


Violence against brown and black women during the pandemic: a scoping review

Violência contra mulher parda e preta durante a pandemia: revisão de escopo
Violencia contra mujeres pardas y negras durante la pandemia: revisión de alcance

Nascione Ramos Souza¹  <https://orcid.org/0000-0002-7572-3620>

Paula Hino¹  <https://orcid.org/0000-0002-1408-196X>

Mônica Taminato¹  <https://orcid.org/0000-0003-4075-2496>

Meiry Fernanda Pinto Okuno¹  <https://orcid.org/0000-0003-4200-1186>

Amedé Gogovor²  <https://orcid.org/0000-0001-5988-0442>

Hugo Fernandes¹  <https://orcid.org/0000-0003-2380-2914>

How to cite:

Souza NR, Hino P, Taminato M, Okuno MF, Gogovor A, Fernandes H. Violence against brown and black women during the pandemic: a scoping review. *Acta Paul Enferm.* 2024;37:eAPE00682.

DOI

<http://dx.doi.org/10.37689/acta-ape/2024AR00006822>



Keywords

Violence against women; Intimate partner violence; Gender-based violence; Black; COVID-19

Descritores

Violência contra a mulher; Violência por parceiro íntimo; Violência de gênero; Negros; COVID-19

Descriptores

Violencia contra la mujer; Violencia de pareja; Violencia de género; Negros; COVID-19

Submitted

March 29, 2023

Accepted

October 9, 2023

Corresponding author

Hugo Fernandes
E-mail: hugoenf@yahoo.com.br

Associate Editor (Peer review process):

Rafaela Gessner Lourenço
(<https://orcid.org/0000-0002-3855-0003>)
Universidade Federal do Paraná, Curitiba, PR, Brasil

Abstract

Objective: To map and summarize the main available evidence on intimate partner violence against brown and black women during the COVID-19 pandemic.

Methods: This is a scoping review carried out in the National Library of Medicine, Cumulative Index to Nursing and Allied Health Literature, Web of Science, Excerpta Medica DataBASE, PsycINFO – APA PsycNET and Latin American and Caribbean Literature in Health Sciences databases. Studies on interpersonal violence against brown and black women after the COVID-19 pandemic decree, perpetrated by an intimate partner, published from 2020 onwards in Portuguese, Spanish or English, were included. Editorials, response letters, retractions and studies focused on self-inflicted violence were excluded. Descriptive analysis was carried out.

Results: A total of 26 studies were obtained, and after selection, a sample of eight articles was obtained, published between 2020 and 2022. The results showed mostly North American studies, however, they pointed to intimate partner violence against brown and black women as a global phenomenon during the pandemic. The victims presented multiple conditions of vulnerability and encountered several barriers to accessing health and public safety services, including racism. Prevention and control measures were scarce and had consequences for women's overall health.

Conclusion: The phenomenon was characterized as a global problem during the COVID-19 pandemic. Individual, collective and political coping strategies were created by the victims. Public policies to prevent and control intimate partner violence were not adequately implemented in many countries during the pandemic.

Resumo

Objetivo: Mapear e sumarizar as principais evidências disponíveis sobre a violência por parceiro íntimo contra a mulher parda e preta durante a pandemia COVID-19.

Métodos: Trata-se de uma revisão de escopo nas bases de dados *National Library of Medicine*, *Cumulative Index to Nursing and Allied Health Literature*, *Web of Science*, *Excerpta Medica DataBASE*, *PsycINFO* – APA PsycNET e *Literatura Latino-Americana e do Caribe em Ciências da Saúde*. Os critérios de inclusão foram estudos sobre violência interpessoal contra a mulher parda e preta após o decreto de pandemia COVID-19, perpetrada por parceiro íntimo, publicados a partir de 2020, nos idiomas português, espanhol ou inglês. Excluíram-se editoriais, cartas resposta, retratações e estudos voltados à violência autoprovocada. Foi realizada análise descritiva.

Resultados: Foram obtidos 26 estudos e após a seleção obteve-se a amostra de oito artigos, publicados entre 2020 e 2022. Os resultados evidenciaram estudos majoritariamente norte-americanos, contudo apontaram para a violência por parceiro íntimo contra a mulher parda e preta como um fenômeno global durante a

¹Escola Paulista de Enfermagem, Universidade Federal de São Paulo, São Paulo, SP, Brazil.

²Université Laval, Quebec, Canada.

Conflict of interest: Hino P and Okuno MF are Associate Editors of *Acta Paulista de Enfermagem*, but did not participate in the manuscript assessment process.

pandemia. As vítimas apresentavam múltiplas condições de vulnerabilidade e encontraram várias barreiras de acesso aos serviços de saúde e segurança pública, incluindo o racismo. Medidas de prevenção e controle foram escassas e geraram consequências à saúde integral da mulher.

Conclusão: O fenômeno foi caracterizado como um agravio global durante a pandemia COVID-19. Estratégias de enfrentamento individuais, coletivas e políticas foram criadas pelas vítimas. Políticas públicas de prevenção e controle da violência por parceiro íntimo não foram adequadamente aplicadas em muitos países durante a pandemia.

Resumen

Objetivo: Mapear y resumir las principales evidencias disponibles sobre la violencia contra mujeres pardas y negras por parte de la pareja íntima durante la pandemia de COVID-19.

Métodos: Se trata de una revisión de alcance en las bases de datos *National Library of Medicine*, *Cumulative Index to Nursing and Allied Health Literature*, *Web of Science*, *Excerpta Medica DataBASE*, *PsycINFO* – APA PsycNET y Literatura Latinoamericana y del Caribe en Ciencias de la Salud. Los criterios de inclusión fueron estudios sobre violencia interpersonal contra mujeres pardas y negras después del decreto de pandemia de COVID-19, ejercida por su pareja íntima, publicados a partir de 2020, en idioma portugués, español o inglés. Se excluyeron editoriales, cartas de respuesta, retractaciones y estudios sobre violencia autoprovocada. Se realizó análisis descriptivo.

Resultados: Se obtuvieron 26 estudios y, después de la selección, se obtuvo una muestra de ocho artículos, publicados entre 2020 y 2022. Los resultados evidenciaron estudios mayormente norteamericanos, pero señalaron que la violencia contra mujeres pardas y negras por parte de su pareja íntima fue un fenómeno global durante la pandemia. Las víctimas presentaron múltiples condiciones de vulnerabilidad y encontraron varias barreras de acceso a los servicios de salud y seguridad pública, inclusive racismo. Las medidas de prevención y control fueron escasas y generaron consecuencias en la salud integral de las mujeres.

Conclusión: El fenómeno fue caracterizado como un agravio global durante la pandemia de COVID-19. Las estrategias de enfrentamiento individuales, colectivas y políticas fueron creadas por las víctimas. Las políticas públicas de prevención y control de la violencia por parte de pareja íntima no fueron aplicadas adecuadamente en muchos países durante la pandemia.

Open Science Framework: <https://osf.io/bdsf7/>

Introduction

Violence against women is a serious and historically recurring phenomenon in humanity. In different cultures and regions of the world, women have been victims of different forms of aggression, such as sexual, psychological and/or moral and physical. In accordance with the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, violence against women can be understood as any action, based on gender, that causes death or harm, physical, sexual or psychological suffering to women, whether in the public or private sphere.⁽¹⁾

Studies carried out in São Paulo with compulsory notifications of interpersonal violence showed that, despite being widely discussed, violence against women continues to increase, affecting mainly the most vulnerable, such as brown and black women as well as pregnant women.^(2,3) The race/color approach is cited as an important indicator in compulsory notifications of violence, as it helps guide more efficient public policies to combat this problem, bearing in mind that racism, understood as prejudice and systematic discrimination against someone due to their phenotypic characteristics,

especially black, more or less dark skin color, is a behavior still present in Brazilian society.^(4,5)

Racism associated with sexism is even more harmful, as it increases the risk of different forms of violence, presupposing a power relationship where brown or black women are judged as inferior and susceptible to aggression, including those perpetrated by an intimate partner.^(5,6) An epidemiological survey of 34,334 women in Brazil on intimate partner violence showed that 7.6% of participants between 18 and 59 years old reported violence of this type. However, the prevalence among those who declared themselves black was higher, at 9%.⁽⁶⁾ Another ecological study found that black women were twice as likely to suffer femicide when compared to those who declared themselves white.⁽⁷⁾

The intersectionality of “race” and “gender” categories is fundamental to understanding the complexity of black women’s experiences in relation to vulnerability to violence. This intersection creates a setting in which brown and black women face unique challenges resulting from the interactions between structural racism and sexism. Inequalities can affect their access to resources such as education, employment and health ser-

vices, making them more dependent on intimate partners and less likely to seek support outside the relationship.^(6,7)

Additionally, the objectification and devaluation often associated with black women can lead to unequal power dynamics in relationships, increasing the risk of violence by their partners. Thus, the analysis of black women's vulnerability to violence must be preceded by the recognition of more sensitive social dimensions and how these reflect on their health and well-being.⁽⁵⁻⁷⁾

A systematic review carried out in the United States of America (USA) examined intersectionality in the search for help by black women survivors of intimate partner violence, and identified that they are disproportionately more affected by homicides caused by their partners than white women.⁽⁸⁾ They also mention that the barriers encountered by victims in seeking protection were so great that services should treat incidents with greater rigor, agility and intersectorality to guarantee victims' well-being, in addition to investigating racist practices in places that should be welcoming.

If, in everyday conditions, brown and black women were already the main victims of intimate partner violence, COVID-19 worsened the situation. The social distancing measures adopted to reduce community transmission of SARS-CoV-2 included closing businesses, schools, changing service flows and restriction of people in their homes, increasing the vulnerability of brown and black women to domestic violence, as living with the aggressor has become more intense and inevitable.⁽⁹⁾

Social isolation also impacted access to protection services for women, contributing to repetitions of violent acts. New unofficial protection networks have emerged, such as on the internet, proving to be an immediate alternative for seeking help and sharing suffering.⁽¹⁰⁾ Brown and black women found in the international activist movement "Black Lives Matter" a channel for expressing equality and valuing their lives, including violence reduction.⁽¹¹⁾ This activist movement originated in the USA as a form of retaliation for the state's institutional violence caused by public security professionals. However, during the pandemic, people's engagement with it

became greater, as it had an important impact on black and poorer people.^(11,12)

In searches carried out on the International Prospective Register of Systematic Reviews (PROSPERO) and Open Science Framework (OSF) platforms, no records of systematic and/or scope reviews on the topic were found during the COVID-19 pandemic. Thus, the relevance of this research lies in compiling evidence on violence perpetrated by intimate partners against brown and black women, historically victimized, with the aim of supporting good intersectoral practices and/or appropriate public policies to control this problem in extraordinary situations that require domestic confinement or social distancing. Thus, this study aimed to map and summarize the main available evidence on intimate partner violence against brown and black women during the COVID-19 pandemic.

Methods

This is a scoping review of the literature based on the search for evidence on a given topic and identification of existing gaps.⁽¹³⁾

Data collection was carried out between November 2022 and February 2023. Searches were made in the National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, Excerpta Medica DataBASE (Embase), PsycINFO – APA PsycNET (American Psychological Association) and Latin American and Caribbean Literature in Health Sciences (LILACS) databases. Additional studies were included from references cited in primary sources (manual search).

Studies on interpersonal violence against brown and black women after the COVID-19 pandemic decree, perpetrated by an intimate partner, published from 2020 onwards in Portuguese, Spanish or English, were included. Editorials, response letters, retractions and studies focused on self-inflicted violence were excluded. The level of evidence was not considered an exclusion criterion, as the topic is recent. The review report was based on the Preferred

Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation.⁽¹⁴⁾

To prepare the review question, the phases described by the JBI were followed,⁽¹⁵⁾ which include question identification, search for relevant studies, selection, data extraction, grouping, synthesis and presentation of results. The PCC (Population, Concept and Context) strategy was used to formulate the research question, with the following representations: P= brown and black women; C= interpersonal violence by an intimate partner; and C= COVID-19 pandemic. Therefore, the review question was: What is the main evidence available on interpersonal intimate partner violence against brown and black women during the COVID-19 pandemic?

Two reviewers performed independent searches. The following Medical Subject Headings (MeSH) descriptors were used: “Intimate Partner Violence”; “Gender-Based Violence”; “Domestic Violence”; “Woman”; “Black People”; and “COVID-19”. The following Health Sciences Descriptors (DeCS) were used: “*Violência por Parceiro Íntimo*”; “*Violência de Gênero*”; “*Violência Doméstica*”; “*Violência contra a Mulher*”; “*Mulheres*”; “*Negros*”; and “COVID-19”. In both cases, the term “pandemic” was associated. We chose to use this term to map a greater number of potential references.

For searches in other databases, modifications were made according to their specificities. The descriptors were combined in different ways to expand the searches, using terminological variations and synonyms in the languages listed. The combination of descriptors was performed using the Boolean operators AND (restrictive combination) and OR (additive combination). Between the keywords of the same acronym of PCC strategy, OR was used, and for the combination between different acronyms, AND, according to Chart 1.

For data collection, criteria based on an instrument validated for this purpose were used, whose variables included title, authors, year of publication and journal, language, objectives, design and main results. The analysis of methodological quality and risk of bias of selected studies was carried out using

Chart 1. Database search strategy

PubMed/Web of Science/Embase/PsycINFO**	LILACS***	CINAHL****
("gender identity"[MeSH Terms] OR ("gender"[All Fields] AND "identity"[All Fields]) OR "gender identity"[All Fields] OR "gendered"[All Fields] OR "gender s"[All Fields] OR "gendering"[All Fields] OR "genderized"[All Fields] OR "genders"[All Fields] OR "sex"[MeSH Terms] OR "sex"[All Fields] OR "gender"[All Fields] AND ("covid 19"[All Fields] OR "covid 19"[MeSH Terms] OR "covid 19 vaccines"[All Fields] OR "covid 19 vaccines"[MeSH Terms] OR "covid 19 serotherapy"[All Fields] OR "covid 19 nucleic acid testing"[All Fields] OR "covid 19 nucleic acid testing"[MeSH Terms] OR "covid 19 serological testing"[All Fields] OR "covid 19 serological testing"[MeSH Terms] OR "covid 19 testing"[All Fields] OR "covid 19 testing"[MeSH Terms] OR "sars cov 2"[All Fields] OR "sars cov 2"[MeSH Terms] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "ncov"[All Fields] OR "2019 ncov"[All Fields] OR ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields] OR "cov"[All Fields]) AND ("violence"[MeSH Terms] OR "violence"[All Fields] OR "violence s"[All Fields] OR "violences"[All Fields]) AND ("womans"[All Fields] OR "women"[MeSH Terms] OR "women"[All Fields] OR "woman"[All Fields] OR "women s"[All Fields] OR "womens"[All Fields]) AND ("black or african american"[MeSH Terms] OR ("black"[All Fields] AND "or"[All Fields] AND "african"[All Fields] AND "american"[All Fields]) OR "black or african american"[All Fields] OR "blacks"[All Fields] OR "black people"[MeSH Terms] OR ("black"[All Fields] AND "people"[All Fields]) OR "black people"[All Fields] OR "black"[All Fields] OR "blackness"[All Fields])	("violência contra a mulher" OR mulheres) AND (negros) AND ("covid-19" OR pandemia)	(Intimate Partner Violence OR "Gender-Based Violence) AND (Woman) AND (Black People), AND (covid 19 OR pandemic)

*National Library of Medicine; **American Psychological Association; *** Latin American and Caribbean Literature in Health Sciences; **** Cumulative Index to Nursing and Allied Health Literature

JBI Appraisal Tools.⁽¹⁵⁾ The results were analyzed descriptively, with synthesis of included studies.

As this is not research involving humans or animals, there was no need for submission and approval by the Research Ethics Committee.

Results

A total of 26 studies were found, two of which were duplicates. Of the remaining 24, 18 were excluded because they did not meet the eligibility criteria, and two were extracted from references in primary texts. Therefore, eight studies were included in this review. The flowchart in Figure 1 presents a synthesis of the article selection process.

The studies included in the review were published in English (seven) and Portuguese (one), three of which were carried out in the USA, one in several countries, one in Ethiopia, one in South Africa, one in Canada and one in Brazil. Two studies were reflections, one documentary analysis, two

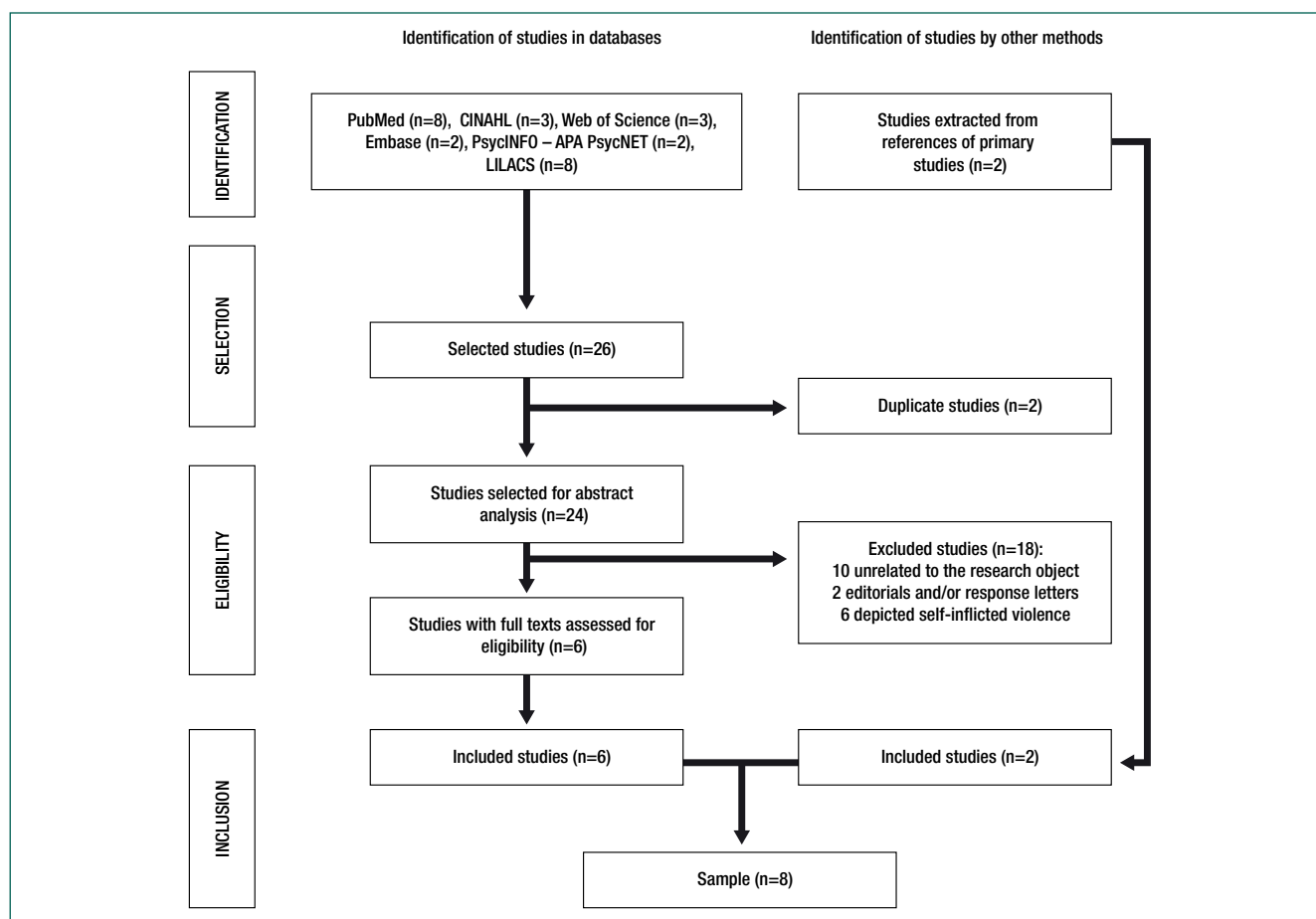


Figure 1. Flowchart according to criteria of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) according to JBI

cross-sectional surveys, one cohort and two qualitative studies. Chart 2 presents the synthesis of selected studies.

JBI Appraisal Tools made it possible to identify low risks of bias in the selected studies, with five^(17-19,21,22) considered high quality and three moderate.^(16,20,23) It was not possible to add up the number of study participants, given the variability of subjects or documents analyzed by the authors. Regarding the level of evidence, according to the Agency for Healthcare Research and Quality criteria, only one was classified as level IV,⁽¹⁸⁾ and the others as level VI.^(16,17,19-23)

Most research has been published in North America,^(16,18,21,22) however, in all texts, the authors state that it is a global phenomenon, being more or less explicit according to the values of each country or culture.

It was evidenced that brown and black women had increased vulnerability to intimate partner violence

during the COVID-19 pandemic resulting from multiple factors, such as geographic barriers, jurisdictional problems of territorialization, home isolation with the aggressor, economic instability and high unemployment rates, low education level, unsafe housing, lack of spaces for childcare (daycare centers and schools) during periods of remote work, little support network, alcohol consumption by their partners and difficulty in accessing health services due to the prioritization of respiratory cases during many months.⁽¹⁶⁻²³⁾ Such conditions meant that the experience of physical violence, perpetrated by an intimate partner, was greater than that of white women.^(18,20,23)

Experiences of institutional racism and prejudice in health and public security services were also cited as important aggravating factors for brown women's and black women's health conditions, leading to a reduction in the search for care, protection and help in solving conflicts.^(21,22)

Chart 2. Synthesis of studies included in the review according to author, title, year of publication, country, objectives, outcomes and methodological quality (n=8)

Authors/ title	Year/ country	Objective	Study design Sample Setting	Outcomes	Level of evidence*	Methodological quality
Ruiz A, Luebke J, Moore K, Vann AD, González Jr M, Ochoa-Nordstrum B et al. ⁽¹⁶⁾ The impact of the COVID-19 pandemic on help-seeking behaviours of Indigenous and Black women experiencing intimate partner violence in the United States	2022 USA	Discuss the barriers that indigenous and black women encounter when seeking help related to intimate partner violence during the COVID-19 pandemic	Reflection Sample: n/a** Setting: n/a**	Seeking help was hampered by geographic, jurisdictional, economic and structural barriers. Nurses can be facilitators of breaking down these barriers through their practices (such as nursing consultations in primary care) or through political leadership in situations of pandemics, disasters and other extraordinary circumstances.	VI	Moderate
Xue J, Chen J, Chen C, Hu R, Zhu T. ⁽¹⁷⁾ The Hidden Pandemic of Family Violence During COVID-19: Unsupervised Learning of Tweets	2020 Several countries	Analyze the large-scale discourse on family violence and the COVID-19 pandemic on Twitter.	Document analysis Sample: 1,015,874 Twitter messages Setting: n/a**	Extracted messages revealed an increase in the vulnerability of brown and black women to violence by intimate partners during the COVID-19 pandemic as a result of isolation measures. The social network proved to be an important channel for reporting complaints and seeking support.	VI	High
Afif IN, Gobaud AN, Morrison CN, Jacoby SF, Maher Z, Dauer ED et al. ⁽¹⁸⁾ The changing epidemiology of interpersonal firearm violence during the COVID-19 pandemic in Philadelphia	2022 USA	Describe the distribution and characteristics of firearm violence during the COVID-19 pandemic.	Cohort Sample: 876 people Setting: Philadelphia, Pennsylvania	Following the restrictions imposed by the COVID-19 pandemic, there was a 39% increase in female victims of firearms. Black women were more likely to be shot than white women (RR 1.20 versus 1.02), substantially perpetrated by intimate partners. Changes in the epidemiology of injuries showed greater severity. Solutions to structural causes such as poverty and racism are needed.	IV	High
Tadesse AW, Tarekegn SM, Wagaw GB, Muluneh MD, Kassa AM. ⁽¹⁹⁾ Prevalence and Associated Factors of Intimate Partner Violence Among Married Women During COVID-19 Pandemic Restrictions: A Community-Based Study	2020 Ethiopia	Investigate the prevalence and factors associated with intimate partner violence against women during periods of restrictions imposed by the COVID-19 pandemic in Ethiopia.	Cross-sectional Sample: 617 women who are married or have an intimate partner Setting: Ethiopia	Around 22.4% of women suffered at least one form of intimate partner violence. Predictive factors were being illiterate, having an illiterate partner or having a low level of education and using alcohol and other drugs. The community's tolerant attitude towards intimate partner violence was also a risk factor.	VI	High
Gordon E, Sauti G. ⁽²⁰⁾ Reflections on intimate partner violence, its psycho-socio-cultural impact amidst COVID-19: comparing South Africa and the United States	2022 South Africa	Compare the psychological and sociocultural impacts of COVID-19 on victims of intimate partner violence in South Africa and the USA.	Reflection Sample: n/a** Setting: n/a**	In both South Africa and the USA, black women of low socioeconomic status were the main victims of intimate partner violence, with important psychological impacts. Isolated spaces with attackers made reporting difficult. Religious entities help black women victims of intimate partner violence during situations of isolation access psychological support services in both countries. There is a need to reinforce agendas on racial issues in the North American and South African governments.	VI	Moderate
Toccalino D, Haag H, Estrella M J, Cowle S, Fuselli P, Ellis MJ et al. ⁽²¹⁾ The intersection of intimate partner violence and traumatic brain injury: finding from an emergency summit addressing system-level changes to better support women survivors	2022 Canada	Identify the main needs, facilitators and barriers to the care of women survivors of intimate partner violence with traumatic brain injury (TBI).	Qualitative Sample: 27 intimate partner violence specialists Setting: several	The COVID-19 pandemic has increased access barriers for black women to health services, including suspected TBI resulting from intimate partner violence. Past experiences of racism within the healthcare system have prevented black women from seeking care or returning to services.	VI	High
Murugan V, Weaver TL, Schafer T, Rich Q. ⁽²²⁾ Crisis Work Embedded in a Global Crisis: The Early Phase Impact of COVID-19 on Survivors of Intimate Partner Violence and Service Provisions	2022 USA	Examine the effect of COVID-19 on survivors of intimate partner violence; assess the effect of the pandemic on the provision of services related to intimate partner violence; and explore post-pandemic opportunities in cases of intimate partner violence.	Qualitative Sample: 12 directors of shelters for victims of intimate partner violence Setting: Public institutions to protect people who are victims of violence	High unemployment rates among brown and black women during the COVID-19 pandemic worsened intimate partner violence and led to the search for shelters or protective institutions. Victims of intimate partner violence treated by these services did not seek out the police for fear of agents' brutality and racist attitudes. The pandemic has brought to light the opportunity to speak more clearly about racial inequalities and social and economic disparities and how both reflect on the high rates of intimate partner violence among brown and black women.	VI	High
Bordoni PHC, Assis FH, Oliveira NA, Aguiar RA, Silva VC, Bordoni LS. ⁽²³⁾ <i>Violência física contra mulheres: estudos em três bases de dados nacionais e no contexto da COVID-19</i>	2021 Brazil	Assess physical attacks against women that occurred in Minas Gerais in 2018 and during the COVID-19 pandemic (hospital admissions between March 2019 and August 2020).	Cross-sectional Sample: 1,063 women Setting: Public and private hospitals	During the COVID-19 pandemic, mixed-race and black women combined were the main victims of physical violence (51.5%) admitted to hospitals in Minas Gerais during the months of greatest restrictions. Intimate partners were the main perpetrators and used blunt objects against women (47.2%)	VI	Moderate

*Agency for Healthcare Research and Quality; **n/a- not applicable

The repercussions on victims' health were negative, affecting both emotional and physical spheres, such as firearm injuries⁽¹⁸⁾ and serious cases of TBI.⁽²¹⁾ Selected articles do not state what the long-term damages are due to the types of studies and their selections. However, they mentioned that the pandemic period can trigger serious complications for the overall health of brown and black women.^(18,20-22)

As support strategies for victims, participation of religious entities as mediators for access to psychological support services,⁽²⁰⁾ use of social networks, such as Twitter, as a channel for reporting and seeking help and healthcare professionals' work, such as nurses, to reduce barriers to access to health services, whether in assistance or through political positions, were cited.^(16,17)

Despite the regional and cultural differences cited in the studies, intimate partner violence against brown and black women presented similar characteristics as well as low prevention, control and coping measures adopted by different countries.⁽¹⁹⁻²²⁾ Consequently, some of the research cites that the COVID-19 pandemic has highlighted an issue that has always had little debate in political settings. But there is a need for issues on racism to still be discussed, in addition to seeking to implement rapid actions to provide safe care for victims.^(16,20-22)

Discussion

As identified in this study, researchers state that black women are the most affected by intimate partner violence and highlight the importance of considering the intersections of race, gender and class in understanding the phenomenon, mentioning that attacks on this population may result from the intersection of systems of oppression, including racism and sexism.^(24,25)

A Spanish study states that black women face numerous difficulties in accessing health services due to racial discrimination, lack of financial resources, limited access to health information and language barriers,⁽²⁶⁾ as evidenced in this study. The lack of diversity of color in the health workforce can also be a barrier, as white people may not under-

stand this population's demands, leading to inadequate care and little resolution. Black and brown women also face additional reproductive health challenges in several countries, such as limited access to family planning education, restricted availability of long-acting contraception, and difficulties related to safe abortion.⁽²⁷⁾

In many countries, there are signs of institutional racism in health and public security services against black women victims of intimate partner violence.⁽²⁶⁾ This type of racism is systemic and structural, perpetuated by institutions, and manifests itself in the form of discriminatory practices and attitudes that harm specific racial groups, causing an increase in inequalities and human rights violations.⁽²⁷⁾ Additionally, the history of medical experimentation in black communities affects brown women's and black women's perceptions of their rights and safety, and this can lead to little credibility and fear when seeking care.⁽²⁸⁾

Added to these pre-existing conditions, the COVID-19 pandemic has resulted in an increase in domestic violence around the world as people spend more time together and under stress due to economic uncertainty and health-related fears.^(29,30) Financial, family and social complications were also important, such as the loss of a job, the difficulty of maintaining their economic security, separation from their children and separation from their support network of brown and black women.^(30,31)

As coping strategies, authors mention that they can be divided into individual, collective and political. The following are highlighted as individual strategies:^(32,33) (1) search for support organizations specialized in helping women who are victims of domestic violence; (2) documentation of evidence, such as written and photographic records of any incidents of violence, including dates, times, and details about the damage caused; (3) planning a safe exit, with an escape route and searching for a shelter/reception point or considering changing addresses with family or friends; (4) record of occurrences of violence at police stations (common or specialized in women's rights); (5) search for protective measures through legal resources that guarantee their safety and that of their children (when

applicable); and (6) seek professional health help, such as psychologists, physicians or nurses, to deal with stress and quickly adopt preventive measures against secondary harm (such as prophylaxis against sexually transmitted infections, unwanted pregnancies and others, in the case of violence sexual).

As collective strategies, black and brown victims can use resources, such as joining women's organizations and community leaders, religious groups and other groups, to raise awareness in the community and those in government. During the pandemic, these strategies could be implemented during periods of less restriction or through virtual communication resources, such as social networks.^(30,32)

Still on internet social networks, these can be valuable tools for black women victims of intimate partner violence, offering opportunities to connect with other victims, protecting privacy and establishing safe forms of communication, as evidenced in this review. Some social networks offer identity preservation features to help women protect themselves from attackers, but it is important for women to be aware of the security options available to them and to take precautions to protect their privacy and security online. These networks are also used to pressure managers to implement protective measures for women.^(34,35)

Finally, as political strategies, the creation of laws that curb intimate partner violence and guarantee protection and justice for victims stand out, with protection measures, removal orders and severe sanctions for aggressors.⁽³⁰⁻³²⁾ Such actions need to be complemented by community, intersectoral and coalition efforts to involve society at large in preventing domestic violence.

The studies analyzed indicate that different countries had difficulties in reducing intimate partner violence during the pandemic. North American researchers cite that the main ones were lack of awareness in society about the importance of this problem, shame felt by many victims and perpetuation of cultural patterns of violence.⁽⁹⁾ It would have been essential that measures had been implemented soon after the pandemic decree, including investments in prevention and support programs, rapid changes to laws and judicial systems, in addition to

creating emergency plans to reduce domestic violence, taking into account the need to isolate people in their homes.⁽³¹⁾

In addition to the strategies mentioned above, black women who are victims of intimate partner violence must rely on professionals willing to help them. In this regard, nursing plays a fundamental role in minimizing barriers to accessing health services, as it has training focused on holistic care, which allows it to approach victims with empathy and respect, creating a safe environment where they feel comfortable sharing their experiences and seeking help. These professionals are also often sensitive when screening and identifying women who may be experiencing situations of violence, even if they do not openly report the occurrence.⁽³⁵⁾ This ability to identify early, especially in Primary Healthcare, can be crucial to ensure timely intervention and the provision of adequate support resources, referring victims to psychosocial care services, shelters, legal assistance, support groups and other services that are part of the Women in Situations of Violence Care Network.

Another relevant contribution of nursing is the ongoing training and awareness of all professionals in this category (assistants, technicians and nurses) on issues related to violence against women, increasing awareness and ability to respond appropriately in different healthcare contexts. Through this ongoing education, nursing professionals can disseminate information and raise awareness among their teams and colleagues so that they can act as agents of change.^(3,35)

Some of the limitations of this study were the selected databases, which may contain other materials in unresearched spaces, and the number of reflection studies and qualitative analyses, which made generalizations difficult. Such aspects can be justified because studies on the COVID-19 pandemic and its relationship with intimate partner violence are still scarce. However, the limitations presented do not compromise the research, on the contrary, they prove to be provocative to debate on the subject and point to potential for future research.

As a contribution of this study to the advancement of science, readers' approach to intersection-

ality in health stands out, allowing us to recognize that inequalities are influenced by a combination of factors, including race, gender, social class, gender identity, ability and other aspects of identity, reflecting on how different forms of discrimination and oppression (such as racism and sexism) interact to negatively affect brown women's and black women's health.

Conclusion

Intimate partner violence against brown and black women was more frequent than against other women, and was characterized as a global problem with major repercussions on victims' overall health during the pandemic. Structural and institutional racism in health and public security services, combined with geographic barriers, prolonged cohabitation with a partner and economic instability, has increased the vulnerability of this population. Victims also had difficulty accessing places of shelter or support due to isolation measures and the prioritization of care for respiratory cases. However, religious entities and the internet were mediators in providing support services to victims. Virtual social networks were important for victims, serving as communication channels, requests for help as well as being spaces for collective engagement against violence. Public policies to prevent and control intimate partner violence were not adequately implemented in many countries during the COVID-19 pandemic, demonstrating little ability to implement emergency solutions. It is necessary that the negative experiences lived serve as guideposts for the future in search of guaranteeing human rights and reducing gender and racial inequality. Finally, it is suggested that robust epidemiological studies be carried out to identify in greater detail the sociodemographic profile of victims and offenders.

References

1. Tavares LA, Campos CH. The inter-american convention to prevent, punish and eradicate violence against women, "convention of Belém do Pará", and the Maria da Penha law. *Inter Cient*. 2018;6(3):9-18.
2. Silva ER, Hino P, Fernandes H. Sociodemographic characteristics of interpersonal violence associated with alcohol consumption. *Cogitare Enfermagem*. 2022;27:e77876.
3. Silva NB, Goldman RE, Fernandes H. Intimate partner violence against pregnant women: sociodemographic profile and characteristics of the aggressions. *Rev Gaucha Enferm*. 2021;42:e20200394.
4. Sousa CM, Mascarenhas MD, Lima PV, Rodrigues MR. Incompleteness of filling of the compulsory notifications of violence – Brazil, 2011-2014. *Cad Saude Colet*. 2020;28(4):477-87.
5. Oliveira BM, Kubiak F. Racismo institucional e a saúde da mulher negra: uma análise da produção científica brasileira. *Saúde Debate*. 2019;43(122):939-48.
6. Vasconcelos NM, Andrade FM, Gomes CS, Pinto IV, Malta DC. Prevalence and factors associated with intimate partner violence against adult women in Brazil: national survey of health. 2019. *Rev Bras Epidemiol*. 2021;24(Suppl 2):e210020.
7. Meneghel SN, Rosa BA, Ceccon RF, Hirakata VN, Danielevicz IM. Femicides: a study in Brazilian state capital cities and large municipalities. *Cien Saude Colet*. 2018;22(9):2963-70.
8. Waller BY, Harris J, Quinn CR. Caught in the crossroad: an intersectional examination of African American women intimate partner violence survivors' help seeking. *Trauma Violence Abuse*. 2022;23(4):1235-48.
9. Pirtle WN, Tashelle W. Structural gendered racism revealed in pandemic times: intersectional approaches to understanding race and gender health inequities in COVID-19. *Gender Society*. 2021;35(2):168-79.
10. Fornari LF, Lourenço RG, Oliveira RN, Santos DL, Menegatti MS, Fonseca RM. Domestic violence against women amidst the pandemic: coping strategies disseminated by digital media. *Rev Bras Enferm*. 2021;74(S1):e20200631.
11. Colebrook C. Fast violence, revolutionary violence: black Lives Matter and de 2020 pandemic. *J Bioethical Inquiry*. 2020;17:495-9.
12. Pennant AL. Who's checkin' for Black girls and women in the "pandemic within a pandemic"? COVID-19, Black Lives Matter and educational implications. *Educ Review*. 2022;74(3):534-57.
13. Santos WM, Secoli SR, Püschel VA. The Joanna Briggs Institute approach for systematic reviews. *Rev Lat Am Enfermagem*. 2018;26:e3074.
14. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169(7):467-73.
15. Joanna Briggs Institute (JBI). Critical Appraisal Tools. Adelaide: JBI; 2006 [cited 2022 Feb 10]. Available from: <https://jbi.global/critical-appraisal-tools/>
16. Ruiz A, Luebke J, Moore K, Vann AD, Gonzalez M Jr, Ochoa-Nordstrum B, et al. The impact of the COVID-19 pandemic on help-seeking behaviours of Indigenous and Black women experiencing intimate partner violence in the United States. *J Adv Nurs*. 2023;79(7):2470-83.
17. Xue J, Chen J, Chen C, Hu R, Zhu T. The Hidden Pandemic of Family Violence During COVID-19: Unsupervised Learning of Tweets. *J Med Internet Res*. 2020;22(11):e24361.
18. Afif IN, Gobaud AN, Morrison CN, Jacoby SF, Maher Z, Dauer ED, et al. The changing epidemiology of interpersonal firearm violence during the COVID-19 pandemic in Philadelphia, PA. *Prev Med*. 2022;158:107020.
19. Tadesse AW, Tarekegn SM, Wagaw GB, Muluneh MD, Kassa AM. Prevalence and associated factors of intimate partner violence among married women during COVID-19 pandemic restrictions: a community-based study. *J Interpers Violence*. 2022;37(11-12):NP8632-50.

20. Gordon E, Sauti G. Reflections on intimate partner violence, its psycho-socio-cultural impact amidst COVID-19: comparing South Africa and the United States. *J Adult Protection*. 2022;24(4):196-210.
21. Toccalino D, Haag HL, Estrella MJ, Cowle S, Fuselli P, Ellis MJ, Gargaro J, Colantonio A; and the COVID TBI-IPV Consortium. The intersection of intimate partner violence and traumatic brain injury: findings from an emergency summit addressing system-level changes to better support women survivors. *J Head Trauma Rehabil*. 2022;37(1):E20-9.
22. Murugan V, Weaver TL, Schafer T, Rich Q. Crisis work embedded in a global crisis: the early phase impact of COVID-19 on survivors of intimate partner violence and service provisions. *Int J Environ Res Public Health*. 2022;19(8):4728.
23. Assis FH, Oliveira NA, Aguiar RA, Silva VC, Bordoni LS. Violência física contra mulheres: estudos em três bases de dados nacionais e no contexto da COVID-19. *J Health Biol Sciences*. 2021;9(1):1-8.
24. Leite FM, Santos DF, Ribeiro LA, Tavares FL, Correa ES, Ribeiro LE, et al. Interpersonal violence against women. *Acta Paul Enferm*. 2023;36:eAPE00181.
25. Valenzuela VV, Vitorino LM, Valenzuela EV, Vianna LA. Intimate partner violence and resilience in women from the western Brazilian Amazon. *Acta Paul Enferm* 2022;35:eAPE0199345.
26. Pérez-Urdiales I, Goicolea I, San Sebastián M, Irausta A, Linander I. Sub-Saharan African immigrant women's experiences of (lack of) access to appropriate healthcare in the public health system in the Basque Country, Spain. *Intern J Equity Health*. 2019;18(1):59.
27. Taylor JK. Structural racism and maternal health among black women. *J Law Med Ethics*. 2020;48(3):506-17.
28. Nuriddin A, Mooney G, White AI. Reckoning with histories of medical racism and violence in the USA. *Lancet*. 2020;396(10256):949-51.
29. Saalim K, Sakyi KS, Fatema-Tuz-Zohra, Morrison E, Owusu P, Dalglish SL, et al. Reported health and social consequences of the COVID-19 pandemic on vulnerable populations and implemented solutions in six West African countries: a media content analysis. *PLoS One*. 2021;16(6):e0252890.
30. Rauhaus BM, Sibila D, Johnson AF. Addressing the increase of domestic violence and abuse during the COVID-19 pandemic: a need for empathy, care, and social equity in collaborative planning and responses. *Am Review Publ Adm*. 2020;50(6-7):668-74.
31. Joseph SJ, Mishra A, Bhandari SS, Dutta S. Intimate partner violence during the COVID-19 pandemic in India: From psychiatric and forensic vantage points. *Asian J Psychiatr*. 2020;54:102279.
32. Wood SN, Glass N, Decker MR. An Integrative Review of Safety Strategies for Women Experiencing Intimate Partner Violence in Low- and Middle-Income Countries. *Trauma Violence Abuse*. 2021;22(1):68-2. Review.
33. Gracia E, Lila M, Santirso F. Attitudes toward intimate partner violence against women in the European Union: a systematic review. *European Psychologist*. 2020;25(2):a000392.
34. Wilkins DJ, Livingstone AG, Levine M. Whose tweets? The rhetorical functions of social media use in developing the Black Lives Matter movement. *Br J Soc Psychol*. 2019;58(4):786-805.
35. Ruiz-Fernández MD, Ortiz-Amo R, Alcaraz-Córdoba A, Rodríguez-Bonilla HA, Hernández-Padilla JM, Fernández-Medina IM, et al. Attention given to victims of gender violence from the perspective of nurses: a qualitative study. *Int J Environ Res Public Health*. 2022;19(19):12925.