Disrupting Upstream Determinants of Family & Community Violence in the Era of COVID-19

On September 16, 2020, the California Initiative for Health Equity & Action (Cal-IHEA) convened an expert panel to discuss policies and practices that can disrupt upstream determinants of family and community violence. Our goal was to identify strategies to overcome barriers to re-framing domestic and intimate partner violence in terms of its structural determinants. This webinar was sponsored by The Blue Shield of California Foundation and co-sponsored by the Office of California State Senator, Melissa Hurtado (14th Senate District).

COVID-19 has highlighted the need for economic support, affordable housing, and other equity-focused investments in low-income and minoritized communities throughout California. For Cal-IHEA, this includes the need to re-frame domestic and intimate partner violence in terms of its social and structural determinants. This briefing highlighted how primary prevention investments can protect and support families and neighborhoods impacted by violence, especially communities of color. View the full webinar here.

Structural racism has concentrated poverty and disadvantage into many neighborhoods and communities of color throughout California, curtailing access to resources necessary to uplift community safety, health, and prosperity. This has resulted in long-standing racial inequities in safe and affordable housing, family and community economic security, educational opportunity, and investments in the built environment. The material deprivation of many minoritized families and communities in California increases communal stress, instability, conflict, and subsequently, the likelihood of violence. Moreover, inequities in resource allocation often inhibit minoritized communities’ capacity to respond to and heal from many forms of family and community violence, including intimate partner and domestic violence.

Despite long-held calls for State and municipal governments to address family and community violence in terms of its structural determinants, many key stakeholders have not as readily adopted such a “root cause” framework in policies, practices, and investments related to preventing intimate partner and domestic violence. Instead, prevention and intervention programs and activities have been dominated by narratives of individual behavior change. The COVID-19 pandemic has accentuated the effects of long-standing structural inequities faced by many communities of color in California, and has demonstrated the urgency of reframing family and community violence in terms of structural determinants.

Dr. Anita Raj (UC San Diego), Ms. Kanwarpal Dhaliwal (RYSE Center), Dr. Michael Lens (UCLA), and Mr. Michael Finley (CALCASA) all presented their work related to reframing domestic and intimate partner violence (IPV) in terms of its structural determinants and the need for equity-focused primary prevention efforts. Senator Melissa Hurtado (14th Senate District) provided opening remarks, and the briefing was moderated by Dr. Erin Kerrison (UC Berkeley).
“As a Senator, there is always legislation you feel more passionate about, and move forward with it to make a difference in lives of many, especially those struggling with COVID-19, but there are many things that we can do to help others beyond legislation... to make a difference in the lives of those who need it the most.”

Senator Hurtado’s introductory remarks stressed how the destabilizing effects of the COVID-19 pandemic have disproportionately affected poor, minoritized, and otherwise marginalized communities in California. Sharing the story of a conversation she had with a woman in one of her District’s (14th Senate District) farmworker communities, Senator Hurtado described how domestic and intimate partner violence have heightened during the pandemic. She mentioned the need for bold and innovative policy efforts from her and fellow legislators, and how she firmly believes that policy proposals to address family and community violence must be rooted in prevention.

“Behind every data point is a person, and one is who is deserving of our attention, respect, and safety.”

Dr. Erin Kerrison opened the panel by remarking on how her work in legal epidemiology springs from understanding that there is a clear and direct line from structural practices and influences to health outcomes. She emphasized that the criminal legal system does not operate in a silo and that its effects are connected to gender-based violence, housing insecurity, poor educational systems, and structural determinants of health. Dr. Kerrison stressed how it will take a multi-pronged effort to dismantle these systems and structures of oppression.

“Racial-ethnic and social disparities are likely driving vulnerabilities, so the importance of social and structural solutions is quite evident.”

Dr. Anita Raj opened her remarks by stating the need to address upstream determinants of family and community violence. She shared findings from the California Study on Violence Experiences Across the Lifespan (Cal-VEX) study, where she and colleagues implemented a state-representative online survey regarding physical and sexual violence experiences over the lifespan. The survey asked about experiences of violence across the lifespan, experiences of committing violence against others, as well as poor outcomes resulting from these experiences of violence. Among key findings were that more than 1 in 5 women in California overall have experienced IPV, but the rate is higher among Black women (1 in 3). Dr. Raj maintained that though intimate partner violence and domestic violence are clearly tied to gender inequality, socio-structural risks such as incarceration, homelessness, and disability are a key determinant as well. She shared that people with a history of homelessness or incarceration, queer men, and
people with disabilities are all more likely to have faced intimate partner violence. She also stated that reliance on carceral (i.e., criminal justice) responses to family and community violence is ineffective and detraacts resources away from socio-structural solutions.

Figure 1. Socio-Structural Risks and IPV: Disability, Homelessness, Incarceration

CONCLUSIONS

- IPV is an Epidemic in California: More than one in five adult women in California – approximately 3 million women - have experienced IPV. One in 17 men in the state – greater than 700,000 men - have also experienced IPV.
- Black women have highest prevalence of violence across all racial/ethnic groups. Among men, sexual minorities were more likely than straight men to report IPV.
- Social inequalities and vulnerabilities increase also risk: disability, homelessness, and incarceration.

IMPLICATIONS FOR POLICY AND ACTION: Focus on Prevention and Structural Change

“We must all look at the systems and structures that cause harm and violence, and we have to shift focus from individual behavior change to shifting, disrupting, transforming, dreaming and building the systems that can only be realized through building loving relationships with each other.”

Kanwarpal Dhaliwal opened her remarks by stating that as a service provider, youth organization, public health organization, racial justice and youth organizer, the RYSE Center is completely deficient in understanding and addressing the ways in which violence impacts us. She posited that researchers, policymakers, and youth development workers still think violence is the exception, whereas the young people at RYSE understand that violence is the pattern that permeates throughout their lives, rather than the outlier or exception. Ms. Dhaliwal stated that all violence (community, domestic, etc.) is structural and state violence and must not be addressed as if it is episodic, individual, or interpersonal. She asserted that “legacies of white supremacy, anti-blackness, colonialism, imperialism, and racialized capitalism, create the situations and conditions where the stress and distress of what we are up against, and we end up taking it out on each other.” Ms. Dhaliwal believes we must shift our focus to disrupting and dismantling the systems and structures that cause harm and violence in our communities while reimagining and building systems rooted in loving relationships.
“California is a state with nearly one in four of America's homeless population. We have this incredible wealth... we have this incredible possibility. And yet, we have these wide-ranging housing affordability problems—not just at the very low-income end of the spectrum, but also into the middle class—really compromising people's inability to afford anything else.”

Housing instability and homelessness in California have been exacerbated by the COVID-19 pandemic. Many survivors of domestic violence and abusive relationships, particularly women and children with limited economic resources, are at increased vulnerability to homelessness and housing instability. Innovative solutions that promote housing and address existing housing inequities in California are one example of how equity-focused primary prevention can address upstream determinants of family and community violence.

Dr. Michael Lens opened his remarks by using Los Angeles County as a case study of how an increase of severely rent-burdened households in the United States over the past 17 years and in California especially, has driven an increase in homelessness. He noted how housing costs, particularly in coastal California, have risen dramatically and that 1 in every 4 homeless people in the U.S. live in California. Dr. Lens stressed how housing affordability problems, though most felt by low-income communities, pervade the middle class as well. He asserted that California’s inability to build enough new affordable housing to keep up with demand is at the foundation of the current housing crisis. Nevertheless, Dr. Lens believes that California has other options to meet the housing crisis, such as State supplements to federal rent subsidies, expanding the housing voucher program and rent subsidies, and constructing substantially more below market-rate housing. Dr. Lens stated that in the COVID-19 era in particular, these efforts should be supplemented by tenant protection through eviction defense as well as eviction moratoria in the short-run. Financial stress is a key driver of violence, and Dr. Lens concluded that addressing housing precariousness, instability, and homelessness is key to any family and community violence prevention efforts and meeting the needs of survivors.
John L. Finley stated that we can transform our culture and change attitudes by putting our collective attention and resources towards addressing family and community violence at community and institutional levels rather than focusing on violence as individual acts or isolated incidents. He believes that California has been overly focused on responding to (and criminalizing) violence, rather than addressing its connection to the policies and practices of our systems, structures, and institutions. He posited that relying on the criminal legal system is an insufficient and harmful solution to ending family and community violence, as it only perpetuates cycles of violence in communities while exposing incarcerated individuals to sexual violence. To support this, Mr. Finley mentioned that the high rates of domestic and sexual violence by law enforcement and U.S. Immigration and Customs Enforcement (ICE) officers is indicative of the structural violence faced by poor and minoritized communities, disproportionately affecting women, children, and especially, queer persons. Mr. Finley concluded his remarks with a call for the State to invest money in making sure prevention programs are successful and dramatically alter how much it spends on response (about $140 billion in a year).

Obstacles Panelists Face in Addressing Upstream Determinants of Family & Community Violence:

Dr. Kerrison remarked that one obstacle that she confronts in her work with respect to addressing structural determinants is forming meaningful, robust, and collaborative relationships with state agencies. She acknowledged that the scientific community has historically, and to this day, had harmful relationships with community research sites and government partners, and she believes that trust must be earned both ways. Believing the success of research efforts is dependent on the
collaborative efforts that empower them, Dr. Kerrison seeks to identify how meaningful partnerships can be formed with her colleagues at the municipal and state levels, for example, by better understanding what questions matter and how the information collected will be used. Dr. Raj stated that the politicization of prevention efforts is an obstacle that she confronts in her work with respect to addressing structural determinants of family and community violence. She said this politicization of prevention mitigates data-informed decision making that clearly supports socio-structural solutions to family and community violence.

Similar to Dr. Raj, John Finley identified the politicization of prevention efforts that hinders the development and investment of resources into communities and people as one obstacle that he confronts in CALCASA’s work to address structural determinants of family and community violence. He remarked that this politicization of prevention often scapegoats queer people (e.g., recently with Senate Bill 145, which intends to equalize how state law treats cases of statutory rape, regardless of what kind of intercourse—vaginal, oral, or anal, as well as digital penetration—is involved) and results in a reliance on carceral response to violence instead of equity-focused primary prevention investments.

Dr. Lens shared that the tension between short- and long-term housing solutions in California is an obstacle that he confronts in his work. Yet, because not even the most dramatic long-term solutions (i.e., building 1 million housing units in coastal California) will end homelessness “today, tomorrow, or even in the next year,” he stated that immediate State action is necessary to meet the needs of those currently facing homelessness and housing instability. He believes that we must not deny evidence-based practices and data-driven efforts from solution-making and implementation, while acknowledging that research and evidence generation have limitations (e.g., de-centering lived-experience).

Ms. Dhaliwal remarked that the reliance of policymakers and grant funders on evidence-based practices in proposals is one obstacle that she confronts in her work to address structural determinants of family and community violence. She stated that “conventional research designs that rely on regression and confounding factors oversimplify how complex issues must be addressed. Those are racist and classist. They are done out of context and often pathologize Black and Brown, poor, queer folks, and structurally vulnerable communities as the problem.” She closed her remarks by questioning “How many words are we going to use until we actually just name it (the problem) what it is, which is white supremacy and racialized capitalism.”
**Panelist Policy and Practice Recommendations:**

**Kanwarpal Dhaliwal: Addressing Structural Determinants of Family and Community Violence**

- Make deep and ongoing investments in community-based restorative and transformative justice.
  - This means investing in processes, timelines, needs, priorities as determined by communities and families and returning resources to the community.
- **Invest in and conduct research that humanizes, acknowledges, and integrates upstream determinants and multiple and relational dimensions of being.**
  - Recognize that overemphasis of evidence-based practices by violence prevention funders may be limiting, especially because innovation is needed to tackle community-specific issues.

**Anita Raj: Preventing Family and Community Violence**

- **Addressing the homelessness crisis in the state is essential to addressing interpersonal violence in our families and communities,** as a history of homelessness was linked to all forms of violence assessed - physical and sexual violence, from both strangers and those known to the victim, and across all stages of life.
- **Violence prevention** must start with a focus on youth because experiences of violence primarily begin in childhood and adolescence. Individuals affected by violence earlier in life are also more likely to experience violence in adulthood.
- **Data-driven decision-making is needed, and structural solutions are required.**

**Michael Lens: Addressing Housing Inequities in California**

- **Build more low-income housing, allocate more money on housing subsidies, expand rent control, and protect renters from eviction and predatory practices by landlords.**
- **There is scant evidence linking housing to violence prevention, which is an important evidence gap to close.**

To review more priority actions for California to reduce the impact of housing instability and homelessness on health, please review the [proceedings](#) from Cal-IHEA’s past webinar, “Housing as a Health Intervention.”

**About the Author:**

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References:


