Surviving COVID19 (Increased Domestic Violence, Marginalized Communities, and Innovative Solutions)

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"I have been in your shoes." Smith, a 38-year-old mother of two, is a survivor of domestic violence. And she was quiet about it for 12 years. Her ex-husband pointed a gun to her head and struck her so hard that she currently has plates in her eyes to hold her cornea in place. "When I went to the hospital because I had a fracture, I told [the doctors and my family] that I had been jumped by someone else," she recalls. Fear — and a little bit of hope — kept her silent. Domestic abuse is not clear cut, and it can sometimes be confusing and difficult for a victim to recognize, she says. (Yousry, 2021). Domestic violence (DV) generally refers to violence occurring between residences within one single location. Intimate partner violence (IPV) is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. IPV can take several forms, including physical, verbal, emotional, economic, and sexual abuse. According to the Centers for Disease Control and Prevention (CDC), one in four women and one in nine men experience severe intimate partner physical violence, intimate partner contact sexual violence, and/or intimate partner stalking with impacts such as injury, fearfulness, post-traumatic stress disorder, use of victim services, and contraction of sexually transmitted diseases, among other things. DV/IPV disproportionately affects communities of color and other marginalized groups. According to a report from the Violence Policy Center (Langley & Sugarmann, 2014:1), in 2011, the homicide rate for Black female victims (4.54 per 100,000) was more than three times higher than the homicide rate for White female victims (1.45 per 100,000). Additionally, a study revealed high rates of intimate partner violence among the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. Bisexual women, in particular, reported experiencing sexual violence at rates twice that of their heterosexual counterparts. Lesbians and gay men also reported significantly higher incidents of violence than straight people (HRC, 2020). Marginalized communities faced many barriers due to the intersection of race, class, and gender during the COVID-19 crisis. Studies of the impact of Hurricane Katrina found increased rates of IPV after the natural disaster; rates of violence against intimate partners increased from 4.6 cases per 100,000 per day to > 16 cases per 100, 000 per day among those displaced by the

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storm (Evans et.al, 2021). The purpose of this article is to explore how these intersections create barriers for DV/IPV victims during the pandemic.

Positionality

As a Black woman, academic, and qualitative researcher, I have a personal interest in researching the impact of COVID-19 on communities of color. The pandemic has been devastating for marginalized communities. History and contemporary media outlets reinforce my lived experiences that health disparities and racism impact every aspect of the lives of people, particularly in the United States. Because of the opportunities that I have been afforded by my education, I endeavor to ensure that the voices and concerns of marginalized and muted people of color are heard. I have a moral obligation to provide culturally competent perspectives when discussing the multitudinous social ills that plague our communities. My hope for this analysis is to draw attention to the lived experiences of an often-overlooked sector of already marginalized communities, particularly, during this global pandemic by giving voice to victims of DV/IPV to alleviate or lessen the incidence of recurrences.

Statement of the Problem

In Spring 2020, as COVID-19 cases rose to pandemic levels, many governments enacted stay-at-home orders in an effort to stave off the rate of infection among the populace. Unfortunately, these orders of confinement exacerbated the volatile living situations for those already coping with domestic violence. Pandemic-induced restrictions effectively trapped vulnerable victims of domestic violence with their preparators and further reduced their access to technology, medical care, and community support.

Marginalized communities face higher forms of oppression and experience greater difficulties gaining access to resources in comparison to their White counterparts when reporting IPV. Due to historical mistrust of the police in the Black community, Black women often turn to sisterhood, family, and the Black church when reporting IPV (Shorter and Gooden, 2004). LGBTQ populations have even fewer resources and are less likely

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to report abuse because of fear of discrimination or being outed to their friends, family, or church (HRC, 2020). Policymakers and community advocates have the potential to provide marginalized groups who experience IPV with the knowledge, skills, and tools necessary to empower them to get out of abusive relationships.

Currently, DV/IPV studies on marginalized communities are limited. The lack of literature significantly impedes the understanding needed to adequately address this issue within these groups. Without research where the victims are at the center of the narratives, individuals responding to DV/IPV will be unable to provide the proper intervention tools. This includes services that could assist victims mentally, physically, or psychologically while in mandatory lockdown with their perpetrators.

The purpose of this review is to explore in what ways the theory of intersectionality explains the barriers that marginalized communities face during the COVID-19 crisis. Specifically, this article seeks to illuminate how race, class, gender, and sexual orientation become barriers for DV/IPV victims during the COVID-19 pandemic. The overarching goal of this study is to provide a holistic view of this phenomenon that expands the traditional frameworks used to describe dangers of intimate partner violence and marginalized communities.

This review seeks to explore the following questions:

1. In what ways have COVID-19 stay-at-home orders impacted DV/IPV victims?
2. How does intersectional oppression further exacerbate the barriers to social services for DV/IPV victims during COVID-19?
3. How can family members, community leaders, and stakeholders help DV/IPV victims during the COVID-19 pandemic?

Methods

This study is an exploratory study. The purpose of this study is to expand one's understanding of the prevalence, context, and implications of COVID-19 on marginalized communities. This research was conducted from the

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summer of 2021 to the fall of 2021. The researcher reviewed over 25 articles on domestic violence, marginalized communities, and COVID-19 using a systematic review method data collection technique. This study included 3 marginalized communities who were impacted by COVID-19. The chosen groups allow for broad representation of Black women, LGBTQ communities, and individuals who experience gender-based violence with diverse experiences based on the intersections of their race, class, socioeconomic status, age, and/or particular religious affiliation. To better understand these populations inclusion and exclusion criteria were used for this study.

Exclusion and Inclusion Criteria

This literature review focuses on the victims of domestic violence from marginalized communities during the COVID-19 crisis. The inclusion criteria for this study is inclusive of racial, cultural, gender-based and LGBTQ communities. Articles that do not address these marginalized groups are excluded from this review, particularly, but was not limited to, heterosexual, cisgender, White men. Also, some marginalized groups have been excluded from this review in order to better focus on three specific groups: black women, gender-based violence for women and gender non-conformity persons, and the LGBTQ community. Some of these excluded marginalized groups are, but are not limited to: immigrants, senior citizens, military combat veterans, physically challenged persons, persons with a serious and persistent mental illness (SPMI), persons with cognitive impairment, the homeless, and individuals on parole or probation etc. Additionally, the articles chosen must have provided solutions or recommendations for addressing DV/IPV during the COVID-19 pandemic. There was a minimum of three articles per topic area to glean insights about the marginalized group IPV experiences during the COVID-19 crisis.

Review of Literature

The following review examines the existing literature divided into four sections: (1) domestic violence and COVID-19; (2) Black women and COVID-19; (3) gender-based violence and COVID-19; (4) LGBTQ community and COVID-19.

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Domestic Violence and COVID-19

According to the World Health Organization (2020), several countries have reported a decline in the reported numbers of child abuse and women seeking help to leave abusive situations since pandemic lockdown measures were implemented. It would be naïve to assume that incidents of abuse have declined during our collective closed-quarter confinement. More than likely, the decline in reporting is due to a child's or woman's inability to gain access to help while confined with their perpetrator, in addition to social service reductions or closures. This article states, stay-at-home measures have placed women, children, and the elderly living in abusive relationships at even greater risk of increased violence because of the increased time spent with the abuser. Tangentially related, Jarnecke and Flanagan (2020) found that outlets that sell alcohol remain open and accessible might amplify the DV/IPV, given that alcohol is one of the major contributors to IPV.

According to Matoori et al (2020) police departments reported increased rates of domestic violence after the lockdown periods throughout North America in six major cities. The data was investigated and compared to the same dates from the previous months in the year of 2019. The increased rates in accordance with the lockdown dates are as follow:

CITY	LOCKDOWN DATE	INCREASED RATE
BOSTON, MA	March 24, 2020	+27% *
CHICAGO, IL	March 21, 2020	+10%
PHILADELPHIA, PA	April 1, 2020	+7%
PORTLAND, OR	March 23, 2020	+20%**

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SEATTLE, WA	March 23, 2020	+21%
TORONTO, ON	March 17, 2020	+19%

*Domestic Violence-related aggravated assault
**Domestic Violence-related arrests

This data indicates that DV/IPV increased in North America during the initial COVID-19 mandatory lockdowns. Specifically, the study focused on female gender, low income, lower educational status, and unemployment of the partner however, it is important to iterate that DV/IPV affect any person regardless of gender, religion, ethnicity, and socioeconomic status (Matoori et al, 2020). Additionally, analyzing crime data from a broader survey of 22 US states, Hsu and Henke report a five percent increase in IPV during the first two months of lockdown (March 13th to May 24th 2020) (Williams et al, 2021).

These trends have also been observed worldwide. In France and Argentina, IPV increased 30% and 25%, and in Singapore, calls to IPV helplines increased 30%. In the UK, the National Domestic Hotline witnessed over 25% increase in domestic abuse-related calls when the stay-at-home directive became law (Boserup et al., 2020). On the other hand, a domestic violence helpline in Italy, for example, reported it received 55 percent fewer calls in the first two weeks in March because many women found it difficult to ask for help during the lockdown (UN, 2020).

The World Health Organization (2020) notes, perpetrators of intimate partner violence may use the pandemic to exercise greater control over the victims, including limiting access to critical information and resources and monitoring communication, making it difficult to contact support services. Without access to the safe space of schools, smaller children, who traditionally have fewer opportunities than adults to leave the house, are less likely to have access to alternative pathways for seeking help. To further exacerbate the issue, students are at an increased risk of online abuse or cyberbullying because of the increased time spent online at home (World Health Organization, 2020).

Additionally, COVID-19 has placed an immense burden on the health systems and health workers in caring for the sick. Due to the immense number of COVID cases, patients suffering from other ailments are overlooked (World Health Organization, 2020). The overcrowding of hospitals is causing hospitals to turn away other patients or otherwise limit their stay/care. Health care professionals often encounter IPV victims. One in 3 women presenting to the emergency department after a trauma have been injured by their partner, and 1 in 6 women presenting to an orthopedic fracture clinic have experienced IPV in the previous 12 months. Of women murdered by their intimate partner, 45% presented to a health care professional for treatment of an IPV injury in the 2 years before their death (Bradley, 2020). Therefore, the emergency department play a crucial role in addressing DV/IPV incidents. Furthermore, telehealth and telemedicine services has increased with the dawning of the pandemic. One study stated, "the transformative effects of the COVID-19 pandemic has *led to* a substantial increase in telehealth use across many health care service disciplines" (Simon, 2021). For example, in a survey of 3500 family physicians and pediatricians, only 12% worked in a practice that used telehealth in 2016, whereas more than 90% of primary care physicians offered telehealth after the first 2 months of the COVID-19 pandemic (Simon, 2021). This move to telehealth services has lead to challenges in screening for IPV services. Mainly, it compromises victims from reporting IPV because they are mandated with the stay at home orders to be with their abusers. Often it limits the victims ability to report IPV in safe spaces.

Furthermore, another study revealed that the median age of IPV victims is 30 years of age, over 80% of the victims were women, and over half the injuries happened at home (Loder and Momper, 2020). This study noted that radiologists are in a unique position to help women experiencing IPV. Injuries most indicative of IPV are fractures to the upper and lower extremities, upper trunk, head, and neck. Many of the injuries can and are often overlooked as routine trauma, especially if reported to disparate locations (Loder and Momper, 2020).

Black Women, COVID-19, and DV/IPV

The COVID-19 pandemic has been the most devastating health crisis of the 21st century. The impact of the disease on Black people has been the worst of all. Black people account for the most deaths across all age categories (Ford et al., 2020). Walton and colleagues (2021) note the abrupt changes

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in daily living compounded by witnessing the loss of family members and friends due to the virus has taken a significant toll on Black women's psyche. Focusing on the mental health needs of Black women, Walton and colleagues present the reflections, experiences, and responses of Black women scholars and offer suggestions for social work practitioners to prioritize the mental health of Black women during this crisis.

Further, systemic racism, coupled with financial and mental anguish, has heightened the stress, anxiety, and mental anguish that Black women experience (Walton et al., 2021). There are the unseen pressures that Black women encounter when dealing with any ills that impact people of color. Black women are compelled to project themselves as stoic, impenetrable, self-sacrificing, and free of emotion to cope with the stress of race- and gender-based discrimination in their daily lives and lives of those they care about (Manke, 2019). They argue Black women have to put on the culturally dictated "strong face" despite personal concerns about contracting the virus further aggravating the problems associated with combating the spread of the disease (Walton et al., 2021). To address the virus and the mental health concerns of Black women, they recommend: including the sociocultural context of Black women's lived experiences in scholarship, training practitioners to be sensitive to this sociocultural context, and including Black women scholars in leadership and decision making as it relates to responding to Black women during COVID-19 crisis. Understanding Black women's responsibility to their communities illuminates the psychological effects of social isolation during the mandatory lockdowns for Black women.

An article in Essence (2021) magazine posited that mandatory social isolation can be life-threatening for Black women. Historically, Black people are paid less than their White counterparts in America. The wage disparity is further compounded by gender in that women are paid less than men, and Black women are paid least of all. In a pandemic scenario, if a woman's work hours have been reduced or she loses her job altogether, she may become more dependent on her partner for financial support for herself and/or her children. This financial dependence may put her at the economic mercy of her abuser—and without the ability to collect the coins she needs to make an escape (Essence, 2021).

According to the National Center on Violence Against Women in the Black Community (2020), despite some funding for sexual assault and domestic violence programs, there is a dearth of funding for under-

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resourced culturally specific programs that are a lifeline for survivors in their communities that is untapped. The funding for communities of color were nominal prior to the COVID-19 crisis and is still insufficient for short or long terms goals in the pandemic for DV and sexual assault (Adminujima, 2021). Black women do not call the police to help them in DV/IPV situations due to their mistrust in the judicial system, and systemic racism. Black women largely rely on Black churches, family, and friends to address their social needs. Religious leaders often play a significant role as first responders to DV/IPV victims.

In addition to distrust of law enforcement, other factors contribute to women remaining silent during DV/IPV situations. Many fear that they will not be believed. Immigrant women fear deportation and often lack culturally or linguistically appropriate services. Others fear that their experiences might confirm racial stereotypes, or they will be criminalized, prosecuted, or incarcerated by the legal system. Additional factors include, the fear of losing their legal status, the breaking down of loyalty and ties to immediate and extended family, and their cultural and/or religious beliefs about gender roles/power dynamics. These fears and beliefs are intensified at the intersections of race, gender, gender identity, sexual orientation, legal status, age, and socioeconomic status.

Additionally, Black women are hesitant to report their Black male abusers because it might impact their partner's future ability to obtain work, who they rely on for financial support. Black women further bear the existential burden of the plight of the larger African American community-- the preponderance of law enforcement killings and the aggressive mass incarceration of Black men, which make Black women less likely to report DV/IPV (COVID-19 Taskforce on Domestic Violence, n.d.). To better assist Black women in danger, those in power must understand the complexity of Black women's decision-making process.

For instance, Chandler (2021) conducted a study of 15 Black women who were clients at a community-based family center to assess their understanding of COVID-19, to determine how they were obtaining COVID-19 information, and to evaluate their experiences. The study found that most of the participants indicated that they received their information through social media and broadcast news outlets and 79% of them expressed confusion, misunderstanding, and mistrust of the information that they were receiving about COVID-19 (Chandler et al., 2021). Black people are known to not trust the health care system because of malpractices that were

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legalized through the government. Therefore, Black people use unconventional ways of handling problems within their community such as speaking with family, friends, and the church during volatile situations. COVID-19 has further strained women's ability to seek social services if they decide to leave an abusive partner. Another article noted that transitional housing, as well as legal and emotional support services for domestic violence survivors, has increased. From March to December 2020, the organization served 50% more people than in all of 2019 (Yousry, 2021). Unfortunately, due to the crises, the waiting list is over a year long. The needs of these women will require financial, economic, social, and spiritual support. Moreover, the article points out that DV/IPV is not limited to Black women.

Gender-Based Violence, COVID-19, DV/IPV

Gender-based violence is a pervasive social problem that exists globally. Women and gender nonconformity persons (GNC) are at risk of gender-based violence (O'Donnell, et al., 2021). As previously noted, violence against women has increased during this time. Nduna and colleagues (2020) focused on gender-based domestic violence against women (GBVAW), meaning the violence can happen against males (including gay and transgender men) and is not always perpetrated by men. They contend gender-based violence is a crime that is perpetrated in defense of patriarchal traditional values that uphold men's control over sexualities and, in particular, feminine and gender-nonconforming sexualities; be it a woman who does not listen (Brumer, 2012), a gay man, or a child. They posit men learn gender roles through expected behaviors and any violation of that behavior will lead to violence (Nduna et al., 2020). Additionally, the study explored the probable impact of 'reduced' alcohol drinking on rates of reported domestic violence and offered analysis for domestic violence patterns that were reported during the COVID-19 lockdowns. It also included recommendations for gender-based violence against women interventions post COVID-19 lockdowns.

Another study consisted of women from South Africa. The data were collected through rapid assessment. The authors expound on DV rising drastically and globally since the COVID-19 lockdown (Tisane, 2020) although domestic violence incident reports were declining. Additionally, the United Nations (2020) warned that 'as people spend more time in close proximity in household isolation...women and children are at risk of

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experiencing higher levels of violence'. Findings revealed that South Africa, saw a surge of gender-based violence since the implementation of the national lockdown, with 87,000 gender-based violence complaints (Tisane, 2020). Surprisingly, the data collected from the command center in South Africa suggest that the absence of intoxication did not remove aggression towards women in the domestic violence sphere. Therefore, they contend the root cause of violence is patriarchy (Nduna et al., 2020). The system of society in which the father or eldest male is head of the family.

Another study focused on refugee women. It stated, "refugee women and girls are facing three concurrent crises: their ongoing humanitarian crisis, the health crisis of the COVID-19 pandemic, and the invisible crisis of gender-based violence (GBV)." A 2020 report found that 73 percent of forcibly displaced women interviewed across 15 African countries reported elevated cases of domestic or intimate partner violence due to the pandemic. In addition, 51 percent reported sexual violence and 32 percent observed a rise in early and forced marriages (Lee, 2021) leaving many refugee girls and women vulnerable, and unprotected.

Similarly, American Indian/Native American women suffered from disproportionately high rates of domestic and sexual violence during the pandemic. One study found that more than half of American Indian or Pacific Islander women had experienced sexual violence and domestic violence in their lifetime. These women are 1.7 times more likely to have experienced violence in the last year than White women (Finley, 2021). Ninety-six percent of the perpetrators are non-Native Americans, which means that tribal justice systems are not allowed to address the issue due to previous court cases and laws that infringe on tribal sovereignty (National Congress of American Indians, 2018). Reports are that violence and sexual assault have increased on reservation land due to even more difficult economic times coupled with stay-at-home recommendations (Hilleary, 2020). American Indian/Native American women face unique barriers due to their inability to access traditional judicial systems in America.

The Center for Global Development (2021) summarized the findings of gender-based violence as it relates to social dimensions of social protections in the COVID-19 context. The study focuses on the impact of food insecurities, unpaid work, and the increase in violence since the lockdown. The study found that out of the 44 studies examined, 45% reported an increase in violence during COVID-19 and 25% reported mixed results with an increase in at least one measure of violence (O'donnell et

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al., 2021). In several countries, it was reported that was a decline in reported numbers of child abuse victims and women survivors seeking help in-person or remotely since lockdown measures were put in place. Scholars argue that the decrease in reporting is due to the isolation and immobility caused by the COVID-19 lockdowns (World Health Organization, 2020) The findings reiterate the need to make sure that social services meet the needs of the most vulnerable population across the world--women, and girls. Understanding the intersections of people's lives and lived experiences during the pandemic can provide insight on how to address DV/IPV post pandemic.

LGBTQ, COVID-19, and DV/IPV

> Our isolated environment, as well as the numerous financial and additional stressors brought by COVID-19, creates an increased risk of intimate partner violence -- a risk which is that much higher for LGBTQ people," said HRC Legal Director Sarah Warbelow.

According to the Human Rights Campaign (HRC), 44% of lesbians and 61% of bisexual women experience rape, physical violence, or stalking by an intimate partner, compared to 35% of heterosexual women. The 2015 US Transgender Survey found that more than half (54%) of transgender and non-binary respondents experienced intimate partner violence in their lifetimes (Human Rights Campaign, 2021 accessed September 14, 2021). This issue has only grown during the COVID-19 pandemic. The isolated environment, as well as financial strain, has created an environment of increased risk of DV/IPV for the LGBTQ community.

According to HRC Foundation's research, LGBTQ adult workers are nearly twice as likely to work in essential service industries most affected by the pandemic. That same research shows that LGBTQ people experience greater health risks as they are more likely than non-LGBTQ people to have compromised respiratory systems, either because they are more likely to smoke or have asthma. Interestingly, this study also found that the LGBTQ population was more likely to prepare for contracting the COVID-19 virus. Still, the virus is impacting the LGBTQ community at alarming rates. In addition to health concerns, 30% of LGBTQ respondents had their work hours reduced, compared to 22% of the general population. In this study, 20% of LGBTQ respondents said their personal finances are

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much worse off than they were a year ago, compared to only 11% of the general population. Further, while the general population sample who have experienced intimate partner violence since the onset of COVID-19 said the pandemic has increased(68%), the increase was greater (77%) among LGBTQ respondents.

Another study found 17% of the LGBTQ adults did not have any kind of health insurance coverage compared with 12% of the general population. LGBTQ adults of color and transgender adults, with 23% and 22%, respectively, report a lack of health care coverage (Krause, 2021). Innovative approaches are needed when deciding the type of solutions that would best serve this marginalized group.

Researchers have proven that health care disparities exist in the LGBTQ community. Gorczynski and Fasoli (2020) focused on how a lack of research-based evidence leads to deficiencies and inadequate health care for LGTBQ people. In their article, they expound on how this community experiences greater rates of chronic disease, social health problems, and mental health symptoms and disorders. They argue that the invisibility of mental health research for the LGBTQ community must be acknowledged to help decrease the health disparities this community faces.

Theoretical Framework

Intersectionality

Intersectionality is a theoretical approach used to describe the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group to create overlapping and interdependent systems of discrimination or disadvantage (Krenshaw, 1989). According to Collins and Blige (2016, pg. 2):

> Intersectional is a way of understanding and analyzing the complexity in the world, in people, and inhuman experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways.

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When it comes to social inequality, people's lives and organizations of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender, or class, but by many axes that work together and influence each other. It is an analytic tool that gives people better access to the complexity of the world and themselves.

Intersectionality explains how marginalized people can be both simultaneously advantaged and disadvantaged as victims. For example, when compared to poor women and lesbians, social class and heterosexual privilege can protect middle-class or heterosexual Black women from some types of aggression. At the same time, racism can make it difficult for Black women, regardless of their economic status and sexual orientation, to escape racially based forms of oppression and violence (Bogard, 1999; Collins, 1998; Crenshaw, 1994). Crenshaw and Collins are using a theoretical framework to explain the complexities of people's lives from different marginalized groups.

Kimberle Crenshaw (1989), the scholar who coined "intersectionality to analyze how different oppressive power structures interact in the lives of minorities, specifically, focus on the intersections of Black women. Crenshaw (1989) uses intersectionality to conceptualize the various ways in which race and gender oppression interact to shape Black Women's societal experiences. One writer argues, Kimberle Crenshaw's emphasis on intersectionality is heuristic in nature: it is akin to a "prism" to be used to "amplify" and highlight specific problems, particularly by drawing attention to dynamics that are "constitutive" but generally overlooked or silenced (Crenshaw, 2011). The objective of this theory is to demonstrate how Black women's experiences expand beyond traditional boundaries of race or gender discrimination because of sexism. Scholars adopting this approach have challenged the idea of gender being the primary basis for violence committed against women.

Scholars recognize the importance of challenging false binaries, such as using gender analysis, when studying populations who face issues of inequality from multiple oppressive structures such as race, class, and gender. For example, Black women reporting intimate partner violence to the police can be labeled as an "angry Black woman" and not taken seriously when they report IPV to authorities. Her societal position will hinder her access to police services forcing her to turn to family, friends, sisters, or the church for help. Black women with lower social class than

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those of middle or upper class are also strategically positioned to receive fewer resources based on location. The different intersections in a person's life impact their life chances in society. A Black woman does not have the chances of an LGBTQ man, an LGBTQ man does not have the access of a cisgender White woman. It is important to understand victims of DV/IPV when trying to assist them in surviving COVID-19 as DV/IPV victims.

Surviving COVID-19

The safety of marginalized communities became drastically severe during the rise of COVID-19 and the mandatory lockdowns that began happening globally. Governments, organizations, and policymakers started implementing practices and policies to address these groups. Below is a list of different marginalized populations that were impacted by COVID-19 and solutions and suggestions for the global community at large to consider during the pandemic.

Solutions for Black Women and COVID-19

As previously stated, Black women are one of the most vulnerable groups who experience DV/IPV. The pandemic only exacerbated this problem. Many scholars argue that a Black woman's position in life heightens the social ills that she faces in comparison to her White counterparts. According to one article, Black people are often faced with multiple forms of oppression such as financial, economic, sociocultural, and psychological oppression. They argue the issue for Black people is the penalty of "Black Tax." Black Tax refers to the unspoken reality that Black people are expected to work harder and "in addition to the usual stresses, confront a set of personalized social strains which grow out of their "Blackness" in a predominantly White environment (Harper, 1975, 207). Black women are expected to work significantly more/harder than others, even Black men, often without recognizing the sacrifices it requires us to make (Carter-Black, 2008; Walton, Campbell, Blakey, 2020, Accessed 8-24-21). Black Tax exacts psychological and physical strain. To help Black women, "it is vital that we pay attention to and center the narratives of Black women who have been historically oppressed and continually marginalized" (Walton, Campbell,

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Blakey, 2020, Accessed 8-24-21). Centering Black women's stories will allow them to express their unique needs due to their oppressive circumstances.

According to Chandler et al (2020) Black women distrust information about COVID-19 that they are receiving from social media and the news. Thus, increasing their chances of contracting the virus (Chandler et.al, 2020). DV/IPV will decrease their chances of them seeking adequate healthcare if infected with the virus. Another study found Black women are more prone to report intimate partner violence to the church rather than the state due to strained relationships with police, racial discrimination, and lack of trust for the criminal justice system to protect them (Richard, 2015). Sixty-nine percent of Black women have sought the help of someone in their church regarding a family or related issue, and many women who have experienced IPV do not perceive that the term abuse applies to them (RAVE, 2017). Therefore, the faith-based community must consider ways in addressing their congregants during this time. For instance, "religious leaders can actively speak out against violence and can provide support or encourage victims to seek help. Where a child is concerned, religious leaders should be informed of child protection and safeguarding policies, including what to report, to whom, and how." (World Health Organization, 2020).

Speaking in terms that will likely resonate with their shared realities, Jefferies (2020) of Essence Magazine offered some practical solutions for African American women to protect themselves (and families) from contracting COVID-19:

- Even if you're socially isolating, get outdoors if you can. The more you're home, the more opportunity there is for you to be at odds with a violent partner—and for those conflicts to escalate. Take a walk, which may allow time for things to de-escalate.

- Identify a place to shelter. Women's domestic violence shelters may have fewer spaces these days because they have to follow social distancing rules, but they will work to find an alternate haven for women who are in danger. Staying with a friend or family member may be an option—if your abuser won't be able to find you there.

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- Keep stashes. Make a "getaway" bag with personal items and copies of important papers. Hide it well or camouflage it. If your abuser is controlling, you may need to stash food, menstrual supplies, and other necessities in this bag.

- Keep your gas tank full, back into your parking place, and keep your keys close by in case you have to make a quick escape in your car. If you don't have a car, keep a taxi or lift service on speed dial, and exact change for public transportation. Stay abreast on whether apps, including Uber or Lyft, are still operating in your part of town during the outbreak.

- Have a friend check on you. Agree on a distress signal (flick lights on and off, hang something out a window) and let them know what action you want them to take if you send up an S.O.S.

- If you have children, make sure your plans include them. Depending on their age, they may need to know where to hide, where to run or how to call for help.

Although Black women face multiple forms of oppression, gender-based violence critically impacts women all over the world.

Solutions for Gender-Based Violence and COVID-19

According to the Center for Global Development, 2021 scholars made solutions for addressing gender-based violence which includes but is not limited to; "increasing the collection of sex-aggregated data on beneficiaries of social protection programs to track how benefits of cash transfers within families, identifying a harmonized set of core indicators to track the impact of social protection by gender to understand women's economic empowerment that can be used cross-culturally, to bundle social assistance with other interventions to address gender-specific constraints, including interventions that aim to address gender-based violence or unpaid care work, and to use cash assistance as a medium-term strategy to promote women's economic autonomy (O'Donnell, Buvinic, Bourgault, Webster, 2021)". In response to the crisis various groups and organizations sought out solutions to the aid of DV/IPV victims globally during the lockdown.

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"To curb the threat of domestic violence, governments in various parts of the world took corrective measures, as 90% of cases were thought to be triggered by the unprecedented COVID-19 pandemic" (Tisane, 2020), governments have come up with innovative ways to protect DV victims. Measures ranged from the creation of apps that allow individuals to seek help without making a call in Italy to the use of "code-words" in Spain to alert help-services and authorities of a case of domestic violence, which will then amount to the relevant authorities offering help (Tisane, 2020). Policy measures were enacted in Italy, Austria, and Germany, where domestic violence perpetrators were evicted from the house instead of the victim, and court fees related to protection orders were waived (Tisane, 2020). Specifically, in South Africa, organizations such as People Opposing Women Abuse (POWA), provided counseling and legal assistance to victims of domestic violence (Tisane, 2020); (Nduna et al., 2021, Accessed August 24, 2021). Most notably, the Canadian government announced an extra $40 million for indigenous women and children fleeing violence (Bradley et.al, 2020).

Further suggestions include: countries with the economic resources should invest in a communication infrastructure to enable access to data at no cost and "organizations that provide face-to-face counseling and one-stop services for clients need to invest in training their personnel to offer alternative cell phones and online interventions"(Nduna et al., 2020, Accessed August 24, 2021). Other governments choose to invest in protecting victims of DV. "The Canadian federal government announced an extra $40 million for indigenous women and children fleeing violence (Bradley et.al, 2020)".

Solutions for LGBTQ and COVID-19

Vulnerable populations are at grave risk for experiencing DV/IPV during COVID-19. Specifically, groups that face multiple forms of oppression because of their race, class, or gender regardless of being a person of color are impacted by this crisis such as the LGBTQ community. The Human Rights Campaign (HRC) is calling on the governments, and institutions at large to address DV/IPV violence against the LGBTQ community during COVID-19. HRC is calling on US Congress to reauthorize the Violence Against Women Act (VAWA), to explicitly provide protections for LGBTQ people, Native women, and undocumented immigrants. Additionally, they

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are advocating for law enforcement and healthcare workers to develop culturally competent core practices to better serve the community to avoid gender biases and the dismissal of sexual assault victims when responding to DV/IPV situations (HRC, 2021).

Meanwhile, scholars are thinking through an academic approach to dismantling the barriers the LBGTQ community face. Gorczynski and Fasoli (2020) contend, "mental health researchers adopt a health equity model where the mental health researchers adopt a health equity model where the mental health needs of the LGBTQ people are addressed so that health services can be structured to ensure their well-being." They offer three suggestions: (1) researchers design collaborative and participatory research agendas that are inclusive of LGBTQ people; (2) collect demographic data about sexual and gender identity; and (3) collect demographic data to allow or meaningful comparative data analysis along lines of diversity and intersectionality, including race and ethnicity, disability, age, income, class, and geography. This information will fill the void of information found on the LGBTQ community and COVID-19.

Solutions for Victims of DV/IPV

The World Health Organization for DV/IPV victims services for marginalized and non-marginalized communities that could be beneficial for victims globally. Governments and policymakers must include essential services to address violence against women in preparedness and response plans for COVID-19, fund them, and identify ways to make them accessible in the context of physical distancing measures.

For instance, law enforcement agencies should consider IPV support centers in non-traditional locations. One study found other countries have encouraged the use of pharmacies as a location for IPV victims to alert authorities to IPV. This was in large part due to the fact that pharmacies unlike many other businesses were allowed to remain open during the mandatory lock-downs. Pharmacies maybe more accessible than police stations to the victims because shopping trips can be used to justify leaving the house (Andrews et al. 2021). Additionally, law enforcement agencies could include grocery stores as a location for reporting IPV. Another government entity that could contribute to providing services to DV/IPV victims during COVID19 is the courts. For instance, the United States Department of Justice implementation of culturally responsive services and

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grants during the pandemic to help sexual assault and domestic violence victims (Gupta, 2021) could be a guide for lower level courts.

Additionally, healthcare practitioners are on the frontline to responding to DV/IP victims. Therefore, healthcare workers actively engaging in telehealth and telemedicine services must be prepared to provide intervention methods or resources for DV/IPV victims. One article provides practical advice for healthcare workers to prepare for the in home visit and provide helpful tips on methods to use while the worker is in the home. Preparation for the visit is as follow: 1) Prepare a "script" integrating information into the visit about IPV/HT and available survivor support resources for people to share with their family and friends. 2) Understand that telehealth visits may not be a safe time for discussing IPV/HT– others may be in the room or listening in. 3) Connect with local domestic violence advocacy agencies and hotlines to understand what services they offer. 4) Identify other ways to share info with patients: add in patient portals, staff resource lists, e-newsletters, and by U.S. mail (ask patient if it is safe to do so). During the visit the healthcare worker are encouraged to: 1) Offer normalizing information about relationships, health, and stress during the COVID- 19 public health crisis. 2) Prioritizing Confidentiality by ensuring it is safe for the patient to speak over the phone/video and letting them know that their health information will be kept safe (disclosing any reporting requirements). 3) Offering Universal Education to all patients about how stress can affect relationships and relationships can affect health, and that there are supportive resources available (Telehealth, COVID-19, and Intimate Partner Violence: Increasing Safety for People Surviving Abuse, n.d.)

On the other hand, healthcare facilities should identify and provide information about services available locally (e.g., hotlines, shelters, rape crisis centers, counseling) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages. Health providers need to be aware of the risks and health consequences of violence against women. They can help women who disclose by offering medical treatment and first-line support, such as listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to support services. The use of health and telemedicine in safely addressing violence against women must urgently be explored (World Health Organizations, 2021).

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Humanitarian response organizations need to include services for women subjected to violence and their children in their COVID-19 response plans and gather data on reported cases of violence against women. Community members should be made aware of the increased risk of violence against women during this pandemic and the need to keep in touch with and support women subjected to violence, and to have information about available help for them. It is important to ensure that it is safe to connect with women when the abuser is present in the home.

According to the World Health Organization (2020), women who are experiencing violence may find it helpful to reach out to supportive family and friends, seek support from a hotline, or seek out local services for survivors. They may also find it useful to have a safety plan in case the violence escalates. This includes having identified a neighbor, friend, relative, or shelter to go to for immediate safety should they need to flee their home.

Women who are experiencing violence may find it helpful:

- To reach out to supportive family and friends who can help practically (e.g., food, childcare) as well as in coping with stress.

- To develop a safety plan for their and their children's safety in case the violence gets worse. This includes keeping numbers of neighbors, friends, and family whom you can call for or go to for help; have accessible important documents, money, a few personal things to take with you if you need to leave immediately; and plan how you might leave the house and get help (e.g., transport, location).

- To keep information on violence against women hotlines, social workers, child protection or nearest police station, and accessible shelters and support services. Be discreet so that your partner or family members do not find this information.

The resources stated above are not limited to the United States. These suggestions and solutions are capable of being implemented worldwide (World Health Organizations, 2020 Accessed 08-24-2021).

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Many healthcare entities and organizations implemented unique ways for DV/IPV victims to discreetly access help during the COVID-19 pandemic lockdown. For instance, according to European Radiology (2020), emergency and radiology departments should review their protocols for identifying and supporting IPV victims and train their staff to work together to implement these measures during and beyond the COVID-19 crisis. Scholars contend, "radiologists are capable of being aware of the patterns of IPV-associated injuries and to carefully review the medical history even in common traumatic injuries. Specifically, they should raise awareness when there are inconsistencies between the injury and the reported history or where there are suspicious patient records which should be an open conversation with the patient" (Matoori et. al, 2020).

Healthcare providers also came up with technology-driven solutions for DV/IPV victims such as M-Health Apps (Jarnecke and Flanagan, 2020). These apps were developed to provide IPV education, information about hotlines and shelters, journals for logging IPV incidents, and/or tools for developing safety plans. Some apps require personalized pin numbers to log on whereas others are disguised as innocuous news or weather apps. Also, in some locations, code-word systems are being implemented in essential businesses, such as grocery stores or pharmacies, so individuals can indicate they are experiencing IPV and need assistance (Jarnecke and Flanagan, 2020; Kottasova & Di Donato, 2020). Additional suggestions include the implementation of government policies to allow women who are experiencing IPV to leave home during COVID-19 to seek help. These and all efforts should be widely publicized, using multiple large platforms, to spread the word on help seeking behaviors of DV victims (Jarnecke and Flanagan, 2020).

Discussion and Conclusion

Intimate partner violence (IPV) is a pervasive social problem that compromises the personal health and safety of millions of people in marginalized communities each year. Findings indicate that DV/IPV victims have experienced increased rates of violence since the onset of the stay-at-home orders during the pandemic. Also, marginalized groups have been more negatively impacted by COVID-19 when compared to their counterparts. It takes the collective effort of healthcare practitioners, law enforcement, policymakers, community leaders, friends, and families to

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address the needs of DV/IPV victims during the COVID-19 lockdowns and beyond this crisis. When the concerns of marginalized communities go unheard and remain unaddressed as lethality rates increase, violence against victims continues to be perpetuated, and communities are destroyed.

The data also reveal that many countries have successfully identified solutions for DV/IPV victims to help these vulnerable populations gain access to victims' services that can be replicated here in the United States. Although many barriers exist for DV/IPV victims of color there are also innovative solutions and practical ways for these populations to be able to gain better access to social services. Culturally sensitive approaches to victims of color will not only raise awareness of service providers' implicit biases but also create a path for victims to be able to escape their abusers. An individual's unique intersectionality in life is a critical key to determining their specific needs when experiencing DV/IPV. The COVID-19 pandemic has shown the world that it is imperative to adapt and implement practices and policies that are designed to save the lives of DV/IPV victims and ultimately decrease the overall rates of DV/IPV that happen to victims globally.

Limitations

There are some limitations in this review that must be considered. First, there are very few studies about the barriers marginalized communities are facing as it relates to DV/IPV during the COVID-19 crisis of 2020. There are glaring gaps in the literature because of the lack of experience and/or knowledge about the topic, coupled with the wholly unique and novel situation of a global health pandemic. Second, limited empirical data on these populations hinders what resources are needed to assist these populations. Third, the type of data that can be collected on marginalized communities during COVID-19 is further limited by post-lockdown restrictions. For instance, the researcher was unable to locate data on Black men, COVID-19, and IPV. There is a scarce amount of research being done on heterosexual cisgender Black men who experience DV/IPV. Nevertheless, this review offers suggestions from lessons learned globally on how to address IPV/DV during the restricted movements required given the COVID-19 pandemic.

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References

Addressing Violence Against Children, Women, and Older People During the COVID-19 Pandemic: Key Actions. (2020). *World Health Organization*.

Adminujima. (n.d.). *Intersection of COVID-19, Domestic Violence, and Sexual Assault within Communities of Color*. Ujima. Retrieved August 15, 2021, from https://ujimacommunity.org/intersection-of-covid-19-domestic-violence-and-sexual-assault-within-communities-of-color/.

Andrews, S. K., Gabat, J., Jolink, G., & Klugman, J. (2021). *Responding to rising intimate partner violence amid COVID-19: A rapid global review*. https://giwps.georgetown.edu/wp-content/uploads/2021/03/Responding-to-Rising-Intimate-Partner-Violence-Amid-COVID-19.pdf

Bradley, N. L., DiPasquale, A. M., Dillabough, K., & Schneider, P. S. (2020). Health Care Practitioners' responsibility to address intimate partner violence related to the COVID-19 pandemic. *Canadian Medical Association Journal*, *192*(22). https://doi.org/10.1503/cmaj.200634

Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. The American Journal of Emergency Medicine, 38(12), 2753-2755. https://doi.org/10.1016/j.ajem.2020.04.077

Chandler, R., Guillaume, D., Parker, A. G., Mack, A., Hamilton, J., Dorsey, J., & Hernandez, N. D. (2020). The impact of COVID-19 among black women: Evaluating perspectives and sources of information. *Ethnicity & Health*, *26*(1), 80–93. https://doi.org/10.1080/13557858.2020.1841120

Collins, P. H. (2013). *On intellectual activism*. Temple Univ. Press.

Collins, P. H., & Bilge, S. (2016). *Intersectionality*. Polity Press.

COVID-19 and Ending Violence Against Women and Girls (2020) *UN Women.*

COVID-19 and violence against women: What the health sector/system can do. (2020). *World Health Organization*.

Crenshaw, Kimberle. (1989). Demarginalizing the intersection of race and sex. University of Chicago Legal Forum 1989:139-67.

Evans, D. P., Hawk, S. R., & Ripkey, C. E. (2021). Domestic violence in Atlanta, Georgia before and during COVID-19. *Violence and Gender*, *8*(3), 140–147. https://doi.org/10.1089/vio.2020.0061

Finley, L. (2021). State crime, Native Americans and covid-19. *State Crime Journal*, *10*(1), 45. https://doi.org/10.13169/statecrime.10.1.0045

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Ford T, Reber S, Reeves RV. (2020) *Race Gaps in COVID-19 Deaths Are Even Bigger than They Appear*. Washington, DC: Brookings Institution.

Gorczynski, P., & Fasoli, F. (2020). LGBTQ+ focused mental health research strategy in response to covid-19. *The Lancet Psychiatry*, *7*(8). https://doi.org/10.1016/s2215-0366(20)30300-x

Gupta, V. (2021, October 21). *Domestic Violence Awareness Month: Culturally Specific Services, Legal Assistance, and Engaging everyone in Bringing an end to violence.* U.S. Department of Justice. https://www.justice.gov/

Hilleary, C. (2020) "Native American tribes face critical shortages of COVID-19 test kits, protective gear", VOA News, 21March. Available online at: www.voanews.com/science-health/coronavirus-outbreak/native-american-tribes-face-critical-shortages-covid-19-test (accessed 2 Dec 2020).

Hsu L-C, Henke A. COVID-19, staying at home, and domestic violence. Rev Econ Household. (2021); 19(1), 145–55.

Intersection of race and DV - covid-19 task force on domestic violence. COVID. (n.d.). Retrieved August 23, 2021, from https://www.covid19taskforcedv.org/intersection-of-race-and-dv.

Jarnecke, A. M., & Flanagan, J. C. (2020). Staying safe during covid-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1). https://doi.org/10.1037/tra0000688

Jeffries, T. Y. (2020, March 25). *For black women suffering domestic abuse, coronavirus quarantines are life threatening*. Essence. Retrieved July 28, 2021, from https://www.essence.com/news/domestic-violence-coronavirus/.

Jones, C., & Shorter-Gooden, K. (2004). *Shifting: The double lives of black women in America*. Perennial.

Krause, K. D. (2021). Implications of the covid-19 pandemic on lgbtq communities. Journal of Public Health Management and Practice : JPHMP, 27 Suppl 1, COVID-19 and Public Health: Looking Back, Moving Forward(January/February 2021), S69-S71. https://doi.org/10.1097/PHH.0000000000001273

Langley, M., & Sugarmann, J. (2014, January). Black homicide victimization in the United States: An analysis of 2011 homicide data. Retrieved on March 23, 2022 from Violence Policy Center http://www.vpc.org/studies/blackhomicide14.pdf .

25

Lee, C. (2021, November 24). *COVID-19 pandemic exacerbates violence against refugee women and girls.* New Security Beat. https://www.newsecuritybeat.org/2021/11/covid-19-pandemic-exacerbates-violence-refugee-women-girls/

LGBTQ people are more likely to experience interpersonal violence. HRC. (2020).Retrieved September 01, 2021, from https://www.hrc.org/press-releases/report-shows-lgbtq-people-are-more-likely-to-be-victims-of-interpersonal-vi .

Loder RT, Momper L (2020) Demographics and fracture patterns of patients presenting to US emergency departments for intimate partner violence. Retrieved March 23, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326304/

Manke, Kara (n.d.). *How the "Strong Black Woman" Identity both helps and hurts*. Greater Good. Retrieved August 24, 2021, from https://greatergood.berkeley.edu/article/item/how_the_strong_Black_woman_identity_both_helps_and_hurts.

Matoori, S., Khurana, B., Balcom, M. C., Koh, D.-M., Froehlich, J. M., Janssen, S., Kolokythas, O., & Gutzeit, A. (2020). Intimate partner violence crisis in the COVID-19 pandemic: How can radiologists make a difference? *European Radiology*, *30*(12), 6933–6936. https://doi.org/10.1007/s00330-020-07043-w

National Congress of American Indians (2018) Research Policy Update, February. Available online at: www.ncai.org/policy-research-center/research-data/prc-publications/VAWA_Data_Brief__FINAL_2_1_2018.pdf.

Nduna, Mzikazi, & Tshona, O. (2020). Gender-based Violence during COVID-19.

O'Donnell, M., Webster, B., Bourgault, S., & Buvinic, M. (2021). The gendered dimensions of COVID-19. *The Gendered Dimensions of Social Protection in the COVID-19 Context*.

Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19. (2020). *World Health Organization*.

Roberts, K. (2018). *Violence against women*. Greenhaven Publishing LLC.

Simon, M. A. (2021). Responding to intimate partner violence during Telehealth clinical encounters. *JAMA*, *325*(22), 2307. https://doi.org/10.1001/jama.2021.1071

Telehealth, COVID-19, and Intimate Partner Violence: Increasing Safety for People Surviving Abuse. (n.d.). Futures Without Violence. https://www.futureswithoutviolence.org/

Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*, *21*, 100348. https://doi.org/10.1016/j.eclinm.2020.100348

Walton, Q. L., Campbell, R. D., & Blakey, J. M. (2021). Black women and covid-19: The need for Targeted Mental Health Research and Practice. *Qualitative Social Work*, *20*(1-2), 247–255. https://doi.org/10.1177/1473325020973349

Williams, E. E., Arant, K. R., Leifer, V. P., Balcom, M. C., Levy-Carrick, N. C., Lewis-O'Connor, A., & Katz, J. N. (2021). Provider perspectives on the provision of safe, equitable, trauma-informed care for intimate partner violence survivors during the COVID-19 pandemic: A qualitative study. *BMC Women's Health*, *21*(1). https://doi.org/10.1186/s12905-021-01460-9

Yousry, F. (2021, March 24). *Domestic violence against Black women rising during pandemic*. WFYI Public Media. Retrieved September 27, 2021, from https://www.wfyi.org/news/articles/domestic-violence-against-Black-women-rising-during-pandemic.

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