



# CRIME VICTIMS' INSTITUTE

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## Black Women Experiences with Service Agencies During the COVID-19 Pandemic

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Intimate partner violence (IPV) occurs across all racial/ethnic backgrounds, socioeconomic status, educational attainment, and employment standing, yet Black women experience a disproportionate amount of violence within their relationships compared to other minority groups, excluding Indigenous populations (Campbell, 2016; Cho, 2012; Lacey et al., 2016; Smith et al., 2017). It is estimated that 53.6 % of Black women are lifetime IPV survivors compared to other minority groups, such as Hispanic and Asian populations (42% and 27% respectively; Leemis et al., 2022). Physical consequences of IPV include rape, sexually transmitted infections, substance use, and pregnancy complications (Bent-Goodley, 2004; Leemis et al., 2022; Smith et al., 2017). In addition, IPV can impact Black women's mental health. Many women experience increased suicidal ideation or attempts, mood and anxiety disorders, eating disorders, and substance dependence, with higher rates of post-traumatic stress disorder (PTSD) which may be due to a lack of disclosure to support networks (Stockman et al., 2015; Weiss et al., 2017).

The global COVID-19 pandemic made it difficult for vulnerable populations to seek services due to lockdowns and restrictions, which also increased rates of IPV (Nix & Richards, 2021; Piquero et al., 2021). Addressing the effects of multiple layers of marginalization is essential to grasp the complexity of IPV and help-seeking among Black women. At times, existing criminological research and traditional practices by service providers are not attuned to the unique experiences of Black women and other racial groups in which the study described in this report seeks to address.

### **Domestic Violence Shelters and Cultural Competency**

Since the inception of domestic violence shelters in the 1970s by feminists hoping for change when it came to violence against women, these shelters have evolved to work through an empowerment philosophy (Goodman et al., 2016; Gregory et al., 2021; McGirr & Sullivan, 2017; Sweet, 2021).

An empowerment philosophy involves advocates understanding that survivors can articulate their needs and goals and know how to achieve them (Cattaneo & Goodman, 2015). Researchers demonstrated that, overall, domestic violence shelters positively affect survivors and their children and meet the needs of survivors (Lyon et al., 2008; Macy et al., 2010). However, some authors indicated how some shelters create unrealistic rules leaving survivors not satisfied (Gengler, 2012). Further, Black women must cope with other obstacles that influence their experiences with domestic violence shelters, such as how their racial/ethnic background may impact services and, more recently, how the COVID-19 pandemic impedes services. Research indicates that the stay-at-home or lockdown orders increased incidents of IPV, and there were increased calls for service during this period (Nix & Richards, 2021; Piquero et al., 2021). There is limited research on how the pandemic affects Black women and possible racial disparities in treatment by services agencies (see Peitzmeier et al., 2022). The current research aims to explore this phenomenon.

The lack of cultural competency in agencies is seen when Black women report their experiences with mainstream shelters. Black women have noted that they experience racial microaggressions and that the lack of Black staff at a shelter creates feelings of isolation and a lack of sensitivity toward their experiences (Few, 2005; Gillum, 2008; Nnawulezi & Sullivan, 2014; Sue et al., 2007). Specifically, Gillum (2008) asserted that Black women often had to keep proving that they needed help to receive services. Moreover, Taylor (2005) noted that Black women experienced racism and sexism when trying to find services, receive referrals, and keep their spot at a shelter; specifically, one woman noted that she was offered a room via phone but was denied in person. Therefore, the reports of discrimination, lack of staff cultural competence, and exclusionary practices contribute to the lack of usage of popular domestic violence services by Black women (Few, 2005; Taylor, 2005). However, the emergence of ethnic or culturally specific agencies has helped meet the community's needs, including domestic violence survivors (Gillum, 2009; Holley, 2003).

However, despite these agencies, not all women, specifically Black women, have access to these organizations, such as those living in rural areas (Few, 2005; Van Hightower & Gorton, 2002).

## **Black Women and Help-Seeking Experiences**

Examining barriers that affect Black women's help-seeking within various domains is vital. Individual barriers that impact services include help-seeking behaviors, the stigmatization of IPV, and the culture of silence prominent within the Black community. Black women use informal services, such as the church, family, and friends (Bent-Goodley, 2007; Jackson & Neighbors, 1996; Monterrosa, 2019; Ullman & Filipas, 2001). These women often disclose their victimization to other women, such as mothers and sisters (Lockhart & White, 1989). However, Black women will seek emergency care services but are less inclined to discuss their victimization with other women and men, such as nurses and clinical staff, due to the culture of silence prevalent within the community values (Anyikwa, 2015; Bent-Goodley, 2013). When these women seek formal services, they want immediate solutions (Bent-Goodley, 2007). IPV stigmatization has harsh consequences for those who experience intimate abuse.

Black women may see messages that display that IPV is a white women's issue, especially through public health campaigns that can minimize their victimizations and experiences (Bent-Goodley, 2007; Plough, 2000). Conversely, messages that depict an overrepresentation of IPV within racial/ethnic communities normalize such crimes against these populations. Further, the normalization of IPV contributes to the culture of silence that permeates the Black community. For example, early on, Black women are taught to keep business among family, and that talking outside of these informal networks is considered taboo and betraying the family (Collins, 2002, 2022; Richie, 2012). These reactions to disclosure of IPV victimization hinders help-seeking, as Black women are often told to return home to their abusers and work things out (Bent-Goodley, 2007). Therefore, feelings of shame and fear of disbelief are apparent when telling others about their IPV experiences. Understanding the intense obligation of loyalty within the Black community is critical for service professionals and scholars.

## **Black Women as the Focus**

Africana womanism (AW) emerged out of the necessity to center Black women and family. AW is intended for every woman of African descent, grounded in African/Black culture, hence the focus on individual experiences, needs, desires, and struggles of Black women (Hudson-Weems, 2020).

Within this framework, Black women see themselves as the partner of the Black man, and they both work together in their struggle against racial subordination. In the Black community, this union is necessary for survival, despite interpersonal problems, such as IPV, that may arise. AW has 18 core tenets that focus on autonomy, Black women and family, and Black women and relationships. The focus of the current research centers on autonomy and Black women and family with six tenets pertaining to 1) self-naming and self-defining—allowing Black women to give meaning to their experiences of IPV; 2) wholeness—Black women place their families first, without neglecting other aspects of their lives, such as their careers; 3) ambitiousness—Black women make sure their goals in life flourish despite the responsibility of family being important; 4) flexible role playing—Black women traditionally have had to work outside the home to maintain the family breaking traditional gender roles; 5) adaptability—Black women have had to adapt or be resilient in the quest to keep the family unit together (Alexander-Floyd & Simien, 2006; Hudson-Weems, 2020). The ambitiousness and wholeness that Black women possess assists with financial stability and the protection of the family, especially when seeking help. Additionally, the reliance on Black women to maintain the family can impact help-seeking behaviors related to IPV, as they must adapt and take care of their children and family while also possibly dealing with an abusive partner, which can further be compounded by the COVID-19 pandemic due to lockdown restrictions and lack of unemployment.

## **Data and Methods**

The project discussed in this report centered on residents who were 18 years or older, had experienced or perpetrated IPV within the past 12 months or were classified as at-risk for IPV victimization or perpetration. Participants were recruited through partnerships with social service agencies and were asked about their experiences during their life, within the past year, and during the ongoing COVID-19 pandemic. Individuals who completed on average 30 to 45 minutes received a \$50 gift card. At the end of each survey, eligible participants were asked for contact information if they wanted to participate in follow-up interviews. The follow-up interviews involved open-ended questions and lasted an average of 30 minutes to an hour. Individuals who participated and completed the interview were given an additional \$50 gift card within seven days of their interview. A total of 446 surveys and 48 interviews were administered and conducted.

## **Sample**

The results in this report portray themes developed from the follow up interview data mentioned above. To understand Black women's experiences with service agencies and factors that contribute to their help-seeking generally, interviews with Black women, which includes individuals who identify as women, is important.

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This sample includes interviews conducted from December 2020 to February 2021. The final sample size, N, is 12 Black women.

## Data Analysis

Data analysis began with the coding and developing of themes. The coding and analysis were driven by Braun and Clarke's (2006; 2022) six-step process: familiarization with data, coding, generation of initial themes, development and review of themes, refinement and naming of themes, and writing up results. Each step of the coding and theme generation process was documented clearly to ensure themes were clear. The analysis included illustrative and interpretive components to display what participants said in their interviews and interpretations of their words based on context of the situation and an Africana womanist framework (Braun & Clarke, 2013).

## Results

### Survivor Characteristics

Table 1 displays descriptive information on the survivors who were interviewed. Approximately 83% of the survivors are mothers. The average age of survivors is 39 years old.

**Table 1**  
*Survivor Descriptives*

Participant	Age	Mother
1	44	Yes
2	69	No
3	43	Yes
4	44	Yes
5	31	Yes
6	28	Yes
7	23	Yes
8	29	Yes
9	63	Yes
10	37	Yes
11	31	No
12	24	Yes

The findings of the current report are divided into two major interrelated themes. The first theme, living in a pandemic, highlights survivors' experiences with the COVID-19 pandemic and impacts on their help-seeking behaviors. The second theme, service experience, spotlights agency service support towards survivors and their experiences with these agencies, both domestic violence organizations and law enforcement.

## Living in a Pandemic

Understanding the complex nature of Black women's help-seeking behaviors during the COVID-19 pandemic first requires acknowledging how the pandemic generally impacted these women and those around them. By starting with the pandemic, it allows for a rich understanding of how these survivors cope with family, life, and violent victimization during times of uncertainty and provides context to why certain decisions were made when seeking assistance from service agencies. Furthermore, using their accounts of how the pandemic impact them personally, allows for centering their experiences rooted in their truths as Black women.

Most survivors expressed that the global pandemic caused significant hardships, specifically stress, fear of infection, and financial instability. The pandemic initially caused many businesses to shut their doors or reduce hours for employees. Some women had home-based businesses, such as hair care or insurance licensing, or were essential workers, and the fear of the virus reduced clientele. Within the Africana womanist framework, Black women are ambitious, self-reliant, and flexible role players and provide a means for their families through their careers and passions. Interviews reveal that the pandemic ruined many of the women's businesses, impacting their financial freedom and ways to take care of their families, which, in turn, influenced help-seeking decisions, such as reaching out for housing or employment assistance. Carrie said, "Well it stopped me from working...I was a homedresser, and I would come to your home, or they would come to mine, but since COVID, it's like I don't want anybody around." The women expressed similar notions of fear of COVID and financial hardships.

[1]Harper: *It's been hard. It's been a struggle. It's been a financial burden. It's been very stressful.*

Darian: *The COVID-19 for me has been a scary issue because I am in fear of getting it...It's been hard for me to find employment 'cause I do wanna work, but the fear, like I said, of COVID has me generally overall scared.*

Brandy: *Financially, it's been a little trying to pay bills, put food on the table. It's been kinda rough.*

In addition to financial hardships, stress, and fear of COVID, the lockdowns, or restrictions, caused many women to be isolated with their abusers, increasing their risks for more violence. Isolation is a common tactic abusers use to maintain control over their victims, and the pandemic made it easier as most individuals were at home to avoid the virus. Darian stated, "I was in an abusive relationship where pretty much I was held hostage." Other women expressed their experiences with increased violence. The increase in violence can hinder survivors from seeking help, as they can become immobilized with fear and may not reach out for assistance, or worse, death.

[1] Pseudonyms for participants were used throughout the study.

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Brandy: *[The violence] increases really, really crazy since the pandemic...He showed me a whole new side of him, and that side was scary.*

Darian: *But [the violence] did escalate. He was usin'[the pandemic] more as an excuse really to keep me in because... if I didn't leave, he didn't want me to bring a virus or something. [The control increased] he would hit me...I got to the point that I stopped fighting back.*

Harper: *He wasn't able to work due to the pandemic, it got a lot worse since he was always at home. That's all he wanted to do was be physically abusive, emotionally abusive, mentally abusive...it was a toll with him before the pandemic, but it really took more of a toll once he was at home constantly.*

The need to escape abusive relationships can be difficult, especially during a global pandemic where resources may be limited. Without being able to receive proper services, survivors are more inclined to return to their abusers as they may not see a way out. For some women getting into a shelter initially proved difficult because of COVID-19 restrictions, location, and gender status. However, some survivors were able to successfully find affordable housing or be placed in a shelter.

Brandy: *It was hard getting into a shelter...there's not many shelters that take [me] in, and so it was a process getting into one. Every place that I called with the pandemic, no one was accepting...no one is taking any new person in, and so none of the shelter doors—the doors was closed.*

Darian: *I was blessed to have a voucher [and] I was able to find an apartment.*

Harper: *Housing amazing, helped me day one find a place, get into a place, gave me resources as far as with your furniture, clothing, food. Housing has been amazing. The housing helped.*

Helen: *I'm on housing services. We have groups and meetings. They help me get all of my documents as far as ID, social. They're just supportive in every area.*

The COVID-19 pandemic disrupted the survivor's way of living and the resources provided to them. Some of these women were self-employed and ambitious women who were not able to financially support themselves fully because of the pandemic. Additionally, some women were isolated with their abuser and were easy targets for more violence within their relationships because of lockdowns. Moreover, the contrast in experiences for some survivors due to the pandemic is important for understanding service delivery impacts and support needs.

## Service Experience

Services to survivors, such as domestic violence agencies, were critical and necessary for the women interviewed. For many women, they were immediately assisted when they asked for help from agencies.

However, some survivors were unaware of the services available to them. Brandy said, "I didn't know anything about a domestic violence shelter." Other women expressed lack of knowledge about services in their area.

Trinity: *I don't really know many [domestic violence agencies].*

Helen: *I never heard of [services].*

Most survivors were able to find housing and financial resources from domestic violence shelters and churches. Harper noted, "[The organization] helped me so much. They've helped me connect to a lot of resources...They're very supportive." However, one survivor had a negative experience with a shelter. She described how she was removed from the shelter along with her children.

Indi: *I don't know, people say they're there to help you. They're really not there to help you. I walked in and overheard a conversation with the director talkin' to the chef. She was talkin' about us like we were dogs... I addressed the situation and let them know that I heard it. We literally got kicked out... We went to the shelter [the first of the month]. They kicked us out [the third of the month]. Then they let us back in. While we was there, I'm hearin' the director like, "Well, why did they even come back? I already kicked them out." Yeah. They completely shut me out...the lady that's been workin' there for 15 years. We were there at the shelter five years ago when I first started my first domestic situation was with her. The lady told the ladies... She was real prejudiced. "Well, y'all used to bein' outside anyway, so [urinate] outside on the street."*

Further, Indi, was accused of stealing donations and the agency called child welfare services.

Indi: *They wrote a check to my landlord...the check was overpaid...I did exactly what they [told] me to do...it was just a big, whole ordeal...They gave us gifts and toys. We got ready to leave and walked to the gate. They locked the gate on me and wouldn't even let me out the gate. They called the police...When we tried to leave and they locked the gate on us, they called Child Services on me.*

The women's narratives demonstrated that they were able to receive adequate services from domestic violence shelters with one exception. Some women were unaware of the services available to them but were still able to receive help once they found out from friends or were solicited. Additionally, survivors were assisted by law enforcement when leaving their abusive relationships. Grace said, "I did a police report. They ended up having to relocate me." Survivors were able to receive immediate help from police. Though these survivors were able to receive help, some of the women's abusers were not held accountable, and survivors expressed their frustrations.

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Darian: *I asked somebody to call the police...They put him in handcuffs...The weird part about it, they let him go because he didn't have a gun.*

Trinity: *I have 9 to 10 different incident numbers where the police was called out when I was being abused, but they would not take him, not once.*

Overall, service experiences for survivors were positive with many receiving services from law enforcement and domestic violence shelters. However, survivors still did not receive appropriate services or were ignored, specifically when concerning the arrest of the perpetrator. Africana womanism highlights the importance of addressing problems as a community, particularly the concept that everyone should be held accountable.

## Discussion

The COVID-19 pandemic greatly impacted the Black women interviewed, particularly in relation to help-seeking experiences, mental health, family networks, and IPV. First, some survivors found it difficult to immediately receive shelter services as the pandemic caused many shelter organizations to not accept new clients; other women's help-seeking was further compounded by gender status as a trans woman, as some shelters do not accept transgender individuals (Simpson & Helfrich, 2014). However, some survivors were able to receive assistance immediately. This finding is critical for evaluating how shelter services functioned during the beginning stages of the COVID-19 pandemic.

Second, the pandemic brought stress, financial strain, and fear for many survivors interviewed. Many survivors were self-employed who had home-based businesses in which the pandemic devastated their financial stability. Africana womanism points to the ambitiousness of the Black woman. The Black woman is independent, takes care of her family, and is available for her passions and career (Hudson-Weems, 2020). The pandemic affected many survivors' career and employment opportunities, which can affect help-seeking as their financial freedom has been limited. However, the pandemic also ushered in new ventures, with Indi saying the pandemic "brought new job opportunities." Some women, such as Indi, were able to create new businesses from other passions. The survivors expressed that the pandemic triggered their mental health, and many showed mental health concerns indicative of those experiencing or have experienced IPV, such as PTSD and anxiety. For some women, being unable to connect with their family networks within a normal capacity contributed to their depression and anxiety. Moreover, the pandemic caused many services to be virtual, which for some women made them uncomfortable as they preferred face-to-face interactions. This implication is important for counselors and mental health service providers within Texas, who may only have virtual appointments, which can limit the number of clients that are willing to seek help, as some individuals prefer face-to-face appointments.

These providers should consider increasing the number of face-to-face appointments, if possible.

Third, the pandemic resulted in increased violence for some women. Since the pandemic caused lockdowns initially, many women were trapped at home with their abusers. The women noted that violence and control escalated, especially when the partner was unemployed and always at home. Africana womanism illustrates how Black women can be in agreeance with the male struggle, where Black women try to help their partners in society as they understand the challenges they face. Janice, despite the abuse she was receiving from her partner, sought to find employment for him to help him during the pandemic, so that he would not be at home at all times. These findings support recent research on the effects of the COVID-19 pandemic and reports of increased IPV during this time as most people worked from home or were unemployed (Nix & Richards, 2021; Piquero et al., 2021). A better understanding of the connection between COVID-19 and increased violence will serve as a basis for law enforcement, domestic violence service organizations, and other service professionals in Texas to create and implement strategies to reduce violent victimization in times of global and economic uncertainty and assist policymakers in allotting resources for survivors and campaigns aimed at prevention of intimate partner violence.

The findings from the current research can inform policy for practitioners, including domestic violence service providers, mental healthcare providers, criminal justice actors, and faith-based leaders within Texas. Domestic violence shelter personnel and mental healthcare professionals should incorporate strength-based and cultural-based approaches when assisting survivors, such as increased use of journaling, prayer, reading, and music in therapeutic practices. Additionally, training is the first step for culturally competent work, as this work is a continuous process. Training for all practitioners should include real-life scenarios and details about culture from all parts, including services, professionals, and clients, with these trainings being uniform throughout the state.

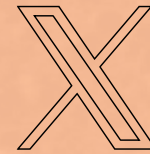
Cultural competence involves both the organization's culture and the culture of the clients they serve. Therefore, culturally competent training should not be limited to domestic violence providers, law enforcement, healthcare professionals and faith-based leaders. For instance, Africana womanism highlights genuine sisterhood and the sharing of experiences with other Black women and this bond is even more valuable when it comes to hair and the relationship to IPV.

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Specifically, most Black women have a strong connection to their hair, and these women often bond with their hairstylist and talk to them about personal issues or these women are hairstylists themselves. Therefore, looking beyond the traditional career paths that interact with survivors is important, and other careers, such as hairstylists, barbers, or cosmetologists in Texas should be trained in the signs of intimate partner abuse as well. For example, the state of Tennessee has enacted a new law that requires all licensed beauty professionals to complete an anti-domestic violence training (see Tennessee Department of Commerce & Insurance, 2021), in which Texas can use as a guide. Extending training to other career fields can expand the resources that Black women have when it comes to IPV.

The results here highlight the importance of survivors' culture and family when seeking help. Findings demonstrate barriers for Black women when help-seeking; however, cultural strengths and improved services were also evident. Scholars and practitioners must understand how historical, cultural, and womanist context impact survivors, specifically Black women, when incorporating or updating trainings, which can better help facilitate organic and meaningful experiences for Black survivors of IPV. Undoubtedly, culturally competent training for law enforcement, domestic violence service providers, healthcare professionals and other formal systems can increase the use of the services by Black women.

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