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But Is It Okay? The Need to Still Ask Black/African American Mothers About Violence Exposure During The COVID-19 Worldwide Pandemic

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Abstract

Black/African American communities endure the double pandemic of COVID-19 and police- and civilian-perpetrated anti-Black violence, with Black/African American mothers at risk for exposure to violence in the home. Questions remain about the potential harm in asking about violence exposure, particularly in the current climate. The purpose of the study is to examine Black/African American mothers' reactions to participating in violence research during the COVID-19 pandemic in the U.S. Participants (N = 127; Age: M = 32.46 years, SD = 5.61 years) were Black/African American mothers living in an urban, predominantly Black city in the Midwestern U.S. who completed online measures of exposure to violence before, during, and after shelter-in-place orders, as well as their reactions to participating in violence research. We found that the majority of participants did not find participation more distressing than other day to day experiences, with 100% of those with violence histories reporting such research is important. The current study's findings can promote inclusion of violence measures in research and healthcare settings, with results guiding trauma-informed care for Black/African American mothers.

Introduction

Beginning in March 2020, the COVID-19 pandemic has wreaked havoc on the Black/African American community (Hooper et al., 2020; Laurencin & McClinton, 2020) resulting in approximately one-third of all cases in the U.S. being Black/African Americans (Centers for Disease Control and Prevention, 2020). Additionally, in the U.S., this physical health pandemic has occurred in tandem with the second pandemic of police- and civilian-perpetrated anti-Black violence, resulting in societal unrest in the forms of rebellions and protests (Dreyer, 2020). Simultaneously operating under the radar is violence within the home, which has continued and potentially increased for women and mothers during governmental shelter-in-place orders related to COVID-19 (American Psychological Association, 2020; Campbell, 2020; Evans et al., 2020), particularly in Black and other women of Color (Ruiz et al., 2020). Contributing factors include, but are not limited to, structural economic inequality, such as food and housing insecurity restricting Black and other women of Color's freedom to leave abusive situations (Ruiz et al., 2020). Therefore, it remains important for researchers and community practitioners to continue to assess for exposure to violence (e.g., Holland et al., 2020) in order to guide efforts. However, there are likely concerns about the psychological safety of inquiring about violence, perhaps especially in a time of such increased stress, societal unrest, sickness, and death. Therefore, the purpose of the current study is to examine Black/African American mothers' reactions to participating in violence research during the beginning of the COVID-19 pandemic in the U.S.

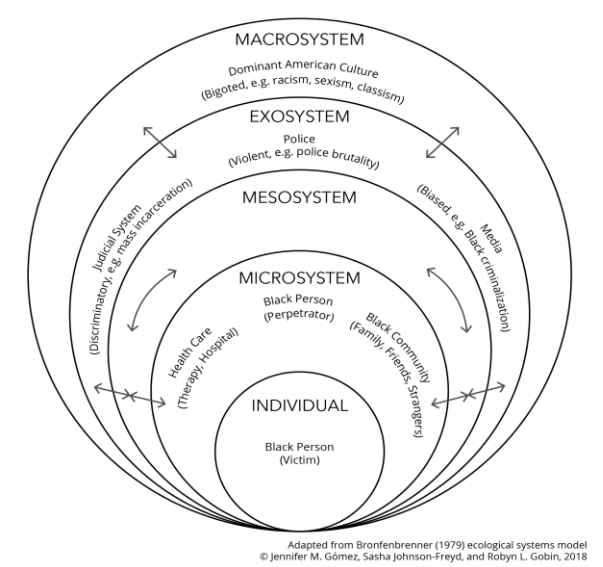

Figure 1. Adapted Bronfenbrenner Model: Anti-Black Racism & Cultural Betrayal Trauma, reprinted with permission

Exposure to Violence in the Black Community

Violence exposure, including physical and sexual abuse, is consistently linked with poor mental health (DePrince et al., 2012; Gómez et al., 2014). Shelter-in-place orders during COVID-19 may put women and mothers at increased risk for violence exposure within the home (e.g., Campbell, 2020). This is disproportionately true for Black and other women of Color (Ruiz et al., 2020). Due to the context of inequality (*Figure 1*), exposure to violence within the Black community may include additional layers of harm. According to cultural betrayal trauma theory (CBTT; Gómez, 2023), some Black people develop (intra)cultural trust, which is Black solidarity, in order to survive and thrive amidst the societal trauma of anti-Black racism, including police brutality, mass incarceration (e.g., Alexander, 2012), and racial discrimination in healthcare (e.g., Gómez, 2015; Institute of Medicine, 2002; Snowden & Yamada, 2005). Therefore, violence happening within the Black community is a violation of this (intra)cultural trust—it is a cultural betrayal. These cultural betrayal traumas (*also known as* within-group violence) are linked with typical abuse outcomes, such as mental health, as well as cultural outcomes, such as internalized prejudice (Gómez & Gobin, 2020). Given sexism against Black women, known as misogynoir (Bailey, 2016), Black women are at risk for physical and sexual violence. Research with Black and other marginalized emerging adults has found that cultural betrayal traumas are associated with depression, dissociation, anxiety, hallucinations, PTSD, sleep problems, changes to ethnic identity, and internalized prejudice (Gómez, 2017, 2019a, 2019b, 2019c, 2019d, 2020a, 2021; Gómez & Freyd, 2018). Therefore, the impact of violence in the Black community—particularly for women and mothers—may be further exacerbated by this cultural betrayal that exists as a by-product of anti-Black racism (*Figure 2*).

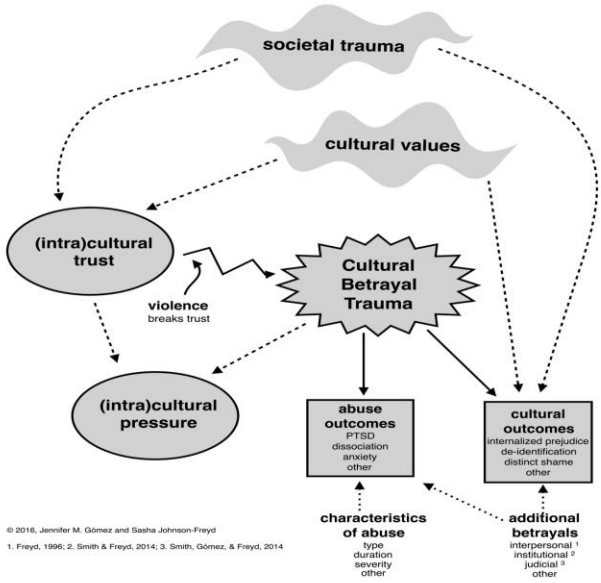

Figure 2. Cultural Betrayal Trauma Theory, reprinted with permission

Is It Okay to Ask About Violence Exposure?

Though worries about the appropriateness and safety of asking about violence exposure may be heightened in the context of the double pandemic of COVID-19 and racism for

Black/African American mothers, the concern of asking about violence exposure in research is not a new one (e.g., Dalenberg, 2013). University institutional review boards often weigh concerns about the harm of asking about violence exposure, including upsetting participants, stigmatizing participants due to their exposure to violence, and conceptualizing survivors of violence as too fragile to participate in violence research (Becker-Blease & Freyd, 2006, 2007; Black & Black, 2007; Griffin et al., 2003). Though these concerns come from genuinely wanting to protect participants from being harmed in research, they are misguided in important ways. First, extant research finds that participating in violence research results in mild, transitory distress at worst for most participants, with those who have experienced violence reporting only slightly higher rates of distress (e.g., Cook et al. 2011; DePrince & Chu, 2008; Edwards et al., 2009; Galea et al., 2005; Gómez et al., 2015; Yeater et al., 2012). Second, participants of violence research themselves report that they believe that violence research is important (Cromer et al., 2006; DePrince & Freyd, 2006; Gómez et al., 2015; Yeater et al., 2012), with those who have experienced violence reporting increased importance in this research (Edwards et al., 2007; Gómez et al., 2015; Yeater et al., 2012). Third, barriers to violence research, such as IRBs failing to approve trauma studies (Dalenberg, 2013), may actually reinforce stigma related to violence exposure (Ahrens, 2006; Fontes, 2004) by removing autonomy from research participants (Black & Black, 2007) through a paternalistic stance that bars self-determination and choice of participants to engage in research (Becker-Blease & Freyd, 2006; Cook et al., 2015; Fontes, 2004; Griffin et al., 2003).

Finally, a question that is asked far less often is: *What is the harm of not asking about violence exposure?* With one of the primary goals of violence research being promoting social justice (Campbell, 2009), one harm of not asking about violence exposure is erasure (Gleaves et al., 2007). In not asking, researchers and community practitioners implicitly condone violence through silence (Herman, 1997), as violence thrives in secrecy. This may be particularly true in the Black community, as cultural mandates for silence stem from misogynoir and racial loyalty to protect Black people from racism at the expense of Black women and girls who are being abused (e.g., Bell & Mattis, 2000; Bent-Goodley, 2001; Gómez, 2023; Gómez & Gobin, 2020; Neville & Pugh, 1997; Tillman et al., 2010; Washington, 2001).

Additionally, given violence exposure's link with deleterious mental and physical health, the fields of psychology, social work, medicine, and public health are additionally left with incomplete data that can result in erroneous conclusions when violence exposure is excluded from conceptualizations of health (e.g., Gómez, Becker-Blease, et al., 2015). Therefore, when we do not ask about violence exposure, we unwittingly contribute to the aforementioned costs of not asking, while missing crucial aspects of our participants', patients', clients', and community members' lives. In the context of the COVID-19 pandemic, this means that key components of harm, health, and healing are excluded from community understanding and policy strategies.

Purpose of the Study

The COVID-19 worldwide pandemic, along with all the increased stress associated with it, have disproportionately impacted Black/African Americans in the U.S. (Center for Disease Control & Prevention, 2020). Unfortunately, exposure to violence in the home is part of the context of the pandemic, potentially putting women and mothers at increased risk (Campbell, 2020). Such exposure to violence is not inconsequential. The mental health impact of violence generally (e.g., DePrince et al., 2012) and within the Black community specifically (e.g.,

Bent-Goodley, 2001; Gómez & Gobin, 2020) is impacted by the context of inequality (e.g., CBTT; Gómez, 2019a). Therefore, inquiring about exposure to violence is even more necessary in the present context. Though past research has shown that participating in violence research is not harmful (e.g., Gómez et al., 2015), the question for researchers and community practitioners remains: *Will asking about violence exposure harm Black/African American mothers, especially during the double pandemic of COVID-19 and anti-Black violence in the U.S.?* Therefore, the purpose of the current study is to examine Black/African American mothers' reactions to participating in violence research during the beginning of the COVID-19 pandemic in the U.S. Specifically, we hypothesized that the majority of Black/African American mothers who participate in violence research in Spring-Summer 2020 report:

H1: Distress

H1a: Low rates of reported distress following participation

H1b: Survivors of violence would report higher rates of distress

H2: Importance

H2a: High rates of perceived importance of violence research following participation

H2b: Survivors of violence would report higher rates of perceived importance of violence research

H3: Support to Include Violence Measures in Research

H3a: High rates of support to include violence measures in research

H3b: Survivors of violence would report higher rates of support to include violence measures in research

Finally, we explored if there were differences in participants' reactions to participating in violence research based on depression and anxiety symptoms.

Method

Participants & Procedure

Participants (N = 127; Age: M = 32.46 years, SD = 5.61 years) were Black/African American mothers from an urban, predominantly Black/African American city in the Midwest, who were recruited from three existing participant registries (*masked for peer review*) and participated in two Waves. Wave 1 data collection took place between the beginning of April and the middle of June 2020. Wave 2 data collection took place in August 2020. For each wave, potential participants received up to four text messages—one initial and three reminders—inviting participation, with participants from one registry additionally receiving a phone call. Characteristics of the survey and compensation were the same for each Wave: online surveys took approximately 20 minutes to complete, and participants were compensated $10 for their time through a Target gift card or money on their Clincard. The university institutional review board (IRB) approved the current study. Demographic characteristics for the study sample are provided in Table 1.

Table 1
Sociodemographic Characteristics of Participants at Baseline

Baseline characteristic	Study Sample	
	n	%
Marital status		
Single	41	27.3
Married/partnered	34	26.8
Divorced/widowed	8	6.2
Highest educational level		
< High school	12	9.5
High school/GED	46	36.2
Some college	34	26.8
Associates	15	11.8
University or postgraduate degree	18	14.2
Employment		
Unemployed	56	44.1
Employed part-time	24	18.9
Employed full-time	39	30.7
Self-employed	21	14.0

Measures

The current study is part of a larger data collection on the impact of COVID-19 on urban parents (e.g., Hassoun Ayoub et al., 2023), therefore, only some of the measures are reported here.

Exposure to Violence History

Created by the first author for the current study, Wave 1 included two questions about exposure to sexual or physical violence in the home. Specifically, participants were asked to report whether or not there had been any occurrences of violence in the home (e.g., hitting, pushing, shoving, yelling, screaming) and any forced sexual activity (e.g., sexual touching without consent). Behavioral experiences, such as trauma exposure, are not latent constructs and therefore do not require multiple items to accurately assess. This is especially important in conducting community-based research where measurement brevity is critical. Further, we are assessing experiences of violence and forced sexual activity inclusively and differentiating between different specific instances or types (e.g., hitting v. yelling) are not germane to the research questions being posed in this study. Responses were dichotomous with *Yes, No,* and *Prefer not to answer* options. Participants were asked to respond to these questions in reference to any violence before COVID-19 shelter-in-place orders were issued on March 21, 2020 and if these events occurred after the shelter-in-place orders were issued.

Created by the first author for the current study, Wave 2 included two items assessing exposure to recent physical and sexual violence during the COVID-19 pandemic, with responses of *Yes, No, Prefer not to answer*. Items: 1) *In summer, has there been any violence in the home, such as hitting, pushing, shoving, yelling or screaming?;* 2) *In summer, has there been any forced sexual activity in the home, such as sexual touching without consent?*

The aforementioned items from Wave 1 and Wave 2 were further combined into a dichotomous variable indicating whether the participant had reported any violence exposure or not. With our hypotheses pertaining to any type of violence (e.g., physical, sexual), a single item indicating the occurrence at any level of exposure of any type of violence is sufficient to capture participants' experiences. Scores were coded as 1-any violence exposure reported, or 0- no violence exposure reported. Finally, respondents who indicated they did not want to reply to these questions were coded as a third category - *chose not to answer*.

Depression & Anxiety Symptoms

Depression and anxiety symptoms were assessed using the Patient-Reported Outcomes Measurement Information System [PROMIS] scales (Pilkonis et al., 2011). There were 8 items each for depression and anxiety symptoms, respectively, for a total of 16 items. Responses were on a Likert scale from 1- never to 5- always. Sample items for depression and anxiety symptoms, respectively, were *I felt I had nothing to look forward to* and *My worries overwhelmed me.* Internal consistency in this sample were excellent for depression symptoms (α = .950) and anxiety symptoms (α = .953). Continuous mean score variables were calculated and used in analyses. Both the depression and anxiety scales are scored such that higher scores reflect higher levels of depressive and anxiety symptomology. The PROMIS is a widely used scale with established psychometric properties. It has been shown to have acceptable reliability (α >.9) in ethnically diverse samples, including Black Americans (Teresi et al., 2016). Kudel and colleagues (2019) have established the convergent validity of the PROMIS with the respective subscales positively correlating with the Beck Depression Inventory (r =.73, p < .001) and the Beck Anxiety Inventory (r = .52). In a separate study, the PROMIS was found to have strong convergent validity with the depression and anxiety subscales correlating with the Mental Health Components of the SF-12 (r = .60 and r = .64 respectively) and strong discriminant validity (r > .20) with the Physical Health Components of the SF-12 (Quach et al., 2016).

Participant Reactions to Violence Research

At the end of the survey, participants answered three items about their research participation (DePrince & Freyd, 2006). With a Likert scale of 1- much more distressing and 5- much less distressing, the first item was: *For the questions that were asked about different experiences you may have had such as exposure to violence, please rate whether you found answering these questions to be more or less distressing than other things you sometimes encounter in day-to-day life.* The second item had a Likert scale of 1- definitely not important to 5- definitely important: *For the questions that were asked about different experiences you may have had such as exposure to violence, please rate how important you believe it is for researchers to ask about these types of events in order to study the impact of such experiences.* The final item assessed support of violence measures in research, from 1- very bad to 5- very good: *For the questions that were asked about different experiences you may have had such as exposure to violence, please consider both your experience answering the questions, and your feelings about how important it is we ask the questions, and then rate how good of an idea it is to include such measures in research.* Mean scores of each item were created and used in analyses. The items are utilized as single-item measures rather than as indicators of an underlying latent construct or overall scale score. Each item is scored such that higher values indicate greater affirmation of the item in question.

Data Analysis Plan

Data will be analyzed using a combination of contingency table analyses and t-tests. To test hypotheses related to violence exposure and reactions to participating in violence research, we will use contingency tables and chi-square tests, including Fisher's exact tests where applicable, given the relatively small cell sizes of some questions. Fisher's exact test is a chi-square distributed test that is most appropriate when there are expected cell counts less than N = 5 (Camilli & Hopkins, 1978). For all analyses, an a priori alpha level of .05 was used for determination of significant effects. We did not have an established criterion for an a priori effect size given the nature of this study. However, in situating this research from a policy

perspective, we would interpret small effect sizes (d < .2) with caution.

Results

Preliminary Analysis and Data Screening

The descriptive statistics for all study variables are presented in Table 2.

Table 2
Descriptive Statistics for Study Variables

Variable	Mean(%Yes)	sd	skew	kurtosis	se	corr			
Age	32.46	5.61	0.69	-0.33	1.06	1.00			
Distress	3.12	1.14	0.02	-0.15	0.16	-.198			
Importance	3.68	1.14	-0.44	-0.46	0.16	.044	.0345		
Support	3.75	1.00	-0.08	-0.79	0.14	.204	.170	.752	
Depression (α = .95)	15.80	7.96	1.05	0.44	0.77	.082	-.253	-.072	-.038
Anxiety (α = .953)	17.31	8.44	0.70	-0.24	0.81	.047	-.329	-.085	-.003	.846
BSH P. Viol	(5%)	----	----	----	----	----			
DSH P. Viol	(5%)	----	----	----	----	----			
BSH S. Viol	(0.9%)	----	----	----	----	----			
DSH S. Viol	(0%)	----	----	----	----	----			
ASH P. Viol	(8%)	----	----	----	----	----			
ASH S Viol	(0%)	----	----	----	----	----			
Any Violence	(14%)	----	----	----	----	----			

BSH: Before Shelter-in-Place
DSH: During Shelter-in-Place
ASH: After Shelter-in-Place
P. Viol: Physical Violence
S. Viol: Sexual Violence

Missing data on key variables at Wave 1 ranged from 4.5% to 9%. The rate of attrition from Wave 1 to Wave 2 was 53%, however, there was no association between Wave 2 attrition and demographic characteristics. Importantly, there was no association between rates of physical violence or forced sexual contact experiences and attrition at Wave 2. The Shapiro-Wilk's test was conducted on the participant reactions to research measures, with none of them meeting the assumption of normality; distress (S-W = .794, p >.001), importance (S-W = .849, p >.001), and support (S-W = .805, p >.001). As a result, these variables will be treated as ordinal data for the purposes of further analyses.

Descriptive Statistics: Violence Exposure & Shelter-in-Place

We first examined the relationship between violence exposure and shelter in place orders due to the COVID-19 pandemic. Both the physical and sexual violence items had relatively low rates of occurrence before

shelter-in-place orders were issued, after shelter-in-place orders, and during the ensuing 5-months post shelter-in-place orders (*see* Table 2). Indeed, only one respondent indicated that they had experienced forced sexual contact before the shelter-in-place and did not report these experiences during the latter two time-periods. It is important to note, however, that 7 and 9 respondents respectively indicated that they preferred not to answer the violence items.

While the low rate of reported occurrence for exposure to violence preclude reliable statistical inferences to be made, there were enough responses to make some descriptive assertions. We did see an increase in the number of participants indicating that they had experienced violence after the shelter-in-place orders were issued (5.1% to 7.9%) but returned to before shelter-in-place levels over the summer (4.6%). However, of those reporting experiences with violence, one-third reported that the abuse got worse after the shelter-in-place orders were issued.

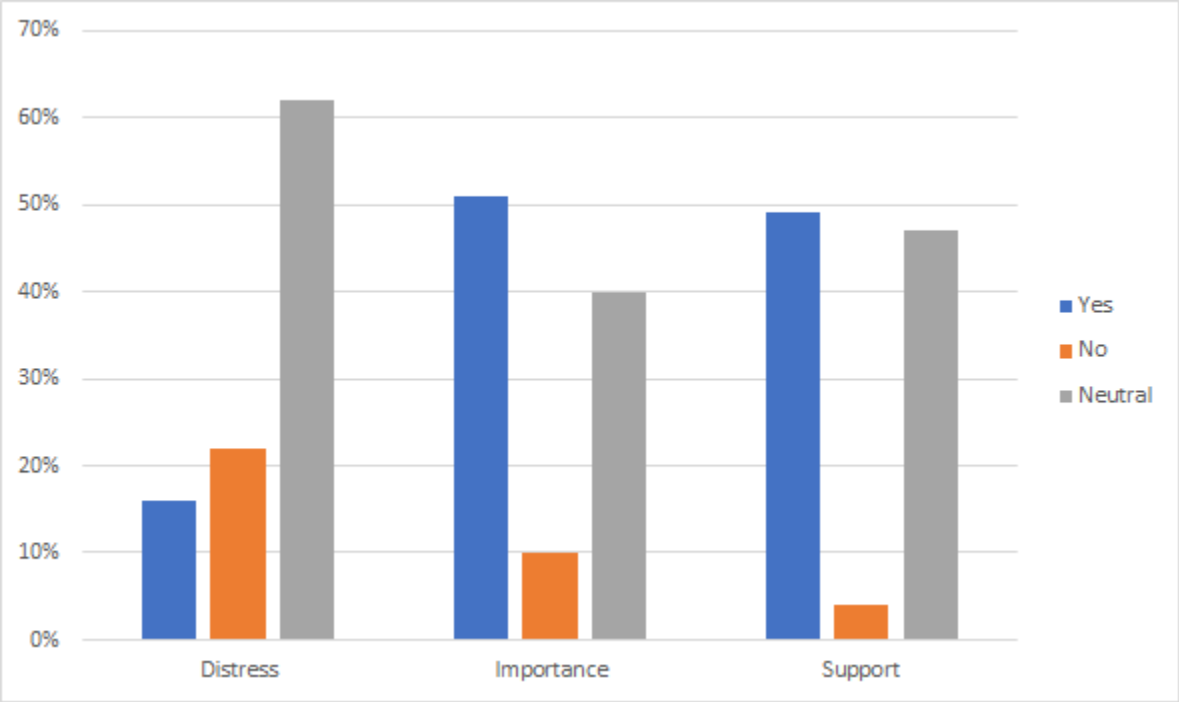

Figure 3. Black mothers' reactions to participating in violence research

Hypotheses

We next looked at the participant reactions to being asked about violence during the COVID-19 pandemic. In line with Hypotheses 1a, we found that only 16% of respondents reported that they felt the questions were distressing. Hypotheses 2a and 3a were partially supported, with moderate, as opposed to high, rates of perceived importance (50%) and support for violence research (49%; Figure 3). Thus, despite the current context of COVID-19 and anti-Black violence, approximately half of participants reported importance and support of violence research. Moreover, the majority of participants did not find answering these questions overly distressing.

Our second set of hypotheses was that participants who indicated exposure to violence in the home before, during, or after the shelter-in-place orders would have significantly higher rates of distress, perceived importance, and support for violence research. Figure 4a-c present the distribution of responses to these three items by group: exposure to violence (yes), exposure to violence (no), and chose not to answer (NA). Because the number of participants that reported exposure to violence was relatively small, we employed a Fisher's exact test to assess the differences in proportional responses between groups. As predicted in Hypothesis 1b, the group that reported exposure to violence was significantly more likely to report distress (p = .043). In support of Hypothesis 2b, those exposed to violence had significantly higher rates of perceived importance of violence research (p = .050). Finally, contrary to Hypothesis 3b, there were no group differences in support of violence research generally (p = .373).

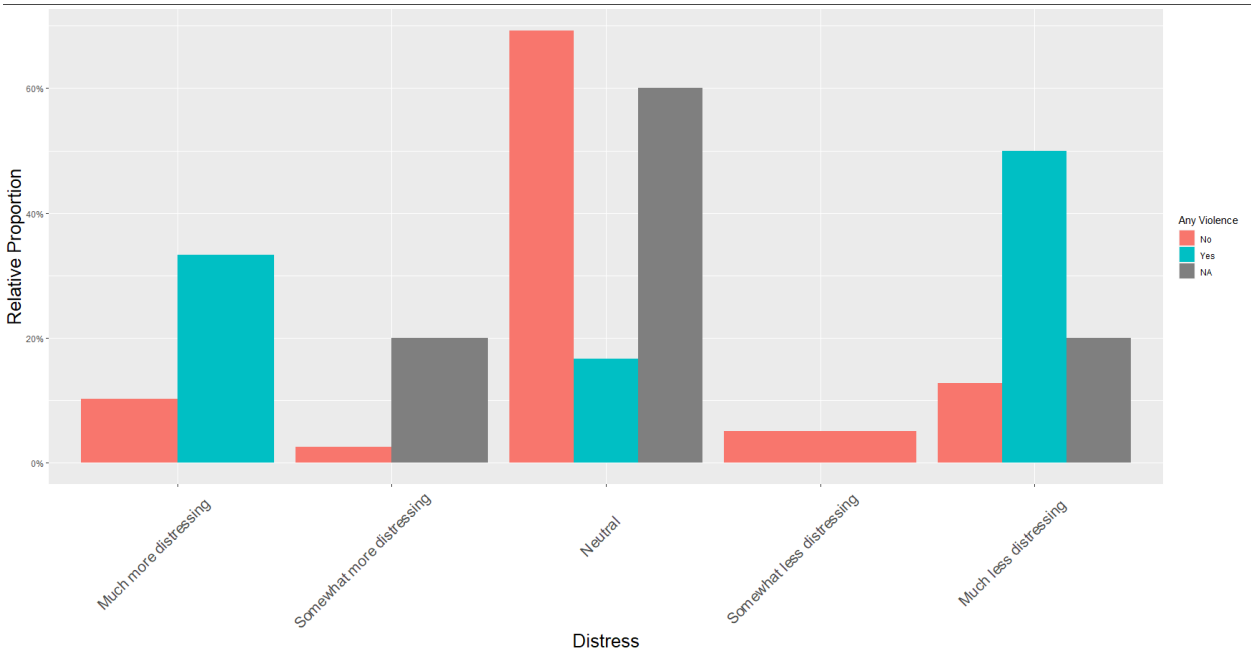

Figure 4a. Black mothers' distress by exposure to violence history

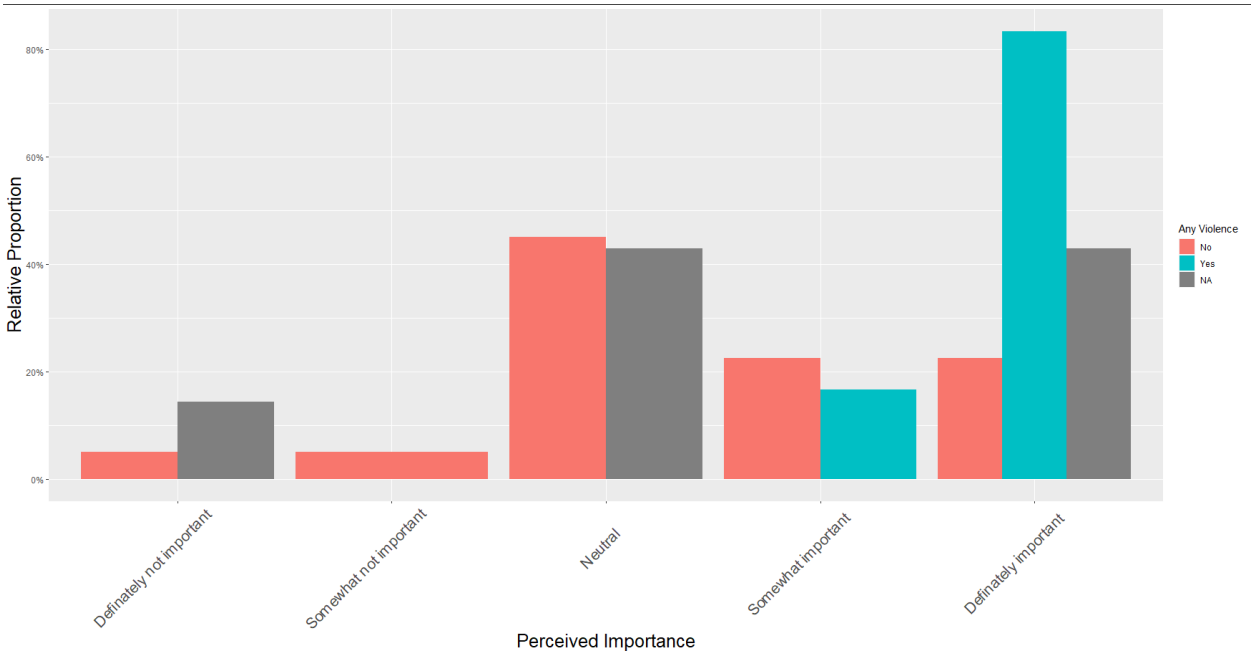

Figure 4b. Black mothers' perceived importance of violence research by exposure to violence history

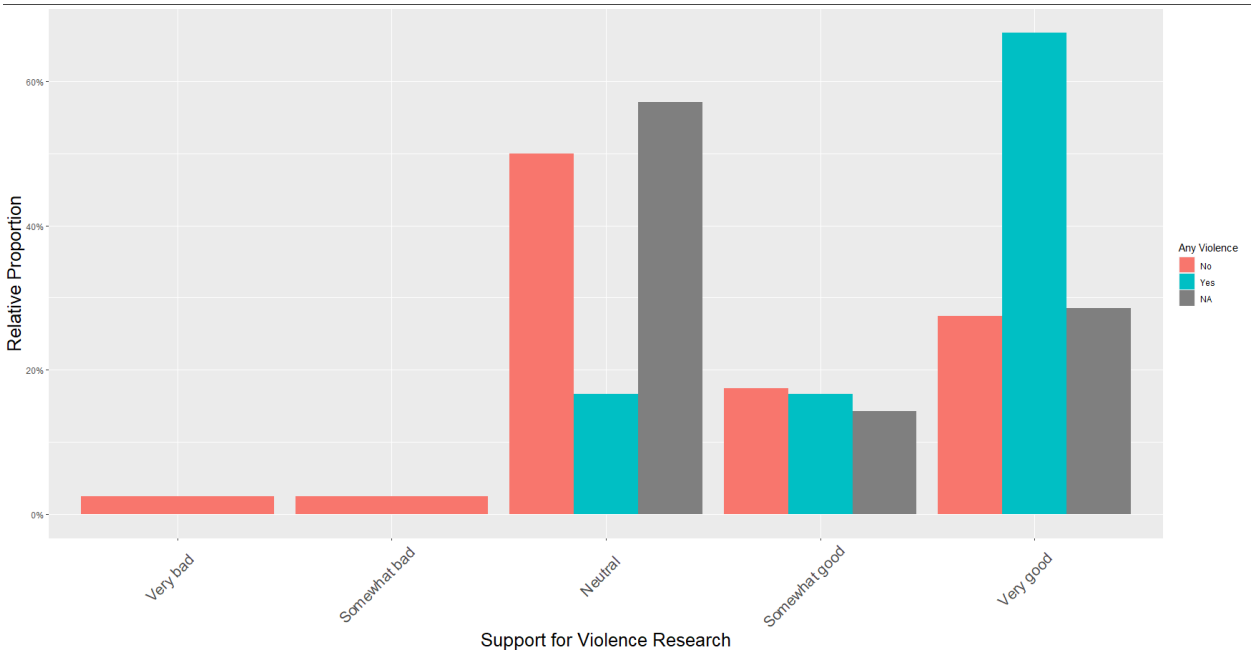

Figure 4c. Black mothers' support of violence research by exposure to violence history

In order to explore the mental health differences in participants' reactions to research, we conducted independent sample t-tests with bootstrapped standard errors to adjust for the non-normality of the depression and anxiety symptoms distributions. The group that reported higher levels of distress had significantly higher

mean levels of depression (t (46) = 2.599, p = .015) and anxiety (t (46) = 3.838, p > .001). However, there were no mental health differences between groups on perceived importance or support for violence research (Table 3).

Table 3
Welch's t-test: PROMIS Anxiety and Depression means by Reactions to Trauma Questions

Reaction	High		Low		t(42.65)	p	Cohen's d
	M	*SD*	*M*	*SD*			
Distress							
Anxiety	19.00	8.93	10.50	4.82	4.32	.000	-1.08
Depression	17.08	9.16	10.75	6.58	2.60	.015	-0.75
Importance							
Anxiety	17.65	8.36	15.74	9.27	0.77	.447	-0.22
Depression	16.08	8.70	14.96	9.34	0.43	.667	-0.13
Support							
Anxiety	16.62	8.92	16.61	8.91	0.003	.997	0.00
Depression	15.72	8.54	15.31	9.46	0.16	.872	-0.05

Discussion

The COVID-19 pandemic combined with the increased awareness of anti-Black violence in the U.S. provide the backdrop for Black/African American mothers' exposure to violence in the home in 2020. With all these societal stress, pressures, and deaths, professionals' desire to not contribute harm is likely strong. Though the research to date overwhelmingly shows that participating in violence research is not harmful (e.g., Gómez et al., 2015), such research cannot address the current differential context for Black/African American mothers. Therefore, the purpose of the current study was to examine Black/African American mothers' levels of distress, perceived importance, and perceived support for this work following participating in research that inquired about their exposure to violence before, during, and since shelter-in-place orders.

Contrary to our expectations, Black/African American mothers' reported rates of violence exposure before, during, and after shelter-in-place were relatively low (14%). The reasons for these reduced rates are unclear. First, it is possible there are indeed low rates of violence in the home during COVID-19. However, false negatives—that is, denying violence on the surveys even though it is happening in the home—is also possible due to a host of factors, including cultural mistrust of the researchers who are likely presumed to be White (e.g., Lyons et al., 2012).

In line with Hypothesis 1, over 80% of the total sample reported low levels of distress, with approximately 1 in 3 Black/African American mothers with violence exposure indicating distress. Though existing research has shown that such distress is typically mild and transitory (e.g., Becker-Blease & Freyd, 20076; Black & Black, 2007; Cook et al., 2011; DePrince & Chu, 2008; Edwards et al., 2009;

Galea et al., 2005; Gómez et al., 2015), the rates of reported distress here do warrant further examination (*see* Limitations & Future Directions).

Partially supporting Hypothesis 2, half of the total sample indicated that violence research was important, with all Black/African American mothers with violence histories (as assessed in the current study) indicating importance of violence research. These findings bolster the existing literature that shows that participants believe in the importance of violence research (e.g., Cook et al., 2015; Cromer et al., 2006; DePrince & Freyd, 2006; Edwards et al., 2007; Gómez et al., 2015; Yeater et al., 2012).

Our findings were also in line with Hypothesis 3 regarding support for violence measures in research in the context of weighing the amount of their own distress and perceived importance of the work. Though approximately half of the total sample endorsed support for violence research, over 80% of Black/African American mothers who reported being exposed to violence indicated such support. Though aligned with past research (e.g., Yeater et al., 2012), this finding is particularly promising, given the context of the double pandemic of COVID-19 and anti-Black violence in the U.S.

Finally, we explored mental health differences in reactions to participation, finding that those who reported higher levels of distress had significantly higher average levels of depression and anxiety symptoms. There were no differences in mental health on perceived importance or support for violence research. These findings, though exploratory, add to the literature in this area by specifically focusing on another factor, mental health, that may contribute to participants' experiences and perceptions of violence research.

Implications for Community Researchers

Findings from the current study have implications for research with Black/African American mother. Specifically, questions about violence exposure can and should be asked of Black/African American mothers, even amidst the increased stress of COVID-19 and anti-Black racism. Simply put, assessing for exposure to violence can provide avenues for resource access and utilization, as well guiding trauma-informed practices and protocols. Excluding queries about violence exposure may be a form of institutional betrayal (e.g., Smith & Freyd, 2014) by causing harm through omission in our professional roles. Instead, each of us can engage in institutional courage (Freyd, 2014; Freyd & Smidt, 2019) by using our roles as researchers, clinicians, and community healthcare practitioners to assess for past and present exposure of violence, which we then use to inform next steps.

Community researchers, even those whose work does not focus on violence, should consider asking about violence exposure because of the association with mental, physical, and behavioral health. Researchers without trauma expertise can utilize state of the art measures (e.g., Goldberg & Freyd, 2006; Gómez & Johnson, 2022) to ask behaviorally about violence exposure in order to limit false negatives that come from the use of accurate, but stigmatizing, language, such as *rape*. Furthermore, researchers can assess participants' reactions to engaging in such research with the three items utilized in the current study (DePrince & Freyd, 2006). To elicit additional information, researchers could include one or two open-ended qualitative items that can provide richer information on experiences of distress, perceived importance, and support for violence research (DePrince & Freyd, 2006). Doing so not only continually provides information on participants' experiences across developmental, cultural, and methodological contexts, but also provides

evidence for research team members, IRBs, and others who are worried about the harm that asking about violence exposure could cause participants.

Limitations & Future Directions

The current study provides important information about how Black/African American mothers emotionally react and appraise violence research following participation during the COVID-19 pandemic. Nevertheless, future research can build upon the current study's limitations. The current study operationalized violence history with four items assessing relatively recent physical or sexual violence—before, during, and after shelter-in-place governmental guidelines. Therefore, it is unknown how exposure to violence in childhood, adolescence, and years past impact reactions to research participation. Therefore, future research can examine a wider range of kinds of violence (e.g., police violence) with culturally congruent methodology, such as the Cultural Betrayal Multidimensional Inventory for Black American Young Adults (Gómez & Johnson, 2022). Importantly, research can assess if the current study's findings are replicated in countries across the Black African diaspora. While we have presented statistical tests that are less biased in situations with small cell sizes (e.g., Fisher's exact), these results should still be taken as descriptive in nature and should be confirmed on larger samples with higher proportions of violence exposure. Importantly, violence exposure was assessed with self-report responses as part of a larger data collection effort that did not involve a process of building community rapport and earning institutional trust. Therefore, our lower rates of violence exposure in this sample may be a function of cultural mistrust. While not overstating risk to participants in informed consent materials (Abu-Rus et al., 2019), future research can employ a research process that includes steps to earn trust (Rahill et al., 2018), as well as using a mixed-method design with Black women interviewers in order determine if cultural trust facilitates increased disclosure of violence, as has been found in prior studies (e.g., Lyons et al., 2011). Additionally, researchers can qualitatively probe for more information regarding the nature of distress felt by those who experienced violence, as well as longitudinally tracking feelings of distress, as well as post-study behaviors, such as help-seeking. Importantly, participants in the current study were not subjected to mandated reporting, which is ensuring participant autonomy and agency over their own experiences (Holland et al., 2018). Finally, researchers can share the current study's findings with IRBs as evidence that asking about violence history is not unduly distressful (e.g., Dalenberg, 2013), even amidst such societal unrest.

Concluding Thoughts

The double pandemic of COVID-19 and police- and civilian-perpetrated anti-Black violence in 2020 continues to harm Black/African American communities (e.g., CDC, 2020). Within this context, Black/African American mothers are also at risk for experiencing violence in the home. An impulse of researchers and community practitioners may be to refrain from inquiring about violence in line with the noble goal of doing no harm (e.g., Becker-Blease & Freyd, 2006, 2007), perhaps particularly to Black/African American mothers who are enduring increased hardships due to societal inequality. However, the costs of not asking are profound and include committing institutional betrayal (Smith & Freyd, 2014) by promoting silence, while not having adequate information to engage in trauma-informed research and treatment. Fortunately, the current study provides evidence that even in the context of 2020, inquiring about violence is not more distressing than other day to day experiences for the majority of Black/African American mothers, including those who have been

recently victimized. Moreover, our study shows that Black/African American mothers, especially those with violence histories, assert that violence research is important and should be included in studies. Therefore, even during a time of extreme psychological trauma, sickness, and death, researchers and community practitioners can engage in institutional courage (Freyd & Smidt, 2019) through incorporating the reality of violence into our work with Black/African American mothers. In doing so, we are better equipped to provide trauma-informed and culturally congruent work that can result in radical healing (French et al., 2020) that can benefit all of the Black community.

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