

What Is  
and What Can Be

**Women of Color  
and the Struggle for Justice  
in Cincinnati**

What is

home

community

ours

fair

action

?

Women of color provide important leadership in the city of Cincinnati, working in all sectors and volunteering their time for a better Cincinnati.

Yet, as a group, they face a multitude of challenges, including an alarmingly high poverty rate, elevated rates of health problems, and other inequities.

The exhibition centers the voices and experiences of women of color in Cincinnati, sharing their visions of and hopes for the future. It draws on community-driven research coordinated by The Cincinnati Project at the University of Cincinnati.

A qualitative study of the implications of violence on Black women's sexual health in Cincinnati



Place matters,  
especially when  
it comes to  
health and  
well-being.



**Place Matters**

**Dr. Carolette  
Norwood**

The Cincinnati Project

TCP Scholar Project

[www.thecincyproject.org/whatis](http://www.thecincyproject.org/whatis)

EDITORIAL / STEPHANIE SADRE-ORAFI  
DESIGN / MATT WIZINSKY & MUNAZZA AIJAZ  
PRESS / SPECIAL COLLECTIONS

The research presented here is adapted from Dr. Carolette R. Norwood's essay "Mapping the Intersections of Violence on Black Women's Sexual Health within the Jim Crow Geographies of Cincinnati Neighborhoods," published in *Frontiers, A Journal of Women's Studies*, volume 39, number 2 (2018). In the study, Dr. Norwood explores the implications of violence on Black women's sexual health in Cincinnati. She conducted 25 in-depth interviews with African American women residing in one of the highest STI/HIV-prevalent neighborhoods in the Cincinnati Metropolitan Area. She also took note of the neighborhoods to understand neighborhoods as spaces. All interviewee and neighborhood names have been changed to protect their anonymity. The research was conducted between February 2013 and April 2014. Dr. Norwood's research presents a nuanced understanding of African American women's lived experiences.

Dr. Carolette R. Norwood is Associate Professor of Women's, Gender, and Sexuality Studies at the University of Cincinnati and was part of the inaugural The Cincinnati Project Scholars 2016–17 cohort. She partnered with Caracole, a Cincinnati-based organization that supports individuals and families living with HIV/AIDS,

to learn more about the day-to-day lives of HIV positive African American women who live in poor Cincinnati neighborhoods. The goal of the project was to provide directions for workable, culturally sensitive initiatives to reduce the transmission of HIV and to support those living with HIV/AIDS.

## Violence and Women's Health and Wellbeing

The study was designed to explore the day-to-day lives of Black women residing in HIV-prevalent neighborhoods. Though the interview questions focused on issues such as sexual history and health (namely STI and HIV risk perception), neighborhood characteristics, and so forth, participants voiced their experiences with violence at length. As a result, the overarching theme that emerged in this study was violence.

Violence in the women's narratives was so pervasive that it defied specificity along any particular social demographic characteristics. The women's narratives amply demonstrate what many health researchers are beginning to recognize: place matters, especially when it comes to health and wellbeing.

The target neighborhoods in this study richly reflect the damage of institutionalized racism in form of *de jure* and *de facto* residential segregation policies. The women in this study navigated this invisible (and yet evident) structural violence on a daily basis. This structural violence gave way to a variety of spatial vulnerabilities, including broken schools, high unemployment, marginal and unstable housing, street violence, and high crime rates.

This study finds that women's experiences with violence are both multidimensional and intersecting. Women encounter violence as observers, victims, and perpetrators. Their engagements with violence took various and multiple forms—physical, sexual, and ideological. Also, more often than not, episodes of violence overlapped or intersected over their lifespan.

Although none of the women interviewed in this study were HIV positive, more than 70%

# Place

had at least one prior STI, and 40% of those had more than two in their lifetime. The various levels (structural, spatial, and interpersonal) and dimensions (physical, sexual, and ideological) of violence that women encountered over the course of their lives elevated their risk for HIV/AIDS substantially. Violence and HIV risk intersect in many ways. This study indicates that Black women's experiences in Cincinnati are compounded by poverty and drug and alcohol use, all of which significantly elevate their risk exposure to HIV and other STIs. Moreover, under-reporting of violence to legal and medical authorities can aggravate sexual health in significant ways. Much of the violence that women in the sample endured went unchecked and unpunished.

This study contextualizes Jim Crow, as a definitive form of structural violence, as the architect of spatial violence, and as the predicate of direct violence. Structural violence refers to social arrangements, actions, and policies that bring harm to social groups or individuals by unevenly distributing or restricting access to the basic goods, services, and resources needed to sustain human life. Reciprocal to structural violence is direct violence, which occurs between individuals through direct contact and results in either physical or psychological harm. Significantly, the relationship between structural and interpersonal violence is mediated by spatial violence, which refers to the aggregate or totality of direct and indirect violence occurring within community boundaries or physical geographical space, regardless whether a given individual has direct knowledge of this violence.

## Structural Violence

Residential segregation of Blacks accounts for higher incidences of chronic diseases, morbidity, premature mortality and sexually transmitted infections. In Cincinnati, significant differences in life expectancies, as well as disparities in sexual health, can largely be attributed to the neighborhood environment. In 2013, the Cincinnati Department of Public Health released statistics that demonstrated significant variability in average life expectancy by neighborhood. Those in neighborhoods with high concentrations of poverty and an African American majority had a 10-year-shorter life expectancy, on average, than those in affluent White neighborhoods.<sup>1</sup>

Sexually transmitted infections (STIs) also tend to be spatially uneven and significantly associated with segregated neighborhoods.<sup>2</sup> In the Cincinnati PSMA, HIV/AIDS, for example, is concentrated mostly among Blacks in Hamilton County. Although Blacks represented only 27% of the county population, they accounted for nearly 70% of those newly diagnosed with HIV in 2012. Among women infected with HIV in this county, 8 in 10 are African American.<sup>3</sup>

## Spatial Violence

Although no specific interview question asked about violence, narrations of violence emerged primarily in response to the question *what do you like and dislike about your neighborhood?* Time and again, interviewees talked at length and in graphic detail about the everyday violence they encountered in the neighborhoods. These cumulative acts of violence are devastating and often lead to self-isolation and disengagement.

Lynn explains in a follow-up probe on her proclamation of being “lucky to still be here at 45 years” that unlike others, presumably in her neighborhood, she “at least” called the police about an alleyway rape she witnessed:

→ [One] of my friends, she’s dead. She didn’t make it to 22, so, you know what I’m saying? I’m 45. It’s hard out—you’re in here. You’re not out there. ... I’m out there. I see things. I see all kinds of things. I see a girl in the alley one day; I lean back, she’s getting raped. At least I took a phone and called 911. In broad daylight. This stuff happens [here], you know what I’m saying? I move to Cypress. It doesn’t make a difference. It’s bad there, too.

# Violence Violence

# Structural

Lynn’s recent move was not by choice, but by circumstance; a forced move due to gentrification efforts. At the time of the interview, she rented an apartment in a building recently purchased by local hospital. As a result, she had to find a new place to live quickly. In the same breath, she explained how urban renewal efforts were improving the cityscape in Pinewood and how things needed to change:

Lynn → Goodwood right now is cool. I’m moving into a house now—me and my dude. We have a house out in Cypress. We lucked up on that. That’s really nice. Pinewood is getting better now with the remodel and stuff. It’s real good, but it’s dangerous down there. I told you my nephew just died in April, just got shot out on Pine Street by the market in broad daylight. Shot him in his head. . . . It was because he danced better than the [other] dude. It wasn’t about drugs, no girls. It was about dancing. You know, twerking, they were doing that—my nephew—you know.

As Lynn continued, she explained how the different neighborhoods are viewed from local perspectives and commented on the types of spatial violence people encounter.

Lynn’s narrative is rich in details about the spatial violence that occurs in the neighborhoods in which she resides and moves between. Implicated also are the structural violence, the politics of not caring and neglect brought on by city gentrification initiatives, which have caused yet another forceful shift in the Black populations across Cincinnati. Also

# Spatial

implicated, is the vulnerability and uncertainty of just being. The constant worry of being violated—of being spat on or knocked out at random—leads to weathering (e.g. accelerated health deterioration), which have been shown to have adverse impact on women reproductive health such as lower birth weight infants.<sup>4</sup> In these neighborhood spaces where disadvantages are amplified and concentrated, violence of various forms seems to be everywhere.

## Interpersonal Violence

Interpersonal violence of various types abounds, including physical, sexual, and ideological. A number of women talked about the violence they witnessed in their home: most often violence against their mothers, usually by their fathers or their mothers' boyfriends. The most gripping and unsettling tale was told by Michelle, who witnessed her mother being violently killed by her boyfriend when Michelle was only five years old:

**Interviewer** → How did your mom pass?

**Michelle** → She was beat to death.

**Interviewer** → By?

**Michelle** → Her boyfriend. He said he felt like, [if he couldn't have her], nobody [could]. He went to jail for a while; now he's out.

**Interviewer** → Do you remember?

**Michelle** → I watched it. But I don't remember it.

**Interviewer** → How old were you?

**Michelle** → Five. I don't remember it. He introduced [himself to] me. I met him, and he apologized. But I just don't talk to him.

Michelle also experienced intimate partner violence, as well as sexual exploitation. After bouncing around, living in her grandmother's house, and then with neighborhood men who were at least 20 years her senior, at age 17 she found herself in the clutches of a sex trafficker from Florida.

**Michelle** → I met him at jazz festival. He took me to the hotel. We had sex that same day. It was great, terrific, excellent sex. I was like, "wow." Then he started talking about going to Florida. I'm like, "Okay, I'm gone."

She explained that they drove down the very next day; she left with just a cell phone and no money in her pocket.

## Structural

**Michelle** → For the first month it was so great. We had a personal relationship. We went out. We went shopping. He showed me around. Then the next month, he's like, "Oh, I got about nine other girls who work for me. You should go out there and try."

**Interviewer** → How old was this guy?

**Michelle** → 34. I was attracted to older guys. I don't know why.

**Interviewer** → So, when he asked you to try this, how did he do it?

**Michelle** → He was like, "Do you love me?" I'm like "Why?" "Because if you love me, you would do something for me." I'm like, "Sure, I love you." He's like, "My friend be looking at you, and he'd give you \$600 to have sex. But he's going to put it in my hand, and I'm going to give it to you when you come back." So, then I said, "no." We got into a really violent fight. He hit me. He beat my ass. So, then my face was messed up for a while. I'm too ashamed to call home. Then he came back after I healed up, and he asked me again. We had great sex then. Then he came and asked me to do it again. And I'm like, "Sure." Then I called my daddy.

## Spatial

**Interviewer** → So, did you have sex with the guy?

**Michelle** → No. I called my daddy. He cussed me out the whole conversation until I got home. Then he cussed me out some more, but he paid for my ticket home... I have could gotten him for statutory rape because I was so young, under age.

Michelle's life narrative was traumatizing to hear and difficult to process. By all appearances, however, she seemed to be emotionally intact and even somewhat light-hearted. It was not until later in the interview that she mentioned the seizures from which she now suffers (and which prevent her, by doctors' orders, from being employed) that had started when she was 5 years old—just after her mom's death. While possibly a coincidence, it seems rather likely that her seizures were a stress-induced reaction to having witnessed her mother's tortured demise. Unable to be gainfully employed, Michelle now relies on disability checks and boyfriends to supplement her income and provide material comforts.



Violence  
Violence  
Violence

Interpersonal

## Implications of Intersecting Violence on Sexual Health and HIV Risk

Neighborhood poverty and economic disinvestment leave working poor women with few options for finding employment in the formal economy. As such, a number of the women interviewed did what they had to do to survive, which sometimes meant tolerating a boyfriend's abuse or exchanging sexual favors for a little cash. Some just used the "promise of possibility" that men's acts of kindness might lead to something more substantial if it meant being able to afford a trip to the grocery store for food that week. Others, like Barbara, regularly engaged in transactional sex as a steady means of support. Barbara began prostituting as a teenager. Living under conditions of extreme destitution and neglect, she followed her mom's footsteps:

**Barbara** → Like I said, [when] I was five years old my mother turned into a crack head. A prostitute just out on the streets, not taking care of home, not taking care of me and my sister. But when it progressed to that point I was 9 years old and my sister—we're five years apart; she's older so she was 14 years old—she was in the streets, too. Not as far as drugs but just being promiscuous. Like, she had her first baby at 14. So there were times when I'd be at home with nothing to eat, no running water—we'd have to go next door and turn on their water outside where the hose is to just get a bucket of water to bring it into the house to wash up.

## Poverty

## Exploitation

One of the most heart-wrenching narratives told about surviving poverty came from Elizabeth. She explained how the neighborhood she lived in had no shortage of older men ready to exploit young girls from families deeply compromised by poverty. In the narrative below, Elizabeth explained that the pain she felt watching her sick mom struggle to make ends meet prompted her to do what she needed to do to help put food on the table:

**Elizabeth** → The neighborhood I lived in was like ghetto—a bunch of older guys. There was wineheads and drunks and stuff. I used to be standing on the corner of my house. The elementary school was across the street. We had a park on the side. I had big breasts at the age of 8. "Ooh, I can't wait for you to get grown." "Come here little pretty girl," [the men would say]. I went to tell my mom that the old men on the corner keep whistling and hollering [at me]. My mom would go down there and say, "My daughter ain't nothing but 12 years old and I never want you to touch her. I'm going to kill you. Don't mess with her." So, eventually I started sneaking. I saw my mom struggling to make ends meet. I would get the money from them and give it to my mom. She was like "Where'd you getting this money from?" I would tell her I went and worked for somebody so we could eat.

Elizabeth started doing this around age 14 for the money, and in exchange, the men would provide alcohol and weed, fondle her breasts, and, once or twice, had sex with her. She explained that she hated doing this, because she knew she was lesbian or bisexual and preferred women to men. Yet, she did it just for the money, just to help out her mom who was ill and dying of brain cancer; she did it to help her family.

When women are forced or compelled through necessity to exchange sex for money, especially under-aged young girls with adult men, personal agency is virtually non-existent. As such, their ability to negotiate safer-sex practices are severely compromised, which elevates the risk for contracting an STI or HIV substantially. When drugs are a part of these interactions, risks are compounded.

### Notes

Cincinnati Department of Public Health, "How Long Will You Live?" (2014) [www.cincinnati-oh.gov/health/news/how-long-will-you-live/](http://www.cincinnati-oh.gov/health/news/how-long-will-you-live/) (accessed May 2015); Greater Cincinnati Urban League, "The State of Black Cincinnati 2015: Two Cities," [www.gcul.org/wp-content/uploads/2015/08/The-State-of-Black-Cincinnati-2015\\_Two-Cities.pdf](http://www.gcul.org/wp-content/uploads/2015/08/The-State-of-Black-Cincinnati-2015_Two-Cities.pdf) (accessed August 28, 2016); T. Boeshart, D. Carlson, C. S. Davidson, K. L. Lordo, and M. J. Samet, *Does Place Matter? Health Equity in Hamilton County* (Hamilton County, Ohio: Hamilton County Public Health, Department of Community Health Services, February 2015).

• Kunitz and Pesis-Katz, "Mortality of White Americans, African Americans, and Canadians"; Thomas LaVeist, Darrell Gaskin, and Antonio J. Trujillo, *Segregated Space, Risky Places: The Effects of Racial Segregation on Health Inequalities* (Washington, DC: Joint Center for Political and Economic Studies, 2011); Newman and Stuart, "Epidemiology of STD Disparities."

• Ohio Department of Health HIV/AIDS Surveillance Program, *Diagnoses of HIV and/or AIDS Reported in HIV Prevention Planning Hamilton* (2014).

• C. Love, R. David, K. Rankin, and J. Collins, "Exploring Weathering: Effects of Lifelong Economic Environment and Maternal Age and Low Birth Weight, Small for Gestational Age, and Preterm Birth in African American and White Women," *American Journal of Epidemiology*, 127 no. 2 (2010): 127-134.

• C. Watkins-Hayes, C. J. Patterson, and A. Armour, "Precious: Black Women, Neighborhood HIV/AIDS Risk and Institutional Buffers." *Du Bois Review*, 8, no. 1 (2011): 229-240. doi:10.1017/S1742058X1100021X

## Conclusion

Structural, spatial, and interpersonal forms of violence endanger women—especially Black women in high poverty neighborhoods—in complex ways with regards to sexual health. Structural violence created urban reservations that are spatially vulnerable with regards to concentrated poverty, violence, and high STD and HIV prevalence. These intersecting forms of violence can seem overwhelming, and finding solutions to the compounding problems of violence appear daunting. Yet the issues can be addressed.

Educational and job opportunities must be a part of the dialogue. Also, existing community institutions can be utilized to raise awareness of health issues and provide support. Community institutions with a specific mission to assist women in addressing and challenging community and interpersonal violence (including intra-racial and intra-gender violence in intimate or kinship relationships) are especially needed.

Perhaps the most glaring area of neglect observed, both in conversations with interviewees and during strolls in neighborhood spaces, is the conspicuous absence of HIV health messaging. Local and state departments of health should be urged to do more in these spaces to make people aware of prevalence risk. And certainly, this has to be done cautiously, so as to not stigmatize individuals or particular communities. Yet, it should be done. On our strolls we saw health messaging about diabetes, but no other illnesses. Only 1 in the 25 women interviewed said they saw messaging around syphilis, and none had seen any

messaging on HIV/AIDS. This is a problem, given the prevalence of STIs generally and HIV in particular, and, more importantly, the spatial concentration of this disease within particular Cincinnati communities.

For far too long, health advocates have labored under the assumption that individuals in neighborhood communities, like the ones featured in this study, are simply ill informed about risk, and as such, initiatives have focused mainly on augmenting knowledge and urging individuals to change social interaction strategies deemed “risky behaviors.” As the data in this study compellingly demonstrate, there is no knowledge desert concerning sexual risk. Moreover, many of the women do engage in HIV risk-reduction behavior, such as routine testing and frequent condom use. Like women in more affluent neighborhoods, women within these communities also have sex without condoms, especially within context of romantic relationships believed to be monogamous. The difference lies in the spatial prevalence of the sexually transmitted infections. This spatial prevalence, coupled with the prevalence of spatial violence, undermines women’s sexual agency. This context, as well as the physical isolation that often accompanies residential segregation, collectively gives shape to the elevated HIV/STI risk for women in these communities. As such, it is imperative that prevention scientists and public health advocates begin taking structures and policies, as well as neighborhood places and space, into consideration when addressing the HIV/AIDS crisis in U.S. Black communities.



# Resources



## CARACOLE

Caracole’s mission is to reduce the impact of HIV/AIDS through housing, care, and prevention. Founded in 1987, Caracole House was the first licensed adult care facility in Ohio for people living with HIV/AIDS. Today, Caracole serves more than 1500 clients living in an eight county region in Southwest Ohio (Hamilton, Butler, Warren, Clinton, Highland, Adams, Brown, and Clermont) with five primary programs (Testing, Case Management, Homelessness Prevention, Housing Programs, and Pharmacy Services). To inquire about and register for services, please call (513) 761-1480 or email [jschlabach@caracole.org](mailto:jschlabach@caracole.org). To find out more information about donating, fundraising, or making a contribution in memory of a loved one, contact Ellie Singleton, Director of Development, at (513) 619-1482 or by emailing [esingleton@caracole.org](mailto:esingleton@caracole.org).

[www.caracole.org](http://www.caracole.org)

## CHILD POVERTY COLLABORATIVE

The Child Poverty Collaborative (CPC) is comprised of diverse organizations and individuals who share the same goal: to make our community a place where all children and families can thrive and reach their goals. It is a community-driven initiative designed to address the unacceptable rates of child poverty in Cincinnati. We lead, partner, and support system changes to reduce poverty and improve children’s lives. In collaboration with families and community partners, the CPC seeks to ensure that people currently living in poverty move toward achieving and maintaining self-sufficiency. Our mission is to build and implement a community-driven, data-informed action plan. We will engage directly with community members and leaders to gather fresh ideas generated through conversation, reflection, and collaborative planning.

[www.childpovertycollaborative.org](http://www.childpovertycollaborative.org)

# Organizations

The Cincinnati Project (TCP) works for economic justice, health equity, racial equity, and improved conditions for women. TCP harnesses the expertise and resources from the University of Cincinnati faculty and students, and from Cincinnati community members, non-profits, governments, and agencies to conduct research that will directly benefit the community. [www.thecincyproject.org](http://www.thecincyproject.org)

“What Is and What Can Be: Women of Color and the Struggle for Justice in Cincinnati” is funded in part by grants from The Greater Cincinnati Foundation, The Carol Ann and Ralph V. Haile, Jr. / U.S. Bank Foundation, The Murray and Agnes Seasongood Good Government Foundation, and College of Arts and Sciences, University of Cincinnati.