

ARTICLE

Expanding perspectives: A social inequities lens on intimate partner violence, reproductive justice, and infant mental health

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ABSTRACT

Intimate partner violence (IPV) poses a threat to the attainment of reproductive justice. Women who experience IPV are limited in their ability to parent their children in a secure and nurturing environment, which can have negative effects on the mother and child immediately and long-term, potentially distressing reproductive well-being across generations. Societal inequities faced by women, particularly women of color, within education, economic, and legal systems are associated with risk factors for IPV. This article will use national- and state-level data with case examples and the lens of reproductive justice to consider the impact of and potential solutions to historical and institutional inequities related to IPV.

KEYWORDS

inequity, intimate partner violence, reproductive justice, social factors

RESUMEN

La violencia por parte de la pareja íntima (IPV) representa una amenaza para el logro de la justicia reproductiva. Las mujeres que experimentan la IPV se encuentran limitadas en cuanto a su habilidad para criar a sus niños dentro de un ambiente seguro y propicio, todo lo cual puede tener efectos negativos en la madre y el niño inmediatamente y a largo plazo, y potencialmente resultar en un angustioso bienestar reproductivo a través de generaciones. Las desigualdades sociales que enfrentan las mujeres, y en particular las mujeres de raza negra, dentro de los sistemas educativos, económicos y legales se asocian con factores de riesgo para la IPV. Este ensayo usará información tanto al nivel nacional como estatal con ejemplos de casos y el enfoque de la justicia reproductiva para considerar el impacto de las desigualdades históricas e institucionales relacionadas con la IPV y las posibles soluciones a las mismas.

PALABRAS CLAVES

violencia por parte de la pareja íntima, desigualdad, factores sociales, justicia reproductiva

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RÉSUMÉ

La violence entre partenaires intimes (VIP pour *Intimate Partner Violence* en anglais) constitue une menace pour la défense et l'atteinte de la justice reproductive. Les femmes qui font l'expérience de VIP sont limitées dans leur capacité à parenter leurs enfants dans un milieu sûr et chaleureux, ce qui peut avoir des effets négatifs sur la mère et l'enfant immédiatement ainsi qu'à long terme, ce qui a aussi le potentiel d'afliger de détresse le bien-être reproductif au travers des générations. Les inégalités sociales auxquelles font face les femmes, et particulièrement les femmes de couleur, au sein des systèmes éducatifs, économiques et légaux sont liés aux facteurs de risque pour le VIP. Cet article utilise des données nationales et au niveau des états américains avec des exemples de cas, ainsi que le prisme de la justice reproductive afin de considérer l'impact des inégalités historiques et institutionnelles liées à la VIP ainsi que leurs solutions potentielles.

MOTS CLÉS

Violence entre partenaires intimes, inégalités, facteurs sociaux, justice reproductive

ZUSAMMENFASSUNG

Gewalt in der Partnerschaft (IPV) stellt eine Bedrohung für die Verwirklichung der reproduktiven Gerechtigkeit dar. Frauen, die IPV erleben, sind in ihrer Fähigkeit, ihre Kinder in einer sicheren und fürsorglichen Umgebung zu erziehen, eingeschränkt, was sich unmittelbar und langfristig auf Mutter und Kind negativ auswirken kann und das reproduktive Wohlbefinden über Generationen hinweg beeinträchtigen kann. Gesellschaftliche Ungleichheiten, mit denen Frauen, insbesondere farbige Frauen, in den Bildungs-, Wirtschafts- und Rechtssystemen konfrontiert sind, sind mit Risikofaktoren für IPV verbunden. Dieser Artikel verwendet Daten auf nationaler und staatlicher Ebene mit Fallbeispielen und blickt dabei durch die Linse der reproduktiven Gerechtigkeit, um die Auswirkungen und potentiellen Lösungsansätze für historische und institutionelle Ungerechtigkeiten im Zusammenhang mit IPV zu untersuchen.

STICHWÖRTER

Gewalt in der Partnerschaft, Ungleichheit, soziale Faktoren, reproduktive Gerechtigkeit

抄録

親密なパートナーからの暴力 (IPV) は生殖の公平性の実現に脅威となる。IPV を経験した女性は安全な養育環境で子どもの親になる能力が制限される。そして即時的にも、長期的にも、母子に負の影響を及ぼし、それは世代間を通じて、生殖の健全さを損なう可能性をもたらす。女性が直面する社会の不平等は、特に有色人種の女性、教育、経済状況、法的システムにおいて IPV のリスク因子と関連している。この論文では事例を用いた国や州単位のデータと、生殖の公平性のレンズを使って、IPV に関連した歴史的、制度的な不平等の影響と解決の可能性を検討する。

キーワード

親密なパートナーからの暴力, 不平等, 社会的要因, 生殖の公平性

摘要

親密伴侶暴力 (IPV) 對實現生殖公義構成威脅。經歷過 IPV 的婦女在一個安全和培育的環境中養育子女的能力有限, 這可能對母親和孩子造成即時和長期的負面影響, 並可能影響跨代的生殖福祉。婦女在教育、經濟和法律體系中面臨的社會不平等, 特別是有色人種女性, 與 IPV 的風險因素有關。本文使用國家和州的數據與案例, 和生殖公義的角度, 來考慮與 IPV 相關的歷史和制度不公平的影響和潛在解決方案。

關鍵詞

親密伴侶暴力, 不平等, 社會因素, 生殖公義

ملخص

يشكل عنف الشريك الحميم (IPV) تهديداً لتحقيق العدالة الإنجابية. النساء اللواتي يعانين من هذا العنف يكون لديهن قدرات محدودة على تربية أطفالهن في بيئة آمنة وراعية، مما يؤدي إلى آثار سلبية على الأم والطفل على الفور وعلى المدى الطويل، مع احتمال الإضرار بالسلامة الإنجابية عبر الأجيال. والفوارق المجتمعية التي تواجهها المرأة، ولا سيما النساء الملونات، في إطار التعليم، والنظم الاقتصادية والقانونية، ترتبط بعوامل مخاطرة التعرض لعنف الشريك الحميم (IPV). وستستخدم هذه الورقة البيانات على الصعيد الوطني وعلى مستوى الولايات مع أمثلة على دراسات حالة ومنظور العدالة الإنجابية للنظر في أثر أوجه عدم المساواة التاريخية والمؤسسية المرتبطة بعنف الشريك الحميم ودراسة الحلول المحتملة لها.

الكلمات الرئيسية

عنف الشريك الحميم، عدم المساواة، العوامل الاجتماعية، العدالة الإنجابية

1 | INTRODUCTION

The prevalence of violence in intimate relationships paints an astounding picture of family life in the United States. In its most basic definition, intimate partner violence (IPV) refers to the physical, sexual, emotional, psychological, and/or verbal abuse between partners in an intimate relationship (Murray & Graves, 2013). National survey data suggest that 31% of women and men experience some form of physical partner violence. Women report more severe violence than do men; 21% of women and 15% of men report severe violence, such as being hit, kicked, beaten, and/or burned, or having a knife or gun used against them (Smith et al., 2018). Women of color experience higher rates of IPV victimization across their lifetime than do non-Hispanic White women: 52% of American Indian/Alaskan Native women, 51% of multiracial women, and 41% of non-Hispanic Black women, as compared to 31% of non-Hispanic White women (Breiding et al., 2014). Moreover, women are more likely than are men to experience sexual violence (Smith et al., 2018). National surveys have found that more women than men have been sexually coerced at some point in their lifetime (16.1 vs. 9.6%) (Smith et al., 2018), and 18% of women and 8% of men have experienced contact sexual violence by a partner in their lifetime (Smith et al., 2018). As with other forms of IPV, women of color are disproportionately affected by sexual violence: Multiracial women experienced the highest percentage of rape at 32.3% and the highest percentage of sexual violence other than rape at 64.1% (Breiding et al., 2014). It is unclear if pregnancy is a risk factor for IPV, but pregnancy does not prevent it (World Health Organization, 2013); an estimated 2.1% of pregnant women in the United States experience IPV (Pregnancy Risk Assessment Monitoring System, 2015).

Why do so many suffer in their intimate relationships? Can the national data shed light on the interplay between IPV and the social, cultural, governmental, political, and community systems through which families move? For this article, we refer to this grouping of systems as *societal-level factors*. What impact might the relationship between IPV and these systems have on women's reproductive well-being? As

we explore these questions, we consider, in particular, limitations on the capacity of girls and women to experience reproductive justice (RJ): to realize their rights to have children, to not have children, to parent the children they have (Ross, 2006), and their ability to parent in a safe and supportive environment (see Lauen, Henderson, White, & Kohchi, 2017)—a key element for young children's healthy development and emotional well-being. Specifically, we examine women's rights to parent safely in Louisiana, the state that ranks second in the rate of women killed by men and a state with a culture infused by historical and institutional factors that are tied to both IPV and reproductive injustice, particularly for women of color. To highlight the clinical relevance of this issue, we first turn our attention toward a brief review of the impact of IPV on women and children, then we provide salient pieces of Louisiana's history and culture. We offer a framework for conceptualizing the intersection between societal-level factors and IPV, illustrated through the stories of four families in Louisiana. Finally, we conclude with a discussion of potential avenues to incorporate a socially aware lens into clinical practice.

2 | EFFECTS OF IPV ON WOMEN AND THEIR CHILDREN

2.1 | Physical sequelae of IPV

Injury to women is common in IPV (World Health Organization, 2013) and may include abrasions and blunt trauma (commonly to the head and neck), sexually transmitted infections, and other gynecological issues, particularly in cases of sexual violence (Kelly & Johnson, 2008; Sheridan & Nash, 2007). In addition to acute injuries, Coker et al. (2002) found that victims of IPV showed more likelihood of reporting chronic diseases such as asthma. Pregnancies may be affected by IPV; there is a significant association between IPV and low birth weight and between IPV and preterm birth (Hill, Pallitto, McCleary-Sills, & Garcia-Moreno, 2016). These health effects may negatively impact a woman's ability to work and

provide economic security for herself and her children (Johnson & Leone, 2005) as well as pose risks to the development of a healthy attachment relationship between a woman and her young children.

Women of color may have poorer outcomes from IPV-related injuries, both legally and medically. For example, bruising may not be as visible on women of color, influencing the perceived severity of IPV to the courts responsible for pressing charges against perpetrators (Deutch et al., 2017). When it comes to medical attention, explicit and implicit provider bias lead to people of color being less likely than Whites to receive needed services (Smedley, Stith, & Nelson, 2002). For example, Todd, Deaton, D'Adamo, and Goe (2000) implemented a retrospective study in a Georgia emergency room and found that Black patients with bone fractures were less likely to be treated with analgesics than were White patients for comparable reports of pain.

2.2 | Psychosocial sequelae of IPV

Psychological sequelae for those who experience IPV include fear, anxiety, depression, and posttraumatic stress disorder (Johnson & Leone, 2005; Kelly & Johnson, 2008). Women of color who experienced IPV have been found to be less likely than are White women to seek mental health help (Cheng & Lo, 2015), leaving them with increased risk to their own functioning and to the development of a healthy attachment relationship with their children.

2.3 | Effects of IPV on children

RJ includes women's right to parent their children in a safe and nurturing environment, and this is particularly important during infancy and early childhood. Infant mental health practitioners must consider factors that impact the parent, the child(ren), and the relationship between them. Keeping this in mind, we offer a brief review of the links between exposure to IPV, trauma, and psychological symptomatology in children (Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003). Estimates of the co-occurrence of witnessing IPV and experiencing maltreatment range from 30 to 60% (Edleson, 1999; Kimball, 2016). These children are both directly and indirectly exposed to violence with known psychological and behavioral sequelae (Cicchetti & Toth, 1995; Romano, Weegar, Babchishin, & Saini, 2016; Schechter, Willheim, Suardi, & Rusconi-Serpa, 2018; Vachon, Krueger, Rogosch, & Cicchetti, 2015).

Exposure to IPV is especially problematic for infants and young children, as they rely on their caregivers for comfort, stress regulation, and protection. Schechter et al. (2018) recently reviewed the body of literature delineating negative developmental, socioemotional, and behavioral consequences for infants, toddlers, and preschoolers who have been exposed

to IPV, which includes symptoms of posttraumatic stress. In fact, witnessing a threat to the caregiver (as in the case of IPV) was found to be the strongest predictor of posttraumatic symptomatology in young children (Scheeringa & Zeanah, 1995). Children's symptomatology must be considered in the context of their primary caregiving relationship(s), particularly when both parent and child experience traumatic events together (Scheeringa & Zeanah, 2001). Caregivers are in the best position to facilitate change in young children's behavior, but they may be unable to do so when experiencing their own symptoms. Further, some symptomatic behavior that children display (e.g., reenacting trauma through play) may act as a trigger for a caregiver's own trauma, furthering her inability to respond in a supportive way and potentially causing her to behave in a way that appears frightening to the child. While Zeanah, Danis, Hirshberg, Benoit, and Heller (1999) did not measure caregiver frightened/frightening behavior, per se, they found that infants and toddlers were more likely to have disorganized attachment relationships with their mothers when their mothers experienced IPV. As young children are more likely to have disorganized attachment relationships with a caregiver when they experience her behavior as frightening/frightened (Main & Hesse, 1990) and that disorganized attachment is a risk factor for mental health disturbances (Lyons-Ruth & Jacobvitz, 2008), parent-child interactions should be carefully considered when assessing children's symptomatology in the context of IPV.

As illustrated earlier, there are several pathways through which the parent-child relationship may suffer when families are engaged in violence, leaving young children vulnerable. This is particularly salient when considering principles of RJ and the intergenerational impact of IPV; the consequences of a woman being unable to parent her children in a safe, violence-free environment are far-reaching, including disrupting children's development.

3 | CONNECTING HISTORY TO TODAY: VIOLENCE AGAINST WOMEN IN LOUISIANA

In 2018, Governor John Bel Edwards declared October as Domestic Violence Awareness Month for the State of Louisiana (State of Louisiana, 2018), recognizing domestic violence as a significant problem with lasting effects on women, children, and their families. Louisiana is second only to Alaska in the rate at which women are murdered by men, at 2.42 per 100,000; of the victims, 98% were killed by a known individual (Violence Policy Center, 2016). The 2010–2012 National Intimate Partner and Sexual Violence Survey State Report indicated that almost 40% of women and 35% of men in Louisiana had experienced contact sexual violence, physical violence, and/or stalking by an intimate

partner in their lifetime (Centers for Disease Control and Prevention [CDC], 2010). In 2013, 16% of girls and 12.6% of boys (Grades 9–12) had reported experiencing physical dating violence, as compared to 13 and 7.4%, respectively, nationally (Youth Risk Behavior Surveillance System, 2013). An estimated 4.4% of women in Louisiana have reported experiencing IPV in the year before or during their pregnancy (Louisiana Pregnancy Risk Assessment Monitoring System, 2012–2014), and 24% of pregnancy-associated deaths were due to homicide (Louisiana Department of Health, 2010). Why are IPV and violence against women so common, particularly in Louisiana?

When looking at Louisiana's colonial and antebellum past, violence surfaces repeatedly, with race and gender being key factors in who were victims of this violence. Women in particular faced violence at the hands of men, and women of color were subject to additional racial violence. For example, in the 18th century when French male colonists first settled the areas of current-day Louisiana, orphan teenage girls were selected from France to be married to them. These girls, commonly referred to as "Pelican Girls" or "Casket Girls," were sent to distract male colonists from native women (Kazek, 2017). When Louisiana became part of the United States, it was unique among Southern states with its large population of free people of color, due to a brief period of Spanish colonial rule in which slaves could purchase their freedom (Sublette, 2009). Despite that freedom, free women of color were subject to the sexual advances of White men, as concubinage was a major industry (Sublette, 2009).

On the sugar and cotton plantations in Louisiana, enslaved African women were subject to violence in multiple ways. Women were forced to work hard labor up to and soon after childbirth, resulting in high rates of reproductive health issues such as fistulas and infant mortality (Bankole, 1998, pp. 51–68). In addition, pregnant women were not immune to physical punishments on plantations. In some locations, "whipping holes" were dug for pregnant women to lie stomach-down so their backs could be whipped (Bankole, 1998, pp. 33–44). Women were often separated from their children when members of the family were sold to another plantation (Tunc, 2010), and enslaved men and women were often forced to have children together based on the plantation owners desired traits in future slaves (Sublette, 2009). Plantation owners and overseers consistently sexually harassed and raped enslaved women, and enslaved men were unable to stop these advances from occurring (Public Broadcasting Service, 1998).

In modern Louisiana, the residual effects of slavery and lingering attitudes about race are seen in the systems that shape society. Historical trauma refers to the lingering trauma within current populations that have faced significant population-wide trauma over many years (Brave Heart, 2000, as cited in Tally, 2018). This concept helps contextualize the experience of historically marginalized populations such as Native

Americans and African Americans who have faced undue economic and legal challenges, from limited educational and work opportunities (Ripley, 1976), to Jim Crow segregation laws (Dethloff & Jones, 1968), to mass incarceration of Black men and women (Alexander, 2010). As a result of these historical experiences, generations of people have developed expectations about themselves and others, reinforced by selective attunement to specific group behaviors (stereotypes), continuing oppressive conditions and impacting the environment in which parents are raising their young children. This societal-level process may impact individual parents, their expectations of their children, and the resulting relationship between them (for discussion, see Ghosh Ippen, 2018). Hence, historical trauma is a thread that ties past and present to society, cultural groups, families, individuals, and relationships.

The Reproductive Justice Movement has provided a helpful framework for understanding how these historical and socio-cultural threads have become woven into the social fabric of Louisiana—and the nation—shaping institutions and culture in ways that promulgate IPV, reduce women's reproductive well-being, and threaten the development of their children today. RJ holds that all women have the right to have children, to not have children, and to parent the children they have (Ross, 2006). These concepts have expanded as the field of RJ has grown, leading to a better understanding of the conditions that influence a woman's reproductive well-being. Beyond simple access to healthcare and family planning, women's reproductive health includes recognizing the role of the inter-related systems through which women move (e.g., political, economic) (Ross, 2011), particularly for women and families of color, as they have historically experienced systemic inequities and persistent barriers to quality services and well-resourced communities (Ross, 2011). With this environment as a backdrop, women who experience IPV may be compromised further in their ability to make decisions about their reproductive well-being due to control, coercion, and/or sexual violence. Moreover, the experience of IPV interferes with women's ability to parent in a safe and supportive environment, a key element of realizing RJ (see Lauen et al., 2017) and the major focus of this article, as we consider the ways in which the fields of infant mental health and RJ intersect, particularly as related to IPV.

4 | UNDERSTANDING IPV THROUGH SOCIETAL-LEVEL FACTORS: GENDER NORMS AND EDUCATIONAL, ECONOMIC, AND LEGAL SYSTEMS

Women experiencing IPV move through social and cultural norms, governmental and political systems, and the built community environment, all of which have an impact on

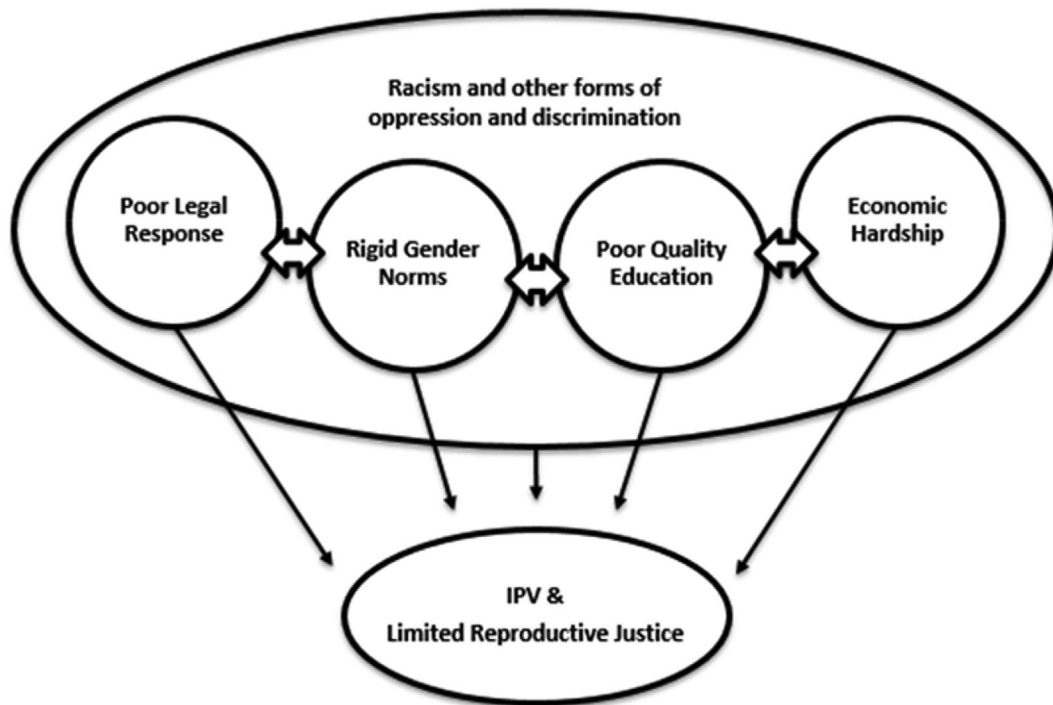


FIGURE 1 Societal inequities, associated with reproductive justice and interpersonal violence (IPV)

their experience with IPV. Social status, identity, and characteristics such as race, gender, sexuality, and socioeconomic class may contribute to different outcomes for individuals and families experiencing IPV (Hamel, 2014). While systemic inequities do not necessarily predict individual outcomes, they shed light on population-level risk factors, help explain barriers to health and justice, and may inform professionals' work with clients who are experiencing violence. By considering the interaction individual clients have with these broad social systems, particularly in terms of risk and protective factors for violence, helping professionals may better serve the individuals and families with whom they work.

Next, we consider the stories of four families who illustrate four key systemic inequities that may allow IPV to thrive: (a) rigid and imbalanced gender expectations and norms, (b) poor-quality education and low educational attainment, (c) economic hardship and poverty, and (d) lack of or inequitable response to IPV by legal and criminal justice systems (see Figure 1). Three of the families call attention to the intersection of race and racism with these systems. Following the presentation of each vignette, we provide a brief introduction to the relevant issues related to these systemic inequities.

4.1 | Gender norms and IPV

4.1.1 | Jayla's story

Jayla, a 21-year-old African American woman who is pregnant for the first time, has been vulnerable from an early age. Growing up as the oldest daughter in a poor family living in a

coastal community in the South, she took on domestic responsibilities at a young age, caring for younger siblings and looking out for her mother. Jayla often witnessed her father and her mother's boyfriends perpetrate violence against her mother. Jayla's mother's substance-use disorder further impaired her ability to care for herself and her children. By the time Jayla was 6 years old, her mother began prostituting her in exchange for drugs. Child welfare later placed her with her father, who beat both Jayla and his girlfriend. Eventually, Jayla entered foster care, at which point she exhibited extreme externalizing behavior, including aggressive fits of rage during which she hit others, and risky sexual behavior. Foster care placements were difficult to maintain; Jayla moved four times before she was 18. Despite the chaos, she was a good student and graduated from high school on time. Unfortunately, without family support or economic stability, she became homeless as a young adult and prostituted herself to earn money.

The father of Jayla's baby, Matt, is a 23-year-old White male who comes from a poor family in a nearby community. Jayla and Matt met when he hired her as a prostitute; she became pregnant during the encounter. The two quickly developed a volatile and disappointing relationship. Matt is unemployed and pressures Jayla to continue prostituting to support them; he is dismissive of her wish not to engage in sex work, belittling her experience by suggesting that she did not seem to mind the work before they met. Sometimes he even watches her encounters. Jayla responds with aggression to Matt's behavior and lack of concern about her well-being. Similarly, Matt turns to aggression to

resolve conflict, which often results in the two injuring each other.

Jayla enrolled in a home-visiting program at the suggestion of her healthcare provider. Prior to the home-visiting program, she had received no services to address her trauma or to help her develop economic stability. Jayla's home visitor (HV) provided education, emotional support, and an opportunity for Jayla to think about the future for herself and her baby. Following a routine screening for IPV, Jayla shared her frustration about her relationship with Matt and began to think about the kind of life she wants for herself and her child. Unfortunately, safety concerns prematurely curtailed the HV's ability to visit in the home. The HV attempted to meet Jayla in an alternative location and to connect her with other community services, including support for mental health and domestic violence, but Jayla declined these options. At the time of their last contact, the HV was concerned that the violence in the home and Jayla's unresolved trauma would impact her ability to parent her child safely.

4.1.2 | Discussion

Societal views about biological sexes—defined as gender—outline norms and expectations of behavior for each biological sex group (McBride & Parry, 2016). Gender and gender norms often shape decision-making and power in relationships, with an inequitable distribution skewed toward men having more control and access to resources than have women (Eagly, Wood, & Diekmann, 2000). When men and boys perceive that they violate norms of masculine behavior, masculine discrepancy stress can result; this has been shown to play a key role in IPV for both adult men and boys. Specifically, Reidy, Smith-Darden, Cortina, Kernsmith, and Kernsmith (2015) found in a study of high-school boys that study participants' whose self-perceptions about their masculinity did not match masculine norms were more likely to have a history of perpetrating sexual dating violence or other sexually violent acts, suggesting the immense pressure that society places on male individuals to demonstrate their masculinity. In addition, Berke, Reidy, Gentile, and Zeichner (2019) found a similar pattern in a survey of adult men: Those who had higher discrepancy stress were more likely to report of history of perpetrating sexual abuse.

The interaction of gender norms and racial stereotyping may contribute added risk for Black women to experience IPV victimization. Common stereotypes of Black women are the highly sexual woman and the powerful female head of household, stereotypes that link back to the antebellum history of slavery (Jewell, 1993), particularly plantation owners' view of enslaved women as sexual objects for the owners to use at will (Gillum, 2002). If men buy into these continuing stereotypes and feel that their manhood is threatened by the dominance of powerful female partners, they may be more

likely to use violence to assert control in the relationship or to demonstrate their masculinity (Henry & Zeytinoglu, 2012).

Also worth consideration is the common belief that males are the exclusive perpetrators of IPV and that females are the exclusive victims. Some are challenging these commonly held ideas about how gender is related to IPV perpetration and victimhood (Hamel, 2014). Rates of IPV perpetration and victimization among genders vary depending on the survey tools used; some evidence has suggested similar rates of victimization among males and females (Hamel, 2014). In addition, a study of college students has found that bidirectional violence is more common than is unidirectional violence (Straus, 2007). A look at the research on IPV in same-sex relationships further expands assumptions about gender and violence. Lesbian, gay, bisexual, transgender, and genderqueer (LGBTQ) individuals experience IPV at similar or higher rates than do cisgendered, straight individuals (McKenry, Serovich, Mason, & Mosack, 2006), even with suspected underreporting of IPV among LGBTQ individuals (Calton, Cattaneo, & Gebhard, 2016). Taken together, this suggests that a binary, gender-stereotyped approach to understanding IPV is insufficient to capture the nuances in relationships and patterns of violence. Nonetheless, note that females in heterosexual relationships are more likely than are men to be sexually abused, sexually coerced, and stalked (Dixon & Graham-Kevan, 2011; Exner-Cortens, Eckenrode, & Rotham, 2013), and experience more acts of coercion and control (Kelly & Johnson, 2008). It is estimated that 1.2% of women are raped annually in the United States, and almost one in five women over 18 are the victims of attempted or completed rape in their lifetimes (Basile et al. 2018). In their examination of data from the 2010–2012 National Intimate Partner and Sexual Violence Survey, Basile et al. also found that 2.4%—or almost 2.9 million women—experienced rape-related pregnancy during their lifetime; among these women, over 77% have reported the perpetrator being a current or former intimate partner. Of women who were vaginally raped by an intimate partner, 30% experienced reproductive coercion by that partner (either by trying to get her pregnant, stopping her from using birth control, or refusing to use a condom; Basile et al., 2018). This poses a particular threat to the reproductive health of girls and women, limiting their ability to make choices about pregnancies and parent their children in safe environments.

Thinking about Jayla, she was thrust into a traditionally female-gendered role from a young age, caring for family members and meeting the sexual needs of men. As she got older, she strayed from submissive stereotyped behaviors by becoming physically aggressive, yet she remained susceptible to sexual coercion and was unable to break free from risks to her reproductive health. Jayla was persistently perceived by others as a sexual object; we must wonder to what extent those

others were influenced by the stereotype of the highly sexualized Black woman and how the gender and racial norms integral to Louisiana's social fabric influenced their thinking and behavior toward her. Through the home-visiting services that Jayla received, she experienced a nascent sense of the trust that could be built between people when rigid gender norms and stereotypes do not dominate assumptions, as the HV was able to see her as a unique individual rather than reducing her to stereotypes and making assumptions about her needs and wishes. Had Jayla been able to continue in the program, and through it become linked to other supports and services to address unresolved trauma and economic limitations, she may have increased the likelihood of parenting her child in a safer environment, free from coercion and violence.

4.2 | Inequities in educational systems

4.2.1 | Katherine's story

Katherine, a 20-year-old White woman, was court-ordered to participate in therapy at a specialized maltreatment clinic after her children were placed in foster care due to neglect (i.e., grossly inadequate supervision, squalid living conditions). During an assessment visit early in the treatment process, Katherine sat on the floor with her two children, James (18 months) and Lauren (59 months), and covered her head with her arms, laughing anxiously as James hit her several times; she appeared afraid of him. Both children were noncooperative, had frequent and intense tantrums, and demonstrated atypical attachment behaviors. The children's father, Daniel, a 22-year-old White man, was not involved in treatment, as he was incarcerated for sexual assault. Katherine and Daniel had started dating when she was 15 years old. Family life and school were stressful for Katherine; she started skipping school to hang out with Daniel. She struggled as a student in school, where she received little support for a probable, but undiagnosed, learning disability. As they spent more time together, Daniel became controlling and violent: during their years together, he beat and raped Katherine repeatedly. Katherine was afraid of Daniel, but she did not know how to protect herself. In addition to an unsupportive family, she had not had any education about reproductive health, dating relationships, or community resources. Katherine was traumatized, depressed, and unsupported. She dropped out of school in Grade 9.

At the outset of therapy, Katherine met criteria for posttraumatic stress disorder and adjustment disorder with depressed mood; she participated in individual therapy and started on medication. In addition, she and the children engaged in dyadic therapy with a primary goal of improving the attachment relationships between Katherine and each of her children. Katherine's symptoms improved, as did her ability to self-reflect, consider her children's emotional needs, and set appropriate limits; the children's symptoms improved as well.

Child Protective Services deemed their progress sufficient to reunite the family, which triggered their discharge from services at the maltreatment clinic.

The family's stability was fragile. They remained economically insecure; Katherine's lack of education and skills left few options for employment that could meet their financial needs. Despite sexual harassment from her boss, she continued to work for him because he gave her extra money. As the demands from work and parenting increased, Katherine became involved with a man she thought would support and protect her and her children, thereby helping to reduce her stress. Unfortunately, her new partner became coercive with her and engaged in harsh and punitive behavior with the children. After he injured one of her children, the family again entered the child protective system.

4.2.2 | Discussion

Multiple studies have shown an inverse relationship between educational attainment and IPV (Adams, Greeson, Kennedy, & Tolman, 2013; Dardis, Dixon, Edwards, & Turchik, 2015; Thompson et al., 2006). Low educational attainment has been associated with individual, family, school, and community characteristics (for a review, see Chappell, O'Connor, Withington, & Stegelin, 2015 and National Dropout Prevention Center, 2007, 2012). While the interactions between factors appear complex and multiple factors are typically at play for students who dropout, school factors have been more often cited as a reason for dropout than have events or circumstances outside of school (Jordan, McPartland, & Lara, 1999; as cited in National Dropout Prevention Center, 2007; Lehr, Johnson, Bremer, Cosio, & Thompson, 2004;).

Educational attainment is associated with several policy- and program-level factors that are inconsistently applied across schools, including areas such as academic support and behavioral interventions (for a review, see Chappell et al., 2015). Even for very young children, school characteristics and the availability of quality preschools varies (U.S. Department of Education's Office for Civil Rights, 2014), despite developmental and health benefits (Gormley, Phillips, Newmark, Welti, & Adelstein, 2011) and the association with better math performance and school attendance later in life (Phillips, Gormley, & Anderson, 2016). Pointing to another area of concern, the U.S. Department of Education's (2014) report highlighted pervasive racial disparities in suspension. For example, Black children made up less than 20% of the total preschool population in Louisiana in 2013 to 2014, but 42% of one-time suspended preschoolers were Black (Louisiana Department of Education, 2014). Despite a lack of evidence of any positive effect on behavior, preschool children are expelled at a higher rate than are children in any other grade (Gilliam, 2005). Children who are suspended may be at an increased risk for behavioral issues later in

schooling (Shores, Gunter, & Jack, 1993), and frequent suspension or expulsion significantly increases the likelihood that a student will drop out (Jordan, McPartland, & Lara, 1999, as cited in National Dropout Prevention Center, 2007). Across ages, disparities for children of color include African American schoolchildren of all ages being more than three times as likely to be suspended and expelled as their non-Hispanic White peers; American Indian/Alaska Native youth accounting for 0.5% of total enrollment but 3% of total expulsions; and girls of color being suspended more than non-Hispanic White boys, despite boys being more likely than girls to be suspended (U.S. Department of Education Office for Civil Rights, 2014). Policy changes in recent decades have led to increased arrests, suspensions, and expulsions since the early 1990s (Miller et al., 2005), thus placing more children at risk for low educational attainment.

While there is debate about the impact of resources on educational outcomes (Rumberger, 1995, as cited in National Dropout Prevention Center, 2007), note that schools with a majority student-of-color population and/or within disadvantaged communities often receive less funding than majority White-population schools or wealthy schools, with an annual per pupil spending differential of over \$700 (Spatig-Amerikaner, 2012); schools in impoverished communities have lower educational attainment (Rosenthal, 1998; Rumberger, 2001, as cited in National Dropout Prevention Center, 2007).

Thinking about other educational factors that may impact IPV, we turn our attention toward inconsistencies in sexual health education. Comprehensive sex education includes topics such as consent and healthy relationships (Alford, 2008), yet less than half of states mandate sexual health education, although the remaining states often allow for it. Thirty-seven states require education about abstinence; 26 of these require stressing abstinence. Approximately one third of states require that information on contraception be provided. Should states need financial support to provide sexual health education, it is available through the CDC; however, not all states accept this funding (Guttmacher Institute, 2017). Louisiana, for example, has one of the highest teen pregnancy rates in the country (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2017), but does not accept funding or mandate sex education, prohibits distribution of contraception, and requires that abstinence and the importance of sex within marriage be stressed if a school chooses to provide this education (Louisiana State Legislature, 1993). This emphasis may not be relatable to communities that have historically lower rates of marriage, as it does not support culturally prominent family structures. Communities of color may be disproportionately affected by the lack of comprehensive information, as 51.5% of Whites and only 29.1% of Blacks/African Americans 15 years old and over report being married (U.S. Census Bureau, 2015). In the United States, almost 40% of births are

to unmarried women; Louisiana is second in the country at 52% (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018).

The education system is a primary system for serving children; thus, it is a potentially powerful avenue to ensure that children are provided with (or referred to agencies/systems who can provide them with) tools and resources to increase academic success and mitigate risk across domains. Katherine, for example, likely would have benefitted from any number of strategies that could help prevent children from dropping out of school, from academic support to behavioral health referrals and/or to legal or family interventions for truancy. One wonders if her path would have been different had she been accurately diagnosed, provided with adequate academic support, and referred for behavioral health intervention when she was a student. Further, receiving comprehensive health education may have provided Katherine with tools to recognize signs of abuse, to get help, or to assert herself regarding her reproductive well-being.

4.3 | Economic inequity and IPV

4.3.1 | Victoria's story

Victoria is a 30-year-old Mexican American woman who was raised by her maternal grandmother from the age of 5 years. Victoria was bullied and sexually harassed at school as a teenager; because of this, she dropped out of school at age 16, obtained her GED, and started working. When Victoria became pregnant at age 30, she enrolled in a home-visitation program. She participated actively with her HV, but she had ongoing symptoms of depression and anxiety, so her HV referred her to community mental health services. Victoria was goal-oriented with the therapist, working toward reducing symptomatology and increasing self-confidence; she also completed a psychoeducational protocol regarding parent-child attachment. The HV's screening of Victoria's 6-month-old daughter, Julieta, showed her to be developmentally on track, although Victoria thought she was too aggressive (e.g., she vigorously hit dolls). Victoria maintained a job and secured subsidized housing and reliable transportation for herself.

Julieta's father, Alexander, had been incarcerated during this time. When he started calling Victoria repeatedly from jail and asking her to post his bond, her anxiety spiked. She told the therapist that she felt relieved when he was incarcerated, as he was difficult to please and physically abused her prior to and during her pregnancy. Victoria posted bail when Julieta was 12 months old, and Alexander was released. His violent behavior continued; he took control of Victoria's earnings, spending recklessly and causing Victoria to lose her housing and cell phone service. She began to miss work, and her symptoms worsened. She showed little insight about the impact on Julieta of the changing family climate. The HV and the therapist provided her with resources to help women experiencing

IPV. Alexander increased his surveillance of Victoria, staying nearby during her appointments. Within a few months, Victoria discontinued services, citing her improved coping skills as being sufficient to help her through the hard times; she did not engage with domestic abuse services.

4.3.2 | Discussion

IPV crosses a range of socioeconomic groups, although rates of victimization have been found to be significantly higher for low-income women than for middle and higher income women (Black, Basile, Brieding, & Ryan, 2014; Dardis et al., 2015; Roberts, McLaughlin, Conron, & Koenen, 2011; Thompson et al., 2006). In addition, studies have shown a connection between financial stress and IPV perpetration and victimization. For example, Roberts et al. (2011) found that financial stress (e.g., unemployment) over the past year significantly increased the likelihood of IPV perpetration for both men and women. In Louisiana, where the average household income is almost \$10,000 less than the national average (U.S. Census Bureau, 2016), preliminary data show that 82.5% of postpartum women who reported abuse also reported experiencing financial stressors (e.g., moving, job loss, reduction in hours at work) in the year prior to the birth of the baby (Louisiana Pregnancy Risk Assessment Survey, 2012–2014). Some minority groups may be at higher risk for financial strain, such as Black Americans and American Indian/Alaskan Natives, whose households have a significantly lower median income than have White households (American Community Survey, 2015). One underlying contribution to this economic inequity is that Black and Hispanic/Latino men and women and Asian and White women all make fewer dollars per hour than do White men (Patten, 2016).

Returning to the relationship between income and IPV, Bekaert and SmithBattle (2016) theorized that racism plays a key role in the disproportionate rates of IPV victimization between Whites and Blacks, due to the heavier burden of unemployment and poor neighborhood conditions on people of color. Interestingly, Cho (2012) found that Black women's higher occurrence of IPV victimization was not significant after adjusting for financial security. Taken together, these findings lend some support to the idea that racial disparities in income and IPV may be better understood when considering how societal factors contribute to financial strain for families of color.

Financial strain could well have been a factor contributing to the violence that Alexander perpetrated against Victoria. Victoria was able to earn a GED and hold steady work that allowed her to get by financially, although her income was low enough to necessitate subsidies for food and housing. Alexander's presence added to the financial burden, and their precarious economic stability tumbled, resulting in the loss of housing and basic utilities. While financial strain was not the

sole problematic factor in their relationship, improved economic opportunities for both of them may have helped push them toward less violent and more adaptive behavior that ultimately would have created a safer environment in which to parent Julieta.

4.4 | Inequities in IPV response by legal systems

4.4.1 | Alexis' story

Alexis, a young biracial woman, and her 5-month-old daughter Jasmine lived with Alexis' mother, stepfather, and four younger siblings in a home they owned; all three of the adults worked to support the family. Alexis was referred by a nurse to a clinical social worker for home-based therapy to address symptoms of anxiety and depression. Through therapy, it became clear that Alexis was experiencing posttraumatic symptomatology secondary to witnessing both her mother and her grandmother being beaten by their partners as well as violence being perpetrated in her relationship with Jasmine's father, Elijah. Elijah, a young African American man, was a suspected substance abuser who behaved erratically when he and Alexis were together. During the pregnancy, Elijah became jealous of Alexis' coworkers and behaved violently toward her on several occasions, including pushing, shoving, punching, choking, and threatening her with a weapon. However, it was not until she felt scared for Jasmine's safety that Alexis ended the relationship with Elijah and obtained a temporary restraining order against him to enforce the separation.

Alexis made good progress in therapy, achieving decreased symptomatology through the use of cognitive behavioral techniques. She maintained her separation from Elijah. The therapist built on Alexis' motivation to protect Jasmine; she reinforced Alexis' strengths as a caregiver, provided education about attachment and trauma, cultivated awareness of the impact that her symptoms of anxiety and depression had on Jasmine, and supported them as they developed a healthy attachment relationship. Given their progress, therapy was terminated when Jasmine was 22 months old.

Follow-up contact with the therapist 1 year later revealed that Elijah and Alexis reunited after Jasmine's second birthday. It is unclear what caused the couple to get back together after being separated for 1 ½ years, but Alexis believed that Elijah had changed. He had stabilized and was employed in a well-paying job with potential for growth. Alexis quickly became pregnant with their second child. She did not re-engage in therapy, so the therapist was unable to explore issues of safety and control in the renewed relationship with Elijah. Based on the work that they had done together previously, the therapist was concerned that Alexis may have felt pressure to become pregnant to "make up" for having kept Elijah and Jasmine apart for 2 years. At last contact, Alexis professed contentment with her family life.

4.4.2 | Discussion

Legal consequences for IPV perpetration vary by race, age, and gender. Generally in the United States, people of color are met with harsher sentencing for crimes than are Whites (The Sentencing Project, 2013). Regarding IPV specifically, Ditcher Marcus, Morabito, and Rhodes (2011) found that male perpetrators were more likely to be arrested if they were abusing White women or older women. Female perpetrators who were Black, over 40 years old, abusing a White man, or abusing a man over 40 years old were more likely to be arrested than were females in other race or age brackets (Ditcher et al., 2011). Further, Black women who kill or harm their male partners in response to IPV (i.e., self-defense) are less likely to be viewed as acting in self-defense than are White women (Flatow, 2014). Other findings have suggested that legal response varies by crime and by judicial characteristics. For example, Flatow (2014) found that police calls for sexual assault resulted in arrest less often than did other forms of IPV, and Fradella and Fischer (2010) found that male judges were more likely to impose lenient sentences for IPV than were female judges in a mock trial study.

Regarding adolescents, the legal response is often less strong to teen-dating violence than to adult IPV, even though teen-dating violence has a clear link to future adult IPV (Zosky, 2010). To curb that trajectory, Zosky (2010) suggested that it may be best to find a balance between punitive consequences (i.e., involvement with the criminal justice system) and restorative consequences such as may be used in teen-specific treatment programs.

Certain legal practices (and people's assumptions about these practices) may limit victims' use of the system, potentially leaving them less likely to get help when they need it. Victims of IPV may be conflicted about reporting to police, as they may want to find safety without having their partner arrested; these co-occurring goals may decrease a woman's chance of reporting abuse to police, as women, who represent the majority of people who report IPV, may assume that police will arrest their partners (Burgess-Proctor, 2012). They also may avoid reporting out of fear that they will be separated from their children (Palmer, Renner, Goodman, & Dutton, 2015). Women who have partners of color may be less likely to report IPV because they believe that their partner is more likely to be arrested (Gutzmer, Ludwig-Barron, Wyatt, Hamilton, & Stockman, 2016). If a victim feels she needs a long-term protective order, she must face the abuser in court, as such orders require the perpetrator's presence (National Network to End Domestic Violence, 2018). This may not be desirable or even possible for some women due to trauma and safety concerns.

Fortunately for Alexis and Elijah, a protective order was obtained, which worked well to separate the couple while both of them stabilized. Alexis focused on her mental health and

relationship with Jasmine. Elijah found economic stability and apparent sobriety, which seemed to temper his volatility. The degree to which their relationship is and will be free of coercion and physical violence is unknown, but at a minimum, Alexis' willingness to use the legal system—and the legal system's helpful response, in this case—contributed to the safety and well-being of herself and her child.

5 | CONCLUSIONS AND FUTURE DIRECTIONS

The family stories told here encourage consideration of the ways in which historically informed systemic inequities intersect to create social conditions that increase risks for negative experiences such as IPV, which interfere with women's safety and reproductive well-being as well as the safety and well-being of their young children. The four areas discussed here—gender, education, economics, and the legal system—are neither exhaustive nor mutually exclusive with respect to their linkage to history and their impact on families. These vignettes offer a window into the complexity of intersecting risk factors and the compounded hardship that families face when systems overlap. Low education, few employment options, and inequitable experiences with the legal system may fall together against a backdrop of historical trauma and ongoing racism and sexism to cause women of color, in particular, to feel trapped in unhealthy circumstances, as in Jayla's case. Not all individuals will have as many intersecting factors, but they may nonetheless create a compounding effect that negatively impacts the reproductive lives of women and their subsequent ability to safely parent their children, as was the case for Katherine and her children. Certainly, individual and family factors helped shape the experiences of these women and their families, and the services that were provided to them at the individual and family levels (e.g., home visiting, dyadic therapy) facilitated some improvements in their situations. One must consider, though, whether the women's conditions would have been less severe or more amenable to lasting change if the weight of systemic challenges were lighter. Individually targeted interventions are a necessary part of promoting healthy trajectories, but a focus on individuals alone is insufficient when addressing complex problems, such as these cases illustrate. Lessons may be drawn from resilience and disaster-recovery research that considers the role of community and cultural and historical factors in individual recovery. It has been argued that individuals' capacities must be understood in the context of their social and physical environments' capacities to provide health-enhancing resources in meaningful ways (Ungar, 2006). Thinking specifically about communities of color, the effects of historical trauma and ongoing exposure

to institutionalized racism must be considered in understanding individual functioning, culture, and community as people respond to adversity and current trauma (see Richardson, Shervington, Walters-Wallace, & Van Parys, 2015).

Thinking specifically about preventing and intervening with families experiencing IPV, providers and programs will likely be more effective in their efforts by recognizing the broader social/historical perspective. As helping professionals strive to understand and facilitate health in the individuals and families they serve, they should consider, at a minimum, the impact of systemic issues on their clients and the potential of these systems to support or further burden them. This cannot be prescriptive, as practitioners across a range of professions will interact differently with families and systems. Healthcare professionals and home visitors may help interrupt violence through screening efforts, providing linkages to community resources (e.g., specialized social services, housing, workforce development), and safety planning while mental health practitioners may be working intimately with families to help adults and children with emotional and behavioral regulation and relationship repair. Across the board, however, practitioners can be asking themselves what responsibility they or their programs should have to address systemic factors that impact individual clients. While a full discussion is beyond the scope of this article, the Diversity-Informed Tenets for Work with Infants, Children, and Families offer a guide for child- and family-serving professionals to consider more broadly their responsibilities as practitioners, with an eye toward combating systemic inequities that impact families (St. John, Thomas, & Noroña, 2012). We suggest that helping professionals integrate these ideas into their practice, as a means of moving the field forward and working to improve conditions for women and children in their pursuit of reproductive well-being.

The philosophy behind reproductive justice holds that a woman's liberty and reproductive well-being are not attained until she is free in all of the intersecting aspects of her life (Asian Communities for Reproductive Justice, 2005). We contend that this imperative extends to a woman's children, in that children—especially very young children—cannot attain well-being if their caregivers cannot parent in a safe and healthy environment. Further, the responsibility for creating these environments extends beyond individuals to the communities and societies that hold individuals, families, and the formative relationships therein. Social inequities must be more satisfactorily addressed for individuals to experience less risk and easier access to prevention and intervention programs that facilitate safety and allow all girls and women to attain reproductive justice.

In summary, we believe that there is a need for greater collaboration between fields that work within the systems through which women and their children move as they strive for reproductive health and justice and the resulting ability

to raise the next generation with fewer binds to historical trauma and continued oppression, and the increased risks that these factors pose. Researchers, policy makers, educators, advocates, legal professionals, and mental health and allied health professionals must work together to address the systemic inequities that create these conditions. In particular, we encourage attention to conditions that foster IPV, a phenomenon with historical roots that continues to threaten women's ability to parent their children in a safe and supportive environment, thus continuing the cycles of disparity. Although no state is exempt from its own history, Louisiana offers a vivid example of the historical legacy of oppression, racism, and sexism when patterns are not interrupted adequately on societal and individual/family levels. Social, legal, health, and educational systems and professionals must support the needs of individuals and families, and facilitate positive interactions with these systems, so that parents are able to help their children and themselves thrive.

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CONFLICT OF INTEREST

There are no known conflicts of interest.

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