeks to address structural inequalities in the lives and communities of those with whom it partners.

It is the shift from a service model to a supportive model that allows for the intersectional needs of Black women to be addressed through the I.T. model. Black women across all levels of SES are vulnerable to income inequality, which puts them in a position to need social support. The best support for Black women is support that addresses the fragility and intersectionality of their needs. The I.T. Model uses an intersectional and responsive approach to adjust individualized service plans according to life changes, whether expected or not. Additionally, there is no penalty for interruptions to service plans; but rather the I.T. Model allows for participants to check-in when possible to update their program contact on ongoing life changes and interruptions.

As I learned through the BWT study, trauma involves a “loss of control.” Trauma often occurs in a top-down way, wherein someone in power or with power abuses someone with less power. This is apparent in cases of domestic violence, police brutality and abuse at the hands of medical professionals. It also occurs on a larger scale in cases of income inequality and other forms of classist, racist and gendered structural inequalities. On both scales, power dynamics contribute to the trauma experience and impact trauma care. Thus, it becomes essential that any model of support reduce the power imbalance inherent in organizational staff-participant relationships.

The I.T. model is trauma-informed as it gives participants the power to set and achieve goals and flexibility in the goal timeline. Two trauma-informed elements are: partnership and responsiveness. The I.T. Model uses a partnership model to work with participants to set and
achieve goals but is also responsive and reflexive in how the partners hit mile markers and implement action steps. The EWI study demonstrated that Black women are apt to experience interruptions in their lives that can lead to relationship dissolution and loss of or reduction of income. Due to this, program and service plans must be reflexive to these interruptions and the new needs they introduce. As one EWI study participant shared:

My kids and I were facing a difficult time. We had lost our place because I hurt myself while working. I was out of work for a while and I couldn’t keep up with the payment of our place. I was taking the Bridge program at CSU and a math program and still trying to get back in time for my kids and stuff because I really didn’t have childcare coverage. And that’s where the staff over my program really came in and filled that gap because while I didn’t have childcare, they would allow me to come like on different days that it wasn’t like a big class and I was able to bring my son with me and stuff, so I can complete my program and so I’m really, really…I’m grateful for that. (Sandra Turner)

Due to unstable childcare support, Sandra needed a flexible service plan to successfully complete her educational program. Thanks to the staff working with her, Sandra completed the Bridges to Opportunities program on November 20, 2018. In the words of Sandra, programs that are not trauma-informed and thus reflexive are “a waste of time and waste of money.” She shared more on this:

I believe that’s one of the things that’s missing in a lot of programs for people with families. And even if they don’t have younger children it may be that they have to take care of an elderly parent or something. And so being able to have that flexibility would really help a person to succeed in the programs that are out there, you know because if you just have a program that is just stickler, it’s just this and that, just cutthroat and stuff, the program is not going to be successful at all. So it’s just a waste of time and waste of money. (Sandra Turner)
### The I.T. Model

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<thead>
<tr>
<th><strong>Element</strong></th>
<th><strong>Definition</strong></th>
<th><strong>Example(s)</strong></th>
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<tr>
<td><strong>Social Support</strong></td>
<td>Social support acknowledges the ways in which the world does not support marginalized groups and tries to compensate for that lack of support through short- and long-term support and through advocacy/policies against social inequalities</td>
<td><em>Staying informed about housing issues and housing policy in the city your org is housed in (i.e., knowing if you live in a tenant-favored or landlord-favored city). Thinking through how current and new policies will impact your participants. If your org has the capacity, engaging in policy development processes with similar orgs (i.e., senate hearings, drafting policy memos, etc.)</em></td>
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<tr>
<td><strong>Intersectional</strong></td>
<td>Intersectionality is an orientation to see and seek to understand the multiple and connected systems of oppressions that impact people, their needs and their trauma. Further, solutions are created with the intersectionality in mind, rather than targeting one problem at a time. Intersectional models think contextually.</td>
<td><em>In the EWI study, Deonna’s story highlighted how connected income inequality is to housing instability and relationship instability in the lives of Black women. Addressing a singular issue, ignores how all of the issues are connected.</em></td>
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<tr>
<td><strong>Trauma-Informed</strong></td>
<td>Trauma-informed care is anti-hierarchical, anti-paternalism and seeks in all ways to avoid re-traumatization of participants. Trauma-informed care sees participants as partners and therefore is not punitive when a goal is not met, or when plans need to be changed or adapted.</td>
<td><em>Allowing participants to lead discussions as experts in their needs, facilitating goal-setting and planning sessions while giving room for the input of participants, not giving into authoritarian practices that may retraumatize.</em></td>
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Table 3. The I.T. Model Explained.
The I.T. Model incorporates this flexibility into its model. A trauma-informed model is not optional, it is essential to successful program engagement and completion. It is also key to understanding the needs of participants, how they change and how to best respond to those changes. Rather than treating participants as passive and in need of changing, the I.T. Model encourages partnership and is responsive in the planning and completion of goals. Lastly, the I.T. model is not just crisis-oriented, it is support-oriented. This means that it incorporates the short-term needs of participants along with ongoing and changing needs while contextualizing it all through understanding structural inequalities. This means that women can receive as much support as they need for as long as they need.
Scholarship inequality is the privileged process of knowledge production that results in the exclusion and distortion of othered groups. Specifically, scholarship inequality explains the distortion and omission of sociological facts and social theory about Black women and trauma. Perspectives of Black women and trauma are largely stereotyped and exclude the multiplicity of experiences and opinions that Black women share about their own trauma and trauma more broadly. This paper focused particularly on the ways in which universalized and stereotyped knowledge are used to develop measures of trauma and models of social service. In America, universalized knowledge treats whiteness and maleness as universal norms and builds tools based off these norms. In this case, measures of trauma have historically been developed and validated using white and male populations rather than diverse populations (Norris and Hamblen 2004). Further, stereotyped knowledge has resulted in the overrepresentation of addicted, impoverished Black mothers in discussions of Black women and trauma leading to resources suited only to those stereotyped conceptions of need. The gap between social service provision and Black women’s needs was the motivation for this work and the impetus for further research in this area.

The BTQ and THQ measures of trauma are two prime examples of how universalized knowledge is used to develop tools that do not fully operationalize the trauma of diverse populations. Developing measures of trauma and validating these measures without the input,
insight and understanding of a representative sample of the communities that will use the measure defeats the purpose of measures of trauma; further, it misunderstands how experiences of trauma are contextualized through social, cultural, racial and gendered factors. There is no such thing as a universal or neutral trauma language. This study introduced the notion of local trauma languages in contradistinction from the universalized language implied by current measures.

Using a Critical Race Methodology and Black Feminist methodology is the only way to counter stereotyped knowledge about Black women and trauma. This study invited Black women to be a part of the knowledge production process using a narrative analysis approach which included, the interpretation of their own ideas to counter stereotyped knowledge about Black women and trauma. By integrating the ways that Black women across SES define, understand, and embody trauma, this study sought to develop a nuanced model of Black womanhood and trauma in Sociology; while exposing the deficit-informed research prevalent around people of color (Solórzano & Solórzano 1995; Valencia & Solórzano 1997).

The EWI and BWT studies are unique studies in that they were led by Black women and conducted with Black women. The interviews indicate that Black women experience traumas and psychological harm outside of the narrow scope of current research. This study has explored and explained the nuanced experiences and knowledge embodied by Black women across levels of SES when it comes to trauma and access to support. Both the EWI and BWT studies demonstrate that centering Black women's knowledge shows the need for a partnered approach to research and social support organizations. Previously paternalistic models and research reinforce harmful and one-sided perspectives of Black womanhood in Sociology. Without
research that challenges these norms, both theory about and practice with Black women is detrimentally limited.

Significant findings from the studies were that income inequality impacted all the Black women in the study. Based on their educational achievement, national averages suggested they should all be making more money than they are. Several participants were unemployed or underemployed, several more simply made less money than what is expected for their education bracket. This spoke to a larger context and issue ubiquitous to black women. The findings also suggest the pervasive experience of housing inequality. Several vignettes indicate that even for women who reported “safe and affordable” housing, they experienced predatory behavior from their landlords, threats of evictions and more. These two forms of inequality that loom over the lives of Black women are crucial contextual factors that any and every social support organization should keep in mind when partnering with women. I also learned about the fragility of security in the lives of Black women. In particular, I saw how a shift in income can result in a domino-effect of other negative life transitions.

None of these findings suggest victimhood, but they are important context for some of the experiences of trauma and stress that Black women face. The BWT study elucidated some of the ways that Black women define trauma, and how their personal and professional experiences provide insight into what they consider a traumatic event. As this study demonstrated, it is only through engagement with and exposure to diverse communities that scholars can become aware of the unique trauma languages of communities. The disconnect between local understandings of trauma and academic definitions is harmful to Black women receiving the support they need in times of crisis or ongoing experiences of inequality. In the context of social service provision,
developing tools with the local population in mind is not enough. It needs to go a step further, to develop tools with local community in partnership using local idioms, local experiences and other relevant contextual factors.

The I.T. Model incorporates three main goals and philosophies: provide effective social support, be intersectional in approaches and in the tools used; and use a trauma-informed lens. All of these philosophies operate synchronously; the social support model allows for an intersectional and trauma-informed practice, while also giving room for advocacy work. Support-oriented practices examine short- and long-term needs of participants to address their intersectional needs and the structures that create them. The best support for Black women is support that addresses the fragility and intersectionality of their needs. The I.T. model is trauma-informed as it gives participants the power to set and achieve goals and flexibility in the goal timeline. I am not the first to suggest an intersectional or trauma-informed model of social service, I am however the first to combine the models and recommend a model of social support. The I.T. Model does not just propose a new way to practice social service, it proposes a new philosophy for how to think about social service; namely, not thinking paternalistically or even service-oriented, but support-oriented. This reorientation treats participants as partners, keeps the short and long-term needs of participants at the forefront and finds ways to address structural inequality in their lives through advocacy.

Service cannot solve the inequalities that the United States has created for Black women and other marginalized groups. Organizations that blame the victim, rather than examining the world that creates the “victim” and advocating for change, are a part of the problem, not the
solution. The I.T. Model does not just engage the individual, it advocates to make the world a more equitable place for all.
APPENDIX I

BRIEF TRAUMA QUESTIONNAIRE
Brief Trauma Questionnaire (BTQ)

Version date: 1999


URL: http://www.ptsd.va.gov/professional/assessment/teasures/brief_trauma_questionnaire_b tq.asp
**Brief Trauma Questionnaire**

The BTQ is a brief self-report questionnaire that is derived from the Brief Trauma Interview (Schnurr et al., 1995). Information about the reliability and validity of the BTI is provided in Schnurr et al., 2002). The BTQ was originally designed to assess traumatic exposure according to DSM-IV but specifically asked only about Criterion A.1 (life threat/serious injury) because of the difficulty of accurately assessing A.2 (subjective response) in a brief self-report format. Criterion A.2 has been eliminated from the PTSD diagnostic criteria in DSM-5, so the BTQ provides a complete assessment of Criterion A.

The questionnaire may be used to determine whether an individual has had an event that meets the A Criterion, or to determine the different types of Criterion A events an individual has experienced. In either case, exposure to an event should be scored as positive if a respondent says yes to either:

- life threat or serious injury for events 1-3 and 5-7;
- life threat for event 4;
- serious injury for event 8, or;
- “Has this ever happened to you?” for events 9 and 10.

Information about the BTQ appears in the following articles:


**Brief Trauma Questionnaire**

The following questions ask about events that may be extraordinarily stressful or disturbing for almost everyone. Please circle "Yes" or "No" to report what has happened to you.

**If you answer "Yes" for an event**, please answer any additional questions that are listed on the right side of the page to report: (1) whether you thought your life was in danger or you might be seriously injured; and (2) whether you were seriously injured.

**If you answer "No" for an event**, go on to the next event.

<table>
<thead>
<tr>
<th>Event</th>
<th>Has this ever happened to you?</th>
<th>If the event happened, did you think your life was in danger or you might be seriously injured?</th>
<th>If the event happened, were you seriously injured?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties (for example, as a medic or on graves registration duty)?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Have you ever been in a serious car accident, or a serious accident at work or somewhere else?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Not including any punishments or beatings you already reported in Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Has anyone ever made or pressured you into having some type of unwanted sexual contact?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Note: By sexual contact we mean any contact between someone else and your private parts or between you and someone else’s private parts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed?</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack?</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed?</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**BTQ (1999)**

National Center for PTSD

Page 2 of 2
APPENDIX II

TRAUMA HISTORY QUESTIONNAIRE
TRAMA HISTORY QUESTIONNAIRE

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they affect how people feel about, react to, and/or think about things subsequently. Knowing about the occurrence of such events, and reactions to them, will help us to develop programs for prevention, education, and other services. The questionnaire is divided into questions covering crime experiences, general disaster and trauma questions, and questions about physical and sexual experiences.

For each event, please indicate (circle) whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved and the specific nature of the event, if appropriate.

<table>
<thead>
<tr>
<th>Crime-Related Events</th>
<th>Circle one</th>
<th>If you circled yes, please indicate</th>
<th>Number of times</th>
<th>Approximate age(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Has anyone ever attempted to or succeeded in breaking into your home when you were not there?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has anyone ever attempted to or succeed in breaking into your home while you were there?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Disaster and Trauma</th>
<th>Circle one</th>
<th>If you circled yes, please indicate</th>
<th>Number of times</th>
<th>Approximate age(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever had a serious accident at work, in a car, or somewhere else? (If yes, please specify below)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (If yes, please specify below)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td></td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>7</td>
<td>Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury? <em>(If yes, please specify below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Have you ever been in any other situation in which you were seriously injured? <em>(If yes, please specify below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>Have you ever been in any other situation in which you feared you might be killed or seriously injured? <em>(If yes, please specify below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>Have you ever seen someone seriously injured or killed? <em>(If yes, please specify who below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? <em>(If yes, please specify below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>Have you ever had a close friend or family member murdered, or killed by a drunk driver? <em>(If yes, please specify relationship [e.g., mother, grandson, etc.] below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>14</td>
<td>Have you ever had a spouse, romantic partner, or child die? <em>(If yes, please specify relationship below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>15</td>
<td>Have you ever had a serious or life-threatening illness? <em>(If yes, please specify below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>16</td>
<td>Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? <em>(If yes, please indicate below)</em></td>
<td></td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>17</td>
<td>Have you ever had to engage in combat while in military service in an official or unofficial war zone? <strong>If yes,</strong> please indicate where below</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>18</td>
<td>Has anyone ever made you have intercourse or oral or anal sex against your will? <strong>If yes,</strong> please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>19</td>
<td>Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? <strong>If yes,</strong> please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<tr>
<td>20</td>
<td>Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<tr>
<td>21</td>
<td>Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>22</td>
<td>Has anyone, including family members or friends, ever attacked you <strong>without</strong> a weapon and seriously injured you?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>23</td>
<td>Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>24</td>
<td>Have you experienced any other extraordinarily stressful situation or event that is not covered above? <strong>If yes,</strong> please specify below</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Citation:**


Hull, G. T., Bell-Scott , & Smith, B. (1982). All the women are white, all the blacks are men, but some of us are brave: Black women's studies. Feminist Pr.


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VITA

Moriah Lynn Johnson is a 2nd year PhD student in Loyola's Sociology Department, where she studies race and gender-based inequalities with particular focus on the experiences of Black women. In 2019, she also earned her Master of Arts in Public Policy (MPP) at Loyola. With a background in Public Policy, Johnson is passionate about Applied Sociology wherein research is not just have academic value, but serves the purpose of social improvement and change.

For the past three years, Johnson has held the position of Graduate Research Fellow at Loyola’s Center for Urban Research and Learning (CURL) where she leads evaluative research projects, mentors Undergraduate fellows, and works collaboratively to conduct community-engaged research. Johnson’s work has primarily focused on improving the experiences of women (majority Black women) in the Englewood Women’s Initiative (EWI), a collaborative and supportive network for women in the neighborhood. Through teamwork and a reflexive research and practice model, the EWI was awarded the 2020 Chicago Innovation’s Neighborhood Award.

Outside of her work at CURL, Johnson is also an award-winning presenter and writer. In Spring of 2020, Johnson received the Robert McNamara Award, for her Duboisian critique of Max Weber’s conception of American religion. In the paper, she specifically challenges Max Weber’s Eurocentric historiography of American religion and its relationship to American Capitalism; proposing instead an Afrocentric framework that incorporates the contributions of
the Black church to American religion at large. Additionally, Johnson challenges Weber’s notion of American individualism as the quintessential American experiences, offering a communal understanding of the Black experience as an American experience. Additionally, in Summer of 2020, Johnson received the Honorable Graduate Student Award for outstanding performance at the Association for Applied and Clinical Sociology Virtual Conference where she presented her thesis work.