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COVID-19, Intimate Partner Violence, and the Implications for Women of Color

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Abstract

Intimate partner violence (IPV) is a public health issue that impacts all women regardless of race, ethnicity, education, age, and socioeconomic status. Although IPV impacts all women, studies have documented the high prevalence and disproportionate rates found specifically among women of color. However, there has been limited attention exploring the racial, historical, and structural factors that often compound women of color experiences with IPV. The COVID-19 pandemic has exemplified the need to explore how the pandemic and the COVID-19 responses (i.e., stay-at-home orders, physical restrictions, and social distancing) have impacted women of color experience of IPV. The purpose of this article is to bring awareness and light to the unique experiences of women of color. The article identifies the racial disparities that exist for women of color and suggests that critical race theory (CRT) can be a useful tool to engage and understand IPV among women of color.

Introduction

This article provides a review of the relevant literature centering on the racial disparities that exist for women of color, and suggests that critical race theory (CRT) can be a useful tool to engage and understand intimate partner violence (IPV) among women of color. The review begins with a discussion highlighting the COVID-19 racial disparities in the U.S. that are disproportionately impacting women of color. Next, the article explores the public health issue of IPV, and how the pandemic has exemplified the need to understand how physical restrictions contributed to negative implications for women within the home. Lastly, the review proposes critical race theory as an analytical framework to analyze and engage research, education, and practice centering on race and IPV. Integrating CRT as an analytical tool promotes an analysis to better understand IPV and its implications often compounded by racial, historical, social, and structural factors. There is a pressing need for research that critically examines IPV-related experiences of women of color as well as highlight an analytical framework that can engage scholars and health professionals. Much of the existing literature fails to examine how the pandemic and historical, social-economic, and structural factors create additional challenges for women of color experiencing IPV. The article culminates with a brief discussion of the implications for practice and the need for racially competent health professionals providing services to women of color impacted by IPV.

The COVID-19 pandemic has demonstrated racial disparities in the U.S. Studies show women of color are disproportionately impacted by the pandemic (Stokes et. al, 2020). COVID-19 hospitalizations reports show that Blacks are three times more likely to be hospitalized and experience death resulting from COVID when compared to Whites. In addition, studies show COVID-19 mortality rates are 80% higher for Blacks and 50% higher for Latinos compared to their Whites counterparts (Azar et. al, 2020; Stockman, Wood, & Anderson, 2021).

Women of color are often overrepresented in essential service industries, thus are more likely to experience low wages, unpaid sick leave, limited workplace protections, viral transmissions, and limited ability to shelter at home (Poteat, Millett, Nelson, & Beyrer, 2020; Kantamneni, 2020). Women comprise much of the healthcare workforce, with approximately 76% of women employed as health care workers (US Census Bureau, 2020). Additionally, women are more likely to be employed in roles requiring close, and prolonged contact with patients (US Census Bureau, 2020). Outside of the healthcare workforce, 65% of women serve as the primary caregivers for their children and families and are more likely to experience stress-related to caregiving (Feinberg et al., 2011; Adelman et al., 2014). Consequently, the pandemic has exacerbated women's caregiving responsibilities with the closing of schools and childcare facilities, thus contributing to more burden, stress, and isolation for women.

Contributing factors such as mental health, social vulnerabilities, health conditions, access to healthcare, structural inequities, workplace microaggressions, caretaking responsibilities, and family violence continue to influence women of color COVID-related experiences (Abrams & Szefler, 2020; Laurencin & McClinton, 2020; Rollston & Galea, 2020). Historically, women of color have endured racial and structural inequities that have contributed to mental health outcomes and access to mental health services. Specifically, poor mental health outcomes related to racial inequities have increased during the pandemic among women of color.

Women of color experience unique mental health outcomes not only influenced by intersectional identities such as their race but also gender. Studies show that gender is a social determinant of health, in which women are more likely to report negative mental and physical outcomes compared to men (Springer et al., 2012; Rich-Edwards et al., 2018; CDC, 2013). Additionally, women are more likely to have a higher prevalence of mental health disorders, co-occurring mental disorders, and faster progression of substance use disorders related to their experiences of stress (Afifi, 2007; Connor, et al., 2020).

Importantly, studies show the increased incidents of intimate partner violence (IPV) experienced by women during the pandemic (North, 2020; Connor, et al., 2020). The increase of IPV is likely to be contributed to the social and physical restrictions, and shelter-in-place orders, combined with the mental and financial stress of the pandemic (Afifi, 2007; North, 2020; Connor, et al., 2020).

IPV and the implications of COVID

Violence against women (VAW) is a public health issue with a great impact on women, their families, and their communities. Specifically, IPV is a form of VAW that may encompass numerous acts of physical, sexual, emotional, psychological, and economic violence (WHO, 2010). Acts of IPV may include injury, physical abuse, threats, intimidation, control of finances, stalking, unwanted sexual contact, harassment, manipulation, humiliation, and isolation. IPV can occur between a couple in a relationship or cohabitating individuals. IPV results when an imbalance of power and control occurs within relationships. IPV is a public health issue that has implications for all women regardless of sexuality, age, socioeconomic status, race, and ethnicity. However, it is noted that IPV disproportionately impacts younger women, low-income women, and women of color.

Importantly, the COVID-19 pandemic has exemplified the need to further explore the public health issue of IPV. As the COVID-19 pandemic began to rise as a global health and economic crisis contributing to physical lockdown restrictions (i.e., isolation, social distancing, quarantine) and stay-at-home orders confining people to their homes, the pandemic has created a greater concern for women experiencing IPV. Though physical lockdown restrictions and stay-at-home orders are intended to prevent the spread of the COVID-19 virus, it is important to understand how such restrictions may contribute to negative implications for women experiencing violence within the home. Studies report a dramatic decrease in the demand for IPV-related services such as helplines, hotline calls, and resources, this decrease has been contributed to women being unable to safely access services during the stay-at-home orders (Evans et. al, 2020; Fielding, 2020). These restrictive measures isolate women in the home making it difficult to seek help, and could potentially exacerbate the risk of violence (WHO, 2020).

IPV and Women of Color

Although scholarship has expanded the definition of IPV to be inclusive of the various forms of violence, there is still a lack of research examining the unique socio-cultural and sociohistorical experiences of women of color. Women of color stories and experiences are often excluded from IPV discourse. It is important to acknowledge the prevalence of IPV and its impact on all women regardless of race or ethnicity, hence the staggering statistic that indicates 1 in 4 women will experience IPV (Gracia, 2004). Research indicates that approximately 25% of women will experience IPV, however, only 2.5-15% of women will report the violence (Gracia, 2004). The COVID-19 pandemic has created additional barriers to reporting violence for women of color experiencing IPV. For instance, there is no consistent process for reporting abuse among precincts, as some precincts offer online options while others require in-person visits (Evans, Lindauer, & Farrell, 2020). In addition, the filing procedures for restraining orders are determined by the discretion of the trial courts. This inconsistent process for reporting can be frustrating and challenging for women of color seeking legal help (Evans, Lindauer, & Farrell, 2020).

Although research indicates the low reporting of IPV, studies suggest that women of color are disproportionately impacted by IPV at overwhelming rates compared to their white counterparts (Smith et. al., 2018). Statistically, reports show that IPV among women of color is 30-50% higher compared to white women (CDC, 2012). While data and research findings have not fully captured the exact percentage of IPV among women of color, studies suggest that Black and Latino women are at a much higher risk of experiencing IPV (CDC, 2012).

In fact, studies suggest for Black women between the ages of 15-35, IPV is the leading cause of death, this is alarming due to the fact Black women represent only 8% of the U.S. population (Wilson & Webb, 2018). Studies also conclude that in general, Black women are more likely to be murdered by their partners in domestic relationships (Lee, Thompson & Mechanic, 2002; Women of Color, 2013). Black women experience IPV at alarming rates and are more likely to report significantly higher rates of sexual violence (Bryant-Davis, Chung & Tillman, 2009; Campbell, 2016). Rennison and Welchan's (2000) study suggests that approximately 30% of Black women will experience IPV by a partner. Studies report Black women exposed to IPV are likely to experience negative health outcomes relating to low self-esteem, self-blame, depression, substance use, suicidal ideation, and PTSD (Neville et al., 2004; Bryant-Davis, Chung & Tillman, 2009 & Campbell, 2016). Several studies reported that experiences of sexual violence among Black women contribute to suicide attempts, stress, and dissociation (Kaslow, Thompson, Brooks & Twomey, 2000; Temple et al., 2007). Cohabitation is likely to be a contributing factor that increases the likelihood that Black women will encounter IPV by their partner (Lacey et al., 2016).

Similarly, approximately 1 in 3 Latina women have experienced IPV by a partner (Wilson & Webb, 2018). Additionally, 63% of Latina women have reported experiencing multiple incidents of IPV (Wilson & Webb, 2018). Studies suggest the frequency and severity of IPV increased overwhelmingly for Latina women migrating to the U.S. (Dutton, Orloff & Hass, 2000; Campbell, 2016). Though studies note the lack of research exploring the negative mental health implications of IPV among Latina women, reports suggest that Latino women experiencing IPV often struggle with PTSD, substance abuse, and depression at very alarming rates (Bryant-Davis, Chung & Tillman, 2009 & Campbell, 2016). Bryant-Davis and colleagues (2009) discussed the unique mental health conditions significantly impacting Latina women experiencing IPV. *Ataques de nervios* (attack of nerves) and *susto* (sudden feeling of fear) are mental health conditions often diagnosed among IPV Latina women survivors. Ataques de nervios is a health condition associated with symptoms that include PTSD, dissociative, and anxiety disorders, while susto is associated with long-lasting feelings of intense fear, illness, and unhappiness (Bryant-Davis, Chung & Tillman, 2009 & Campbell, 2016).

While IPV is prevalent among women of all racial and ethnic backgrounds, women of color experiences are often compounded by historical and societal experiences rooted in racism and sexism. Bryant-Davis, Chung, and Tillman (2009) suggest women of color experiencing IPV are more likely to be affected by discrimination, social stigma, and poverty, in addition to a range of negative mental health outcomes relating to posttraumatic stress disorder (PTSD), substance abuse, depression, and suicide. The historical, social, and racial differences among women of

color are important to recognize and acknowledge when examining how structural and economic factors influence their experiences related to IPV.

Historical and Structural Factors

Consequently, the high relevance of IPV among women of color cannot be explained by one contributing factor. IPV and its implications are often compounded by historical, social-economic, and structural factors. Studies show that racism, discrimination, economic inequality, and isolation shape women of color experiences, and their responses to IPV.

Even though women of color experience IPV at an alarming rate, they are more likely to face challenges when reporting violence or seeking help. Often, women of color are racialized and gendered in ways used to defeminize and dehumanize them. Particularly, historical stereotypes and controlled images continue to influence women of color experiences, encounters with law enforcement officers and health professionals, and their ability to seek help. For example, controlling images of Black women often characterize them as desexed, unsuitable partners, with low morals (hooks, 1981). Specifically, the controlling image of the 'Jezebel' has functioned in a way that racialized Black women as hypersexual and deviant subhuman beings, in turn justifying the institutionalized, historical, and cultural violence against Black women (Collins, 2009). The controlling image of the 'strong Black woman' also complicates Black women's experience related to IPV. The image depicts Black women as possessing unyielding strength, independence, fear, and the ability to protect themselves (Bent-Goodley, 2004). Similarly, historical representations of Latina women as hypersexual, teasing, flirtatious women have contributed to a culture of violence and the underreporting of IPV among Latina women (Bryant-Davis, Chung & Tillman, 2009). These sociohistorical controlling images and depictions continue to create challenges for women of color experiencing IPV, and their interactions with health services, institutional systems, and law enforcement today.

Particularly, the sociohistorical factors have contributed to structural challenges for women of color reporting IPV and accessing services. Studies suggest that health professionals were less likely to show sympathetic attitudes toward women of color experiencing IPV and were likely to minimize the effects of the abuse (Hamberger, Ambuel & Guse, 2007, Campbell, 2016). The historical distrust and discriminative treatment of law enforcement create an additional challenge for women of color experiencing IPV. According to Bryant-Davis and colleagues (2009), Black women often experience the obligation to protect Black men from police violence and brutality. Conversely, impacting the likeliness of Black women reporting IPV to law enforcement. Black women are also more likely to be criminalized and arrested when seeking help from law enforcement officers (Women of Color and Reproductive Justice, 2013). Additionally, structural challenges such as immigration policies also contribute to Latina women's experiences and reporting of IPV. Latina women are less likely to report IPV to local law enforcement out of the fear and threat of deportation (Ingram, 2007; Kasturirangan & Williams, 2003). Immigration status further complicates Latina women's experience of IPV, as many Latina women migrate to the U.S. and are dependent on their partners due to limited financial and social resources (Ingram, 2007; Kasturirangan & Williams, 2003). Language barriers coupled with the inability to

comprehend U.S. law and policies create further challenges for Latina women seeking IPV-related help and services. The ability to speak and comprehend English is critical to accessing assistance and services in the U.S.

Theoretical Framework: Critical Race Theory

Critical race theory (CRT) can serve as a useful tool to analyze and understand IPV among women of color. Created and influenced by Derrick Bell, Kimberlé Crenshaw, and other legal scholars, CRT suggests race is an essential factor in maintaining racial disparities and inequities. Additionally, CRT demonstrates the importance of exploring the racial realities and experiences of women of color (Closson, 2010; Trevino, Harris & Wallace, 2008; Campbell, 2014). CRT emphasizes the significance of race, a social construct in which meanings are shaped by historical, social, and institutional systems (Abrams & Moio, 2009; Campbell, 2019). It acknowledges the racial inequality rooted within U.S history, laws, policies, institutions, and that social systems impact the experiences of women of color. CRT encourages an analysis situating race in discourses of IPV. It recognizes the values of establishing platforms that acknowledge and legitimize narratives of women of color.

Integrating CRT as a theoretical tool promotes the opportunity to engage practice, research, and education centering on race and IPV. It provides a framework where racial inequalities and disparities often experienced by women of color affected by IPV can be examined and addressed. As suggested by Bell, society is constructed and operated by race, resulting in racial inequalities and unjust disparities that women of color are likely to experience (Bell, 1992; Closson, 2010; Campbell, 2014). CRT promotes a framework that encourages researchers, practitioners, and educators to examine how race, racism, and racial microaggressions impact women of color experiences. As a tool, it suggests that one must challenge and deconstruct ideologies of colorblindness and racial neutrality to better understand women of color's interactions and experiences with law enforcement, health services, and institutional systems. CRT encourages an intersectional analysis where the interconnections of race and gender are key variables in understanding the stories of women of color. Women of color stories and experiences of IPV are often left untold. CRT recognizes the power in storytelling and shared lived experiences for women of color. Understanding the implications of race on women of colors' experience of IPV is essential to better understanding and providing services to this population.

Implications for Practice

IPV is a public health issue that significantly impacts all women regardless of race, ethnicity, culture, and socioeconomic status, however, it is important to call attention to the racial disparities and lived experiences of women of color. Little research has examined the effects that COVID-related factors and racial and structural factors create for women of color IPV survivors. This article demonstrates the need of recognizing how COVID has exacerbated the implications of IPV among women of color. There is a need to bring awareness to the implications of the physical lockdown restrictions, and stay-at-home orders for women of color subjected to IPV. It

is crucial to begin identifying strategies and plans during the COVID-19 pandemic that allows information, services, and resources to be accessible for women in the content of stay-at-home orders. There is a need for health professionals such as social workers and counselors to be aware of the racial disparities and racial inequalities that often compound women of color experiences of IPV. Recognizing the racial realities of women of color impacted by IPV is essential to the development of racially inclusive and effective prevention and intervention efforts. These efforts need to address how the pandemic and historical, social-economic, and structural factors create additional challenges for women of color, specifically when exploring IPV reporting and accessibility to services and resources. Health professionals' awareness of the implications of COVID and the sociohistorical factors is valuable to fully understand the unique narratives and struggles of women of color. This awareness provides health professionals the racial competency to better assess, detect, and intervene in IPV-related cases.

Contribution to Practice and Research

This article adds to the scholarship of CRT by suggesting it as a valuable tool to understand the COVID-19 racial disparities that exist for women of color experiencing IPV. The purpose of this article is to acknowledge CRT as a racially conscious framework useful for scholars, researchers and practitioners conducting scholarly work among women of color impacted by IPV.

Recognizing CRT as a valuable framework can expand the scope of scholarship centering on the COVID-19 racial disparities and inequities. This article will inspire future research examining how race, racism and racial disparities impact women of color impacted by IPV. For example, future research should closely explore the specific interactions and experiences with law enforcement, health services, and legal systems that Black and Latina women often encounter when seeking help. Developing research that examines specific racial disparities and inequalities among Black and Latina IPV survivors is essential to understanding the unique racial experiences of women of color and to achieve racial justice. Developing research that explores specific COVID-19 racial disparities that exist for women of color impacted by IPV will eventually advance racial competency among scholars, researchers and practitioners which is vital to the development of effective services for women of color experiencing IPV during a pandemic. Lastly, this article demonstrates the need for research to encourage an analysis situating race in discourses of IPV, which the integration of CRT provides. Previous research has noted the historical and societal factors that often compound women of color IPV experiences, however, there is a need for research to explore how women of color are racialized and gendered in ways that contribute to structural challenges and negative experiences and encounters with law enforcement, and service providers when reporting IPV and accessing services.

Conclusion

While the COVID-19 pandemic has amplified the racial and gender disparities in the U.S, there is a need to examine the impacts the pandemic has created for women of color experiencing IPV. Specifically, there is a need to foster discourses that examine the implications systems and ideologies of patriarchy and whiteness creates for IPV women of color survivors during the

pandemic. This article discusses the practicality of CRT as a tool to invoke meaning and understanding to the unique narratives of women of color. From this framework, CRT can be a powerful tool that identifies the historical, racial, and structural foundations that contribute to the present racial inequalities and disparities that exist for women of color today. It can provide scholars and practitioners a perspective to better understand how race, racism, and racial microaggressions complicate stories of IPV among women of color. This perspective is essential to better understand IPV reporting among women of color, their accessibility to seek help during the pandemic, and the development of racially inclusive prevention and intervention efforts.

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