Public Health Responses to Racism and Domestic Violence

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Overview

Racism in the United States continues to put communities of color at risk, disproportionately burdening them with unemployment, poverty, and poor health outcomes compared to white people. Risks may be exacerbated for families experiencing domestic violence. A public health approach to domestic violence prevention calls for an analysis of the intersections of all forms of oppression, and engages communities in developing prevention strategies that will build rather than destroy communities of color.

“Racism and domestic violence are intersecting forms of social injustice, resulting in increased risk for poor health outcomes.”

The Boston Public Health Commission (BPHC) is the oldest health department in the United States, serving the City since 1799. The mission of the BPHC is “to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable.” Since 1992, the BPHC has been addressing domestic violence as a critical health and public health issue through its Domestic Violence Program (DVP), which provides public information, provider training/education, and technical assistance related to all aspects of domestic and sexual violence, with a focus on prevention. Much of the DVP’s work has focused on addressing gaps in information, prevention strategies, and intervention services

Racism and Domestic Violence

The systems and institutions that play a role in the various manifestations of racism referenced above are also involved in the efforts to address domestic violence (e.g., criminal justice, health care, education, business, etc.); therefore, efforts to address domestic violence are not immune from these very same effects. The following discussion describes how different forms of racism can operate at various levels to impact the lives of families of color in terms of domestic violence prevention and intervention strategies.

Institutional Racism refers to the differential access to the resources, goods, and services of society due to differential educational, financial, recreational, and social opportunities by racial identity. Given that mainstream domestic violence response models were based primarily on the experiences of white, middle class women, services and response systems may not be equally appropriate for, or available to, women, men, and children of color. Persistent institutional racism causes people of color (both victims and perpetrators) to have less access to financial and housing options, and to be arrested/incarcerated more readily than referred for treatment and support services.

Personal/Individual Racism refers to prejudice (differential assumptions about the abilities, worth, intentions, etc. of others based upon their racial identity) and discrimination (differential actions toward others based upon racial identity) perpetrated by individuals against one or more members of a particular racial group. Individual providers who hold racist attitudes/beliefs might be more likely to file a child abuse report for a child of color than for a white child. Racism also causes victims who do not fit the stereotypical image of a weak, powerless victim (i.e., the “strong black woman”) to be ignored, disbelieved, or blamed for the abuse.

Internalized Racism refers to the unconscious acceptance by people of color of the negative messages they receive about their own abilities and intrinsic worth, and/or a belief that they are not
affecting marginalized, disempowered, or otherwise oppressed groups.

Over the last several years, there has been growing recognition of the severity of the health disparities that exist between people of color and whites. A few years ago, the BPHC published a comprehensive report on several health indicators which noted that, indeed, the burden of poverty, poorer health, and the declining availability of affordable health care disproportionately affect residents and communities of color in Boston. Furthermore, the report identified racism as a clear and key contributor to many of the disparities. In response to these findings, the City of Boston has developed a series of recommendations and initiatives to begin addressing these disparities in several ways, one of which was to offer Undoing Racism® workshops facilitated by the People’s Institute for Survival and Beyond for all BPHC employees and community partners. For more information about the People’s Institute and the Undoing Racism® workshop, visit http://www.pisab.org. Information about other efforts to eliminate racial and ethnic health disparities in the City of Boston can be found at www.bphc.org.

Both domestic violence and racism are issues that demand a response from the public health sector, given that:

- Both are highly prevalent and costly
- Both are associated with multiple (often cumulative) and disparate health exposures and risks across the lifespan
- Both affect the health of individuals, families, and the whole community
- Both result in the systematic oppression of distinct groups, women and people of color, respectively, and are more likely to adversely affect some groups more than others due to language, cultural, economic, physical, and other barriers
- Both are preventable

Racism and Health

The BPHC report concluded that persistent racism at various levels, more so than any other variable, is affecting the health and well-being of people of color in Boston due to:

- Race is a political construct that unfairly disadvantages people of color and serves to establish and maintain white privilege
- There is a need to develop a common set of definitions and an analytical framework for understanding the intersections among racism, sexism, and other forms of oppression which perpetuate disparities in health
- Undoing institutional racism within the health care response to domestic violence requires participatory structures/strategies that allow for leadership and decision-making to be shared with those “being served”

The BPHC’s Domestic Violence Program has explicitly integrated these principles into all of its work, two specific examples of which are demonstrated by its work with men of color, and with youth.

In September of 2000, the BPHC was awarded a federal grant to develop a demonstration project for the Prevention of Sexual Violence and Intimate Partner Violence Among Racial and Ethnic Minority Populations. Guided by a multi-racial, multidisciplinary advisory board and staff, the project blended the DVP’s expertise in primary domestic violence prevention with the Father Friendly Initiative’s expertise in providing culturally competent and empowering services to low-income men of color seeking assistance with child support and other issues. The primary outcome was the creation of two linguistically and culturally appropriate psycho-educational prevention curricula for African American and Latino fathers. The curricula were designed to increase knowledge and skills men can use to have non-violent, supportive relationships with their children and partners. By helping men of color to remain non-violent towards their partners and children, this approach challenges racist assumptions that the equally entitled to the resources and opportunities offered by society as are whites. Example: A victim who believes she “does not deserve any better than this,” or a man who believes he has to be in control of “his woman” to be a man.

Applying the principles of anti-racism work to domestic violence prevention requires an understanding that:

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• Differential socio-economic status (related to educational and employment opportunities, access to loans/credit, housing, etc)
• Differential exposure to hazardous environmental conditions such as toxic waste sites, noise, pollution, and other exposures that often disproportionately affect residents living in poorer and less desirable areas of a city
• Differential exposure to violence and other forms of stress and trauma
• Differential access to basic services such as transportation, supermarkets, financial services, health care, etc.
• Differential treatment by providers, and the quality of care received when services are available
• Differences in health behaviors that are often related to factors noted above including lack of access to healthy, affordable food, open air space, access to athletic facilities, etc.

fathers in the program are already violent, and fills a gap in domestic violence prevention efforts which, for men of color, have been limited to arrest and incarceration after a violent incident occurs.

The Choose Not to Abuse prevention curriculum was developed by teens, primarily youth of color, who were members of the BPHC’s Youth to Health Careers Advisory Board. The curriculum addresses the broad issues of power and control as they relate to teens’ lives, and draws connections among the many forms of oppression (particularly racism and sexism) that they see around them, which fosters a deeper understanding of these issues as they relate to domestic violence. The curriculum focuses on attitudes and assumptions that pave the way for abuse, and provides a lens for teens to think critically about the choices and options available to them, both real and perceived.

Racism and domestic violence are intersecting forms of social injustice, resulting in increased risk for poor health outcomes. Domestic violence providers, services, and response systems are not immune to the individual, institutional, and systemic racism that pervades our society; thus domestic violence prevention and intervention strategies that fail to analyze the effects of racism will not be as effective as they could be. Public health and domestic violence professionals have the opportunity and the obligation to begin acknowledging and undoing the effects of racism that have excluded the voices of entire communities in addressing this public health crisis. Only by working in genuine solidarity with, and following the leadership of men and women of color, can we do this.

For more information about the DVP’s work with men and youth, please contact the program at 617-534-2687 or domesticviolence@bphc.org.