TWO SIDES OF THE SAME COIN

**Two Sides of the Same Coin: A Mixed Methods Study of Black Mothers' Experiences with
Violence, Stressors, Parenting, and Coping during the COVID-19 Pandemic**

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Abstract

Due to systemic and structural inequities, the COVID-19 pandemic disproportionately impacts the Black community, along with ongoing anti-Black racism and violence. Violence against women in the home, particularly Black women, was prevalent during shelter in place, along with the additional family responsibilities of Black mothers. Crenshaw's theory of intersectionality (1991) provides a foundation for examining Black mothers' experiences during shelter-in-place mandates. This mixed-methods study aimed to quantitatively assess violence victimization, acknowledged racial inequities, depression and anxiety, while qualitatively examining Black mothers' experiences in parenting during shelter-in-place orders. Participants ($N = 127$; $M_{\text{age}} = 32.4$ years) were mothers who self-identify as Black or African American living in a Midwestern US city. Results showed that Black mothers who perceived greater COVID-19 inequities in the Black community reported increased parental stress, decreased emotional support, greater exposure to physical or sexual violence, and higher symptoms of stress, anxiety, and depression. Qualitative results yielded numerous themes, including the integrative theme of *two sides of the same coin*, highlighting both positive parenting experiences and significant stressors for Black mothers. The implications point to the need for intersectional and feminist approaches to interventions and initiatives that support Black women as humans, mothers, souls, and spirits.

Key Words: violence victimization; mental health; COVID-19 pandemic; intersectionality; Black/African American mothers

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Introduction

Beginning in the year 2020, public dialogue illuminated what has already long been known but societally underappreciated: structural and cultural racism impact many facets of American life (e.g., Hicken et al, 2018 Yip, 2020). As the editors described in the introduction to this special issue, due to existing structural and systemic inequities, the COVID-19 pandemic has disproportionately impacted the Black/African American community (Hooper, Nápoles and Pérez-Stable, 2020; Laurencin and McClinton, 2020), with over 30% of those inflicted by the virus being Black/African American, even though they constitute only 13% of the overall US population (Centers for Disease Control & Prevention [CDC], 2020). This disproportionate impact has continued, with Black Americans being 2.5 times more likely to be hospitalized and 1.7 times more likely to die from COVID-19 (CDC, 2022). While the global pandemic has shed light on country-level inequities in access to healthcare, vaccines, and treatment (Stiglitz, 2020), in the United States, this viral pandemic occurred alongside a second pandemic of public and government-sanctioned anti-Black racism and targeted violence against Black people in the U.S. (Dreyer et al, 2020).

In addition to the impact of racism itself, the extent to which some Black/African Americans acknowledge versus deny the depth and impact of this racism may further affect their mental health. Specifically, betrayal trauma theory (BTT; Freyd, 1996, 1997) postulates that betrayal blindness—or a lack of integrated awareness of abuse—can occur to protect the self. When circumstances are traumatic, being present to the depravity can have psychological costs (e.g., Freyd, 1996), including depression and anxiety. Though denial is not often conceptualized as a productive strategy, according to BTT, it potentially serves a function of psychological and

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relational protection. With the conceptualization of anti-Black racism as trauma (Bryant-Davis and Ocampo, 2005a, 2005b; Gómez, Gobin and Barnes, 2021; Metzger et al, 2021; Williams, Walker and Wyatt, 2021), acknowledging inequities—as opposed to engaging in betrayal blindness (Freyd, 1997)—may negatively impact mental health.

Gendered Violence, Parenting, & Black Women

While these societal ills negatively affect Black people's mental and physical health, intimate terrorism (Herman, 1997) in the form of gendered violence against women in the home is additionally prevalent during the double pandemics (Abramson, 2020; Campbell, 2020; Evans, Lindauer and Farrell, 2020). Tragically, though unsurprisingly, such violence impacts Black and other women of Color more than White women (Ruiz et al, 2020). Finally, Black women who are mothers have additional parenting and household responsibilities amidst COVID-19 and experience anti-Black racism and violence, intimate terrorism, and class oppression. Unsurprisingly, among adults, particularly parents, the COVID-19 pandemic has resulted in a national mental health crisis (Abramson, 2020) due to the increase in mental health challenges (Lee, 2020; Patrick et al, 2020; Racine, Birken and Madigan, 2020; Russell et al, 2020). Black feminist theory can guide the understanding of Black mothers' experiences during pandemic-related shelter in place guidelines.

Intersectionality

With structural, political, and representational components, intersectionality (Crenshaw, 1991) identifies how multiple oppressions, such as racism, sexism, and classism intersect to harm Black women. According to Crenshaw (1991), structural intersectionality underscores how racism and sexism make women of Color's experiences of so-called gendered violence (e.g., domestic violence, rape) qualitatively different than that of White women. With political

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intersectionality, Crenshaw (1991) further delineates how the needs that stem from these oppressive differences have been excluded from both mainstream feminist and anti-racist movements, thus further oppressing women of Color. Finally, representational intersectionality (Crenshaw, 1991) describes disempowering cultural constructions of women of Color that further oppress. Taken together within the current era marred by COVID-19 and anti-Blackness (Buchanan and Wiklund, 2021; Crenshaw, 1989; Cole, 2009, 2020; Grzanka, 2020), these forms of intersectionality (Crenshaw, 1991) provide a liberatory and radical framework (Overstreet, Rosenthal and Case, 2020) for understanding how intersectional oppression, including racism and sexism, makes Black mothers' experiences of home violence and parenting uniquely challenging.

Coping, Positives, & Within-Group Variations

An oft-overlooked overarching theme of life is that experiences, like Black mothers themselves, are not a monolith (Gómez, 2019a; Gómez and Gobin, 2020; Pole and Triffleman, 2010). Even amidst all the aforementioned societal, familial, and interpersonal difficulties found in 2020, joy, strength, and coping also exist. Scholars have documented unique strengths among Black families, including interconnectedness, optimism, hopefulness, and perseverance (Murry et al, 2018). Further, studies of stress coping among Black mothers, in particular, have shown associations between optimism and effective child management; optimism also helped reduce internalizing symptoms among mothers (Taylor et al, 2010). Cutrona and colleagues (2010) additionally demonstrated that highly optimistic Black mothers were able to overcome challenges related to their environmental conditions. Further, social supports, such as caregiving support and strong neighborhood relationships, have been shown to benefit Black mothers' mental health (Black et al, 2005; Jarrett et al, 2019). Black mothers have also been identified as a

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source of protection from racial discrimination stress for children (Berkel et al, 2009).

Ultimately, the diversity of Black mothers' identities and experiences is a strength, and collectively, Black mothers have managed to raise generations of families with positive attributes and experiences, despite the intersecting oppressions that society continues to unleash upon them.

Purpose of the Study

Though unprecedented in many ways, the current era of COVID-19 (Centers for Disease Control & Prevention, 2020) and anti-Black violence (Dreyer et al, 2020) have displayed a predictable array of inequities (Hicken et al, 2018) along racial lines (Hooper, Nápoles and Pérez-Stable, 2020; Laurencin and McClinton, 2020). The goal of the larger project was to understand stressors, challenges, and strengths experienced since the pandemic began in primarily Black urban families, to provide resource and community services while also informing public policy. Through the lenses of intersectionality (Crenshaw, 1991), the purpose of the current mixed methods study is to quantitatively assess violence victimization, acknowledged racial inequities, and depression and anxiety, while examining Black mothers' challenges, stressors, and positives in parenting during shelter-in-place orders in April—June 2020. In this study, we seek to answer the following research questions:

1. *What are the challenges, stressors, and positive experiences that Black mothers' have identified during the COVID-19 pandemic? How have they coped with these experiences?*
2. *What are the relationships and co-occurrence between stressors (acknowledged inequities, violence victimization) and strengths (parental support) for Black mothers*

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during the COVID-19 pandemic? How are they connected to mental health (anxiety and depression)?

These research questions will be answered through an equal status concurrent transformative mixed-method design, drawing from Kroll and Neri (2009). Quantitative and qualitative data were collected at the same time (concurrently), are integrated at the analysis and interpretation phase (transformative), and are given equal status (they are equally important). Mixed methods studies are particularly important to approach research questions comprehensively particularly when conducting research of populations or periods where prior literature is limited. In these cases, qualitative data may illuminate themes that are not properly measured in quantitative data and vice versa.

Researcher positionality shapes the approach, influencing how research is conducted, its outcomes, and interpretation of results (Darwin Holmes, 2020). The team consists of three ethnically diverse researchers (Arab, Black, and White), two ciswomen and one cisman, and two individuals with parenting experience. We each have between four and 20 years of experience working intensively with Midwest urban communities. However, none of the team has lived experience growing up in the city where the research was conducted.

Method

Participants & Procedure

Study 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—

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inviting them to participate, with one participant 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.

Insert Table 1 about here

Measures

The current study is part of a large data collection on the impact of COVID-19 on urban parents (*author citation*). Therefore, only some of the measures are reported here.

Acknowledged Racial Inequities of COVID-19

Two Likert-scale questions from wave 1 of the study, created by the last author, were included in the current data collection. The first question asked participants to report on how they felt Black families were being treated by health care professionals (1= worse than other families, 2 = the same as other families, 3 = better than other families). The second question asked participants to rate their perceptions of how Black families were impacted by COVID-19 (1 = more than other families, 2 = the same as other families, 3 = better than other families). Both questions also provided a response option for those who chose not to answer.

Parenting support during COVID-19

Parenting experiences of support during covid were assessed via a 14-item scale provided in wave 1 of the current study. Five of the items relating to parental stress during COVID-19

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were developed specifically for the study. The remaining 9-items were from the PROMIS emotional support scale (Cella et al, 2010). All items used a 5-point Likert scale (1 = never, 2 = rarely, 3 = sometimes, 4 = usually, 5 = always). Participants were also given an option to choose not to answer. As described in the results below, an exploratory factor analysis was conducted on these items to create scale scores to be used in subsequent analyses. The number of factors was assessed via standard criteria; eigen values above 1, visual examination of the scree plot, and delineation of factor item loadings (Tabachnick and Fidell, 2013). We did not assume orthogonal factors and therefore used a Promax rotation. This procedure yielded a two-factor solution that accounted for 69% of the total variance in the items. The first factor, comprised of 10 items, was labeled as parental support, with items such as: *since the beginning of the COVID-19 crisis... I have someone to talk with when I have a bad day; I have someone I trust to talk with about my feelings; I have someone to confide in or talk to about myself or my problems*. The second factor, comprised of 4 items, was labeled as Parenting Stress, with items including: *Since the beginning of the COVID-19 crisis...being with my child(ren) makes me feel stressed or overwhelmed; I feel overwhelmed by the number of resources made available to parents right now*. The KMO coefficient was 0.895, indicating adequate sampling. The Bartlett's test of sphericity yielded a significant chi-sq ($\chi^2(91) = 2522.656, p < .001$), indicating adequate correlational structure among the items. Item factor loadings are provided in Table 5 (see results). Factor scores were created from this EFA and used in subsequent analyses. The reliabilities for the two factors were appropriate with an $\alpha = .95$ for the parenting support factor and adequate at $\alpha = .75$ for the parenting stress factor.

Violence Victimization

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Created by the last author for the current study, Wave 1 of the current study included two questions about exposure to sexual or physical violence in the home. Specifically, participants were asked about any occurrences of physical violence (e.g., hitting, pushing, shoving, yelling, screaming) and sexual violence (e.g., sexual touching without consent) in the home. 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.

Developed for this study by the last author, Wave 2 of the current study 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*. The two items were: (1) *In summer, has there been any violence in the home, such as hitting, pushing, shoving, yelling, or screaming?*; and (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 then combined into a dichotomous variable indicating whether the participant had reported any violence exposure (scored 1) or no violence reported (scored 0). Finally, participants 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 in both waves using the PROMIS scales (Pilkonis et al, 2011). There were 8 items each for depression and anxiety symptoms 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, include “*I felt I had nothing to look forward to*”

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and “*My worries overwhelmed me*”. 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 ($\alpha > .9$) in ethnically diverse samples (Teressi et al, 2016). Kudel and colleagues have established the convergent validity of the PROMIS, with the depression subscale positively correlating with the Beck Depression Inventory ($r = .73, p < .001$) and the anxiety subscale positively correlating with 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). Internal consistency in the current sample was excellent for depression symptoms ($\alpha = .950$) and anxiety symptoms ($\alpha = .953$). Continuous mean score variables were calculated and used in analyses.

Qualitative Items

For qualitative analysis, we examined responses to two questions with open-ended responses: (1) “*Please think about parenting your child(ren) and write 2-3 sentences reflecting on what you see as positive things that have happened since the COVID-19 crisis*”; and (2) “*Please think about parenting your child(ren) and write 2-3 sentences reflecting on what you see as the unique challenges and stressors that have come about in the past two weeks.*” The second item refers to a more recent time period (2 weeks) to intentionally align it with quantitative depression and anxiety measures. Most participants ($N = 118, 61\%$) provided a response to these questions.

Data Analysis Plan

Quantitative Analysis

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The overarching aim of this study is to examine the direct and indirect impacts of the COVID-19 pandemic on Black mothers of young children. As noted earlier, Black mothers are uniquely impacted in diverse ways by COVID-19 through the intersection of the global health crisis and institutionalized medical and social racism. Specifically, we posit three primary hypotheses derived from this overarching aim: (1) Black mothers' perceptions of disproportionate impact of COVID-19 and discriminatory treatment of Black families by health care professionals will be positively associated with increased levels of depression, anxiety, and stress symptoms. We will use linear regression to test this hypothesis. (2) Black mothers of young children who have higher levels of stress related to parenting during COVID-19 and have lower levels of personal support will have higher levels of depression, anxiety, and stress symptoms. This hypothesis was examined via regression analyses as well. (3) Black mothers experiencing physical and sexual violence during the COVID-19 stay-at-home orders would also have increased levels of anxiety and depression. Because of imbalanced experiences of violence victimization groups, this hypothesis was tested using t-tests with bootstrapped standard errors corrected for unbalanced sample sizes and non-equality of variances.

Qualitative Analysis

Qualitative analyses involved examining open-ended text responses to two open-ended questions, one asking about positive things and the other about challenges and stressors. Coding was conducted by two members of the research team through a multi-step coding process. First, coders identified an initial set of categories by reading through qualitative responses for each question (across participants) and for each participant (within participant). The coding team then met to achieve consensus on a set of operational definitions and semantic labeling for identified codes. The responses then went through another round of coding with the aim of identifying

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higher level categories within which the initial categories can be subsumed. We developed a codebook with operational definitions and exemplar quotes. Our coding team consisted of two ciswomen of different racial/ethnic identities (Arab and Black), and parenting status. Each member of the team kept a reflective journal to intentionally examine the positionality and subjective perceptions of each coder.

Quantitative Results

Descriptive Statistics and Preliminary Analyses

All continuous variables, means, standard deviations and correlations are provided in Tables 1a and 1b. Approximately 23% and 31% of the participants reported anxiety and

Insert Tables 1a and 1b here

depression scores that were above the clinical cutoff criteria (Table 2). The majority of participants also acknowledged COVID-19-related racial inequities. Specifically, 59% of participants indicated that they felt Black families had been treated worse than other families by health care and other human service professionals during the COVID-19 crisis. Additionally, 74% of participants reported that COVID-19 had impacted Black families to a larger degree than other families. Finally, small proportions of the sample reported experiencing physical and/or sexual violence prior to state mandated stay-at-home orders (SAH; 5%) and during SAH (6%).

Insert Table 2 here

Data were screened for assumptions prior to conducting the primary research question analyses. First, data were screened for missing data patterns. Missing data ranged from 13% - 31% for the key study variables. Much of the sample (67%) had complete data on all variables and 4.7% were missing all key study variables (Figure 1). The Little's MCAR chi-square test was non-significant and so missingness was treated as missing completely at random (MCAR). Because there was more than 5% missing data on some key variables, missing values were imputed using the Multivariate Imputation by Chained Equations (MICE) package for R. Five imputations were conducted using predictive mean matching for the imputations. The distributional density plots (Figure 2) comparing the original data distribution (shown in blue) to the imputed distributions (shown in red) indicate that the imputations generally replicated the original distributions well. Mahalanobis distance was used to test for outliers with a cutoff set at greater than 2 standard deviations (cutoff = 46.96, 27 df); there were no outlier values indicated. Examination of the Q-Q plot of the standardized residuals indicate linearity, while scatterplots of fitted versus standardized residuals show homogeneity of variance. However, Shapiro-Wilk's tests were significant, indicating deviations from normality. Therefore, all subsequent analyses used bootstrapped standard errors.

Primary Analyses

Hypothesis 1

We hypothesized that acknowledged inequities are associated with anxiety and depression among Black mothers. As hypothesized, regression models indicated that acknowledged disparate treatment of Black families by professionals were significantly negatively related to depression ($\beta = -0.27, p = .012$) and anxiety ($\beta = -0.31, p = .003$). Likewise, the acknowledged

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differential impact of COVID-19 on Black families was significantly positively related to both depression ($\beta = 0.28, p = .007$) and anxiety ($\beta = 0.22, p = .035$). Taken together, these findings suggest that Black mothers' acknowledgement of racial inequities was associated with higher levels of depression and anxiety (Table 3; Table 4). Though acknowledged inequities were correlated using Spearman's Rho ($\rho = .579, p < .001$), their effects on anxiety and depression were independent with $VIF < 1.6$ in both regression analyses.

Insert Tables 3 & 4 here

Hypothesis 2

In addition to the negative impact of acknowledged racial inequities of COVID-19, we further hypothesized that the direct impact of COVID-19 restrictions on family life would also be associated with higher levels of anxiety and depression among Black mothers. In order to test this hypothesis, we first conducted a principal components analysis on a set of 14 COVID-19 specific experiences questions using a Promax rotation. This analysis yielded two factors, one related to perceived emotional and informational support and the other related to parenting challenges (Table 5). We further hypothesized that the direct impact of COVID-19 restrictions on family life would also be associated with higher levels of anxiety and depression among Black mothers. In order to test this hypothesis, we first conducted a principal components analysis on a set of 14 COVID-19 specific experiences questions using a Promax rotation. This analysis yielded two factors, one related to perceived emotional and informational support and the other related to parenting challenges (Table 5).

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Insert Table 5 here

As a result, two composite variables via factor scores were created and included in regression models with bootstrapped standard errors to assess the relationship of these two COVID-19 specific factors with anxiety and depression. As expected, perceived social support was negatively associated with anxiety ($\beta = -.40, p < .001$) and perceived parenting challenges were positively associated with anxiety ($\beta = .23, p = .011$). Similar results were found for depression, with decreased perceived social support significantly related to higher depression scores ($\beta = -.39, p < .001$) and increased perceived parenting challenges being associated with higher depression scores ($\beta = .36, p < .001$).

Insert Tables 6 & 7 here

Hypothesis 3

Finally, we hypothesized that women reporting either sexual or physical abuse taking place in the home during the stay-at-home order would report higher rates of depression and anxiety than those not reporting abuse. To test this hypothesis, independent sample t-tests with bootstrapped standard errors corrected for unbalanced sample sizes and non-equality of variances were conducted. The results indicated significant differences in anxiety ($t = 2.20, p = .022$) and

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depression ($t = 2.35$, $p = .015$), with those experiencing violence after the stay-at-home order having higher anxiety scores ($M=24.6$ v. $M=17.1$) and higher depression scores ($M=22.12$ v. $M=15.45$) than those not experiencing violence.

Qualitative Results

The qualitative results highlight the most dominant and common themes that emerged in participant responses, beginning with a discussion of a key integrative theme, followed by key themes and sub-themes that emerged from positive responses.

Integrative Theme: Two sides of the same coin

Overarching themes that permeate across multiple clusters of themes or qualitative data are often referred to as integrative themes (Brooks et al, 2015). The qualitative analysis yielded two primary and connected integrative themes: (1) two sides of the same coin; and (2) positive addresses negative. Many participants described both negative and positive aspects of the same type of experience. We dubbed this overarching theme: “two sides of the same coin.” For this paper, we subsume the second integrative theme (positive addresses negative) within the first, allowing the positive and negative aspects of a single theme or experience to be both opposing and complementary.

Time Together

Nearly every participant identified having more time with children or family as a positive experience. Participants consistently discussed how greater time together allowed them to bond with their children, to engage in enriching activities, to learn more about their children, and much more. In that sense, the theme of *time together* facilitates and intersects with numerous other themes, in that time together allowed mothers to create the space and time for many of the other positive experiences that they shared. One mother shared, “the most positive outcome was being able to spend more time with the kids. We was [*sic*] able to do more indoor activities and bond

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more.” Another participant stated, “I get to spend more time with them they bring me joy. No matter what they are always happy which makes me happy.”

While this theme was predominantly positive, participants directly or #highlighted negative aspects or the ways in which time together had two sides. These included conflict between children, parenting challenges, and general stressors. One participant clearly highlighted the opposing forces by stating, “Spending hours combined with each other is stressful but you learn your children’s weakness and needs. I’m glad I’m able to take of my children.” Another participant highlighted the fact that family members were “forced to be together” but added, “.. [it] aided in us growing closer as a family. I have learned a lot about my children's thoughts, behavior, and interests. We have worked on many areas that needed growth.”

Family Relationships

Participants discussed numerous aspects of family relationships that were affected during the shelter in place period. The over-arching theme of family relationships had several prominent sub-themes including parent-child bonding, family closeness, parent-child conflict, and child-child conflict. While most responses related to family relationships were positive, participants also identified areas where challenges emerged, leading changes in family relationships to be another thematic area with *two sides of the same coin*.

Parent-Child Bonding & Family Closeness

Second only to *time together*, parent-child bonding and family closeness was one of the most dominant themes in participant responses. Mothers gave numerous examples of the ways in which their bond with their children improved, or relationships as a family more broadly. One participant responded, “My family and I have been working on our bond. We spend more time together as far as playing games and watching movies together and talking more to each other.

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Less screen time, more family time.” Another mother shared that the positive aspect of COVID-19 was, “spending more time with my kids ... learning my kids' personalities better and bonding more.” Some participants remarked about family closeness more generally; for example, one mother stated, “My family is closer. Our values are more understood.” Some mothers also reported increased closeness between their children, an important sub-theme to family closeness. Several stated that their children were “getting close” or “had become so much closer,”

Conflict

On the other hand, some participants viewed the shelter in place order as contributing to increasing tensions or conflict in relationships. While this was not as common as more positive parent-child or family bonding, participants did identify both conflict between themselves and their children, as well as conflict among children as key stressors. One participant stated it generally, responding that she has to “deal with all the yelling and crying and, arguing from the children.” Others commented on their efforts to reduce conflict between children, such as, “Just trying to make sure that the kids know how to share and play together well, with little fighting” (mother, age 28). One participant described the conflict between herself and her child more clearly

Repeated reminders to maintain cleanliness without assistance is a negative time, because a lot of "not-me" follow instead of "do -it- before -say- anything- especially -if -you-don't -want -to- hear -my -mouth" or become annoyed with talking to them.

Parental Roles and Responsibilities

Numerous participants discussed the challenges of parenting and the numerous different roles that they, as mothers, have had to play during the shelter-at-home period. The over-arching theme of parental roles and responsibilities, including both role identification and multi-tasking,

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was one of the most common challenges and stressors. Specifically, participants described roles that directly or indirectly connected to multiple tasks, including parenting, managing schedules, working/formal employment, teaching for online schooling, cooking, cleaning, and helping their kids through their stress and emotions. Participants discussed the juggling of all these different roles and tasks as one of the most difficult parts of the pandemic. One participant responded that the biggest challenge during COVID was, “Being a mom, working, and being a teacher to 2 children.”

Parental multi-tasking was another sub-theme closely tied to the many roles that mothers played during the pandemic lockdown. One participant stated, “I was home working at home alone with 3 school-age children. Juggling our four schedules was not easy.” Another reported, “It has been challenging to balance work and parenting. It’s difficult to provide the level of structure my younger child is used to while maintaining my work schedule.”

While many participants were stressed about the roles and tasks required of them during the pandemic, this theme also intersected with the integrative theme of *two sides of the same coin*. Despite this challenge, many mothers expressed the positive side of knowing more about their children’s education, thus being able to support them more in home-schooling. For example, one participant stated, “I have been able to see what my kids are doing in school and better understand their strengths and challenges. We have been able to explore the subjects they’re passionate about.” Another participant also reported, “I have had an opportunity to work with him more on his schoolwork.” One mother highlighted that “being able to parent” was a positive for her, adding, “We have our shortcomings when we (parents) have to work in order to provide. It feels good to be hands on, although very stressful.”

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Building on this, some parents were able to support their children in achieving important developmental milestones during this period. One mother reported that she “successfully potty trained” her child. Another participant stated, “My daughter learned how to read. I am very proud of her trying. It was very hard at first.”

Teaching and Learning

Participants described opportunities for teaching their children that went beyond formal education or schooling. During the shelter in place, mothers spent time teaching about the world, including COVID-19. Participants described various life lessons that they worked with their children on during this period. One participant reported, “I get to spend more time with my kids & continue to teach them right from wrong. And keep doing my best to be a good role model for them!” Another discussed the challenges of teaching children life lessons, stating, “The unique challenge is teaching my child to understand that she does not know everything ... learning takes time and its ok to make mistakes and keep trying.” Mothers also spent some time talking to their children about COVID-19 and the world around them. One participant noted, “More conversations about the COVID-19 impact on the world. Talking about how people around the world is [*sic*] impacted by this COVID-19 Virus.”

The pandemic also created an opportunity for mothers to *learn* more about their children and build their own parenting skills. One participant stated, “I’ve become even more engaged in developing & understanding my child’s strengths & weaknesses. I have to work on my patience extensively [*sic*].”

Anxiety and Social Isolation

Participants identified numerous fears and anxieties that were challenging during the COVID-19 shelter-in-place period. These feelings took many forms, depending on the

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circumstances of the participant. For examples, some mothers who worked outside the home expressed anxiety around working in public. A participant stated her biggest challenge was “going to work and not knowing who has the virus.” One mother clearly stated, “We're scared to go out.” Others described the anxiety about the future as a stressor, stating “thinking about what's next and what's going to happen and being uncertain,” or, “the uncertainty was a stressor.”

In tandem with dealing with their own anxiety and social isolation, mothers have also had to manage the painful emotions of their children. One participant exemplified this, stating, “My children have been sad and anxious and it's hard for me to deal with sometimes.” Another participant stated, “I feel he doesn't understand what is going on around outside. I worry what school will be like in the Fall 2020.” Children were also often expressing frustration to their mothers about social isolation measures. Many participants said their children struggled with being unable to go outside to play, “being stuck in the house,” or wanting to go to their friends' houses. One participant stated, “Staying inside was hard for them.”

Pain and Grief

While not as frequent as the aforementioned themes, pain and grief certainly emerged as important themes. Even though they were less commonly discussed, the statements were emotionally deeper and rawer. Participants mentioned death in their own families, and one participant mentioned “a lot of death in black families,” as a key challenge during the COVID-19 pandemic. Others discussed other types of painful challenges in their own life. One participant shared the impact of life challenges on motherhood, stating, “Just battling my own problems of life from a broken heart down to a loss of job, and also having to pick my head up by myself to be a mom. It's really hard.” Some participants remarked more generally that their lives had been completely different and challenging during the pandemic. In one expression of pain/grief, a

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participant criticized the question on positive aspects of the pandemic experience, stating “How can you write of anything positive when people are dying all around us?” Several others could name no positive aspects of the shelter-in-place order and COVID-19 or simply stated, “nothing at all.”

Meaning-Making and Coping

Despite the stressors, participants directly or indirectly identified numerous ways in which they were attempting to make meaning of the events around them or cope with them. Coping strategies included turning to religion and prayer, such as one participant who stated, “We can't do anything but pray that this will pass, and God will see us through this horrible time that has affected us all.” Others have centered their children as sources of happiness or for making sense of the world. One participant stated,

I believe this [*experience*] have [*sic*] sat me down to realize that my children are the best thing that I have and when I ever feel like no one love me, they do. This crisis has led me to believe it's more to life than the big things people stress about, it's the little things that makes the world a better place.

Similarly, other participants engaged in meaning-making that connected their experience to the larger world, sharing sentiments like “we are all in this together.” Participants also engaged in other common strategies for coping, such as “listening to music to help me relax,” exercising and eating healthy, working on routines and schedules, or engaging in home organization activities.

Discussion

The current mixed method study examines the experiences of Black mothers during the shelter-in-place orders of the 2020 COVID-19 pandemic both quantitatively and qualitatively, synthesizing data on violence victimization in the home, mental health, acknowledgement of

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racial inequities, and parenting challenges and positive experiences. Our two overarching research questions for both the quantitative and qualitative studies were: 1) What are the challenges, and stressors, and positive experiences that Black mothers' have identified during the COVID-19 pandemic? How have they coped with these experiences?; and 2) What are the relationships and co-occurrence between stressors (acknowledged inequities, violence victimization) and strengths (parental support) for Black mothers during the COVID-19 pandemic? How are they connected to mental health (anxiety and depression)? Our hypotheses for the quantitative study were: 1) Black mothers' acknowledged racial inequities in the impact of COVID-19 and healthcare treatment will be positively associated with increased levels of depression, anxiety, and stress symptoms; 2) Black mothers of young children who have higher levels of stress related to parenting during COVID-19 and have lower levels of personal support will have higher levels of depression, anxiety, and stress symptoms; and 3) Black mothers experiencing violence victimization during the COVID-19 stay-at-home orders will also have increased levels of anxiety and depression.

The quantitative results on mental health indicate that a substantial proportion of Black mothers experienced symptoms of depression (31%) and anxiety (23%) during the COVID-19 pandemic. Our findings are in line with studies of U.S. adults and parents (Cameron et al, 2020; Twenge and Joiner, 2020), which demonstrate similar increased prevalence of depression and anxiety in 2020.

In the current study, we identified several key factors that influenced Black mothers' anxiety and depression. Bolstering the literature on violence against women in the home (Abramson, 2020; Campbell, 2020; Evans, Lindauer and Farrell, 2020; Ruiz et al, 2020), those who had experienced higher levels of trauma after the shelter-in-place orders had higher levels of

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anxiety and depression. Similar to prior quantitative research (Abramson, 2020), parenting challenges and stress also emerged in the qualitative analysis. The Black mothers in our study who had higher perceived social support or lower perceived parenting challenges reported lower anxiety symptoms. In some responses, mothers directly connected the parenting challenges with their mental health, in line with the quantitative data. For example, one participant stated,

It has been challenging to balance work and parenting. It's difficult to provide the level of structure my younger child is used to while maintaining my work schedule.

My children have been sad and anxious and it's hard for me to deal with sometimes.

The connection between greater social supports, fewer parenting challenges, and improved mental health is no coincidence. Social supports have long been connected to improved parenting behavior and mental health symptoms among Black/African American mothers (Lee et al, 2020; Jackson et al, 2013; Jackson, 1998; Kotchik, 1995).

Additionally, Black mothers had a combination of challenges and positive experiences throughout the COVID-19 shelter-in-place period in 2020. Importantly, there was a diversity of circumstances in the current sample. For example, employment varied across the sample, with some mothers working from home, others who lost employment, and still others who continued to work outside of the home. Moreover, most participants identified increased time with their families as the most common positive aspect of COVID-19. Mothers' appreciation of the time with their children, and the ways in which time together facilitated numerous other experiences (e.g., learning, bonding) potentially sheds light on the challenges that some Black mothers in particular face outside the pandemic period. Specifically, appreciation for time with their families during the pandemic may be indicative of less available time prior to the pandemic due to structural issues, like racial capitalism (Laster Pirtle, 2020; Bloom, 2016), that demand heavy

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workloads in order to provide the necessary resources for their families and themselves. Though numerous mothers in the study interpreted less family time pre-pandemic as an individual failure, they also mentioned their future plans, building upon the familial bonding and closeness they had achieved during shelter-in-place.

Notably, in both the quantitative and qualitative results, many Black mothers acknowledged inequities in the COVID-19 pandemic for Black families. In line with the literature (Centers for Disease Control and Prevention, 2020; Hooper, Nápoles and Pérez-Stable, 2020; Laurencin and McClinton, 2020; Yip, 2020), three-quarters of the sample understood that COVID-19 impacted Black families more, with a majority acknowledging that Black families were treated worst in healthcare settings (Odonkor et al, 2021; McMaster et al, 2021; Sacks, 2018). While not asked directly about this phenomenon in the qualitative portion of the study, several participants spontaneously mentioned “death in Black families” as part of their negative experiences during the pandemic. Not specific to the pandemic, longstanding systemic racism in U.S. society, including public health and medical care (e.g., Hicken et al, 2018), has laid the foundation for continued racial inequities related to COVID-19 (Yip, 2020). This added negative impact is both indirect through systemic and historical pathways, and direct through the explicit experiences of discrimination and greater proximal effects of COVID-19. These findings lend indirect support for betrayal trauma theory (Freyd, 1996, 1997), such that awareness, as opposed to denial, of anti-Black racism as trauma (e.g., Bryant-Davis and Ocampo, 2005b), was associated with greater depression and anxiety among Black mothers.

Implications

The findings of this study yield important implications for our knowledge on the experiences of Black mothers, the COVID-19 pandemic, and mental health. We must examine

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and understand these findings through the lenses of structural, political, and representational intersectionality (Crenshaw, 1991). The effects of violence victimization at home, increasing parenting responsibilities, struggles with balancing parenting and work, and acknowledged racial inequities in society are best understood as experiences of intersecting multiple oppressions (e.g., racism, classism, sexism). These experiences are having a direct effect on Black women's mental health, above and beyond the challenges that all communities faced in the wake of COVID-19.

Drawing on political and representational intersectionality (Crenshaw, 1991), there are three primary takeaways in addressing these challenges. Black women have unique and diverse experiences and needs, and those are best addressed through Black feminist frameworks, such as cultural betrayal trauma theory (e.g., Gómez, 2019a, 2019b), which center both ongoing societal oppression and within-group violence (e.g., Gómez and Gobin, 2020). These frameworks are beneficial when examining the various manifestations of structural intersectionality against diverse Black women, including the additional transphobia and heterosexism faced by Black transwomen (e.g., Bulkowski et al., 2019; Henry et al., 2021). This has implications for multiple societal systems and structures (Fraser et al, 2019), including healthcare (e.g., equity in access; reducing mistrust), labor (e.g., improved family/sick leave and working conditions; eliminating the pay gap) (Bloom, 2016; Moore & Ghilarducci, 2018), and housing (e.g., reducing barriers to relocation, increased affordable housing, tailored housing options for victims of violence) (Benfer et al, 2021).

In mental health professions, such as psychology, social work, and mental healthcare agencies, the results of this study also point to addressing Black women's mental health holistically, as potential antecedents and outcomes are multifaceted—from racial inequities to mental health (current study) and internalized prejudice (Gómez and Gobin, 2020) to relational

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connection and joy (current study). Additionally, from representational intersectionality (Crenshaw, 1991), we know that Black women are often painted into a monolithic corner. The qualitative findings, in particular, demonstrate the diversity of experiences of Black mothers and their challenges, as well as their strengths, joys, relational resilience, and coping. Interventions created for and/or including Black women should seek to replicate the diversity of their experiences, allowing space for difference while recognizing sisterhood and shared solidarity. Deficit-oriented interventions, perhaps particularly those that fail to incorporate cultural considerations (Bryant-Davis and Tummala-Narra, 2017) fail to fully address clients' needs. As such, culturally congruent, strengths-based approaches (e.g., French et al, 2020) for Black mothers that center cultural humility, intersectional anti-racism, and positive developmental approaches are likely to be more successful.

Through centering intersectionality (Crenshaw, 1991) in our interpretation, implications for social and institutional policy must be multi-faceted—addressing COVID-19 and the resultant inequities, anti-Black racism and violence, gendered violence in the home, additional parenting stressors and challenges, and mental health comprehensively within mental and physical healthcare, education, parenting interventions, domestic violence programs, promotions of COVID-19 vaccines, and more. Further, non-pathologizing empirical, clinical, and institutional ventures that do not further stigmatize Black mothers require utilizing strength-based approaches for care and healing as well as equitable interpersonal, community, and societal support to comprehensively address the myriad stressors that are negatively affecting Black mothers' mental health. Specifically, this means that policies would not be siloed by type, such as having different policies to address Anti-Black racism, health inequities, violence, and mental health. Rather, an effective social policy would incorporate all of these stressors—

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including the implicated systems, such as police, healthcare, and the U.S. Government— and highlight the importance of interpersonal support.

Limitations & Future Directions

Though promising, the current mixed methods study is not without its limitations. The qualitative analyses relied on responses to two open-ended questions in an online survey. While the sample size would be considered large for qualitative studies, the online nature of the survey meant that most responses were relatively brief. However, few participants (less than 5%) left the questions blank or responded with one word. In fact, most participants wrote at least one sentence. This yielded a richer dataset than is typical with open-ended questions in online surveys. Future studies would benefit from leveraging community-based participatory research strategies for collaborating with Black mothers, designing research studies based on their priorities, and collecting more in-depth qualitative data for understanding their experiences during times of stress. Research teams that develop strong partnerships with Black mothers and community organizations led by them can explore facets of their experience that may have been too sensitive or difficult to identify without deep collaboration and trust.

Another important consideration is the timing of the study. The participants responded to the survey in this study between April and June 2020 during the initial peak of the pandemic and first wave of shutdown / shelter-in-place orders. Based on a timeline published by the American Journal of Managed Care (2021), that includes relevant decisions by U.S. government agencies, it is clear that there was not much clarity about the coming years, including pushes to quickly reopen, optimism and fear around vaccination, and a lack of clarity among leading agencies such as the CDC and the WHO, among other issues. The United States quickly reached 100,000 deaths by May 28, 2020, and 2 million cases by June 10. By July 2nd, most states had reversed

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their reopening plans. The WHO did not announce that COVID was fully airborne until July 9, 2020. These tumultuous events likely influenced the responses received in the survey; however, we would not anticipate significant differences in responses if the survey occurred more recently. The United States continues to struggle with managing this pandemic and the health inequities associated with it nearly two years later, to the detriment of its people, especially those who are structurally or systemically oppressed.

There remains a concern about the ethics of asking about violence exposure in research, perhaps especially with marginalized populations during the current socio-political unrest and hostility, alongside a worldwide pandemic. Therefore, as part of the current data collection, we asked participants about their experiences in participating in the research, with 100% of Black mothers who experienced violence in the home indicating that violence research is important, with one-third indicating they experienced increased distress during participation notwithstanding (*masked author citation*). These findings are comforting insofar as they promote direct engagement with the intimate terrorism that Black mothers are presently facing. However, this work does not address another concern in community-based research, which is the importance of sound, mutually-created relationships and partnerships between members in the community and the researchers. Given the immediacy and physical limitations brought on by the pandemic, relationship-building was entirely absent in data collection. In addition to potential concerns around underreporting of violence due to the lack of cultural trust (Lyons et al, 2011), the question of long-term benefits versus costs goes unanswered. Specifically, will our Black mother participants feel exploited in this research? What are ways in which we can correct that?

In light of the aforementioned ethical concerns, a primary implication of this work is to share the findings of this research intentionally and comprehensively with the community,

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including with those who did and did not participate in the study. This incorporates leveraging our existing community engagement practices within our institution (e.g., parent focused newsletters; *masked author citation*), as well as working with key local agencies to present and interpret findings collaboratively. Doing so may mitigate cultural mistrust and exploitation, while building deeper relationships with our research team and academic institution.

Concluding Thoughts

This current mixed-methods study presents findings on Black mothers' experiences during the COVID-19 pandemic. Utilizing intersectionality (e.g., Crenshaw, 1991) as a radical, liberatory framework (Overstreet, Rosenthal and Case, 2020), our findings highlight the diversity of Black mothers' experiences. The current study identifies multiple stressors and positive experiences that operate as two sides of the same coin for Black mothers, while also flagging significant needs around violence, trauma, mental health, and parenting support. Our results highlight the need to address structural inequities related to racism and gendered violence at an institutional and systemic level, while bolstering interventions that prioritize healing, coping strategies, and parenting support for individuals. In doing so, we may work more effectively towards improved mental health for Black mothers and their families. The findings and themes from this study lend themselves to be incorporated into primary and secondary prevention initiatives through social and mass media venues as well as holistic individual intervention programming, that supports Black women as humans, mothers, souls, and spirits.

References

Abramson, A. (2020) *How COVID-19 may increase domestic violence and child abuse* [Online].

Available at: <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>

(Accessed: 20 October 2021).

AJMC Staff. (2021). *A Timeline of COVID-19 Developments in 2020* [Online]. Available at:

<https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020> (Accessed:

January 1, 2022).

Benfer, E.A., Vlahov, D., Long, M.Y., Walker-Wells, E., Pottenger, J.L., Gonsalves, G. and

Keene, D.E., 2021. Eviction, health inequity, and the spread of COVID-19: housing policy as a primary pandemic mitigation strategy. *Journal of Urban Health*, 98(1), pp.1-12.

Bloom, P., 2016. Work as the contemporary limit of life: Capitalism, the death drive, and the lethal fantasy of 'work-life balance'. *Organization*, 23(4), pp.588-606.

Bryant-Davis, T. & Ocampo, C. (2005a) 'Racist Incident-Based Trauma', *The Counseling Psychologist*, 33, p479-500.

Bryant-Davis, T. & Ocampo, C. (2005b) 'The Trauma of Racism: Implications for Counseling, Research, and Education', *Counseling Psychologist*, 33(4), p574-578.

Bryant-Davis, T. & Tummala-Narra, P. (2017) 'Cultural Oppression and Human Trafficking: Exploring the Role of Racism and Ethnic bias', *Women & Therapy*, 40(1-2), p152-169.

Buchanan, N. T. & Wiklund, L. O. (2021) 'Intersectionality Research in Psychological Science: Resisting the Tendency to Disconnect, Dilute, and Depoliticize', *Research on Child and Adolescent Psychopathology*, 49(1), p25-31.

TWO SIDES OF THE SAME COIN

- Bukowski, L.A., Hampton, M.C., Escobar-Viera, C.G., Sang, J.M., Chandler, C.J., Henderson, E., Creasy, S.L. and Stall, R.D., 2019. Intimate partner violence and depression among Black transgender women in the USA: The potential suppressive effect of perceived social support. *Journal of urban health*, 96(5), pp.760-771.
- Cameron, E. E., Joyce, K. M., Delaquis, C. P., Reynolds, K., Protudjer, J. L. P., & Roos, L. E. (2020) 'Maternal Psychological Distress & Mental Health Service Use During the COVID- 19 Pandemic', *Journal of Affective Disorders*, 276, p765–774.
- Campbell, J. (2020) *Coronavirus and Domestic Violence: What You Should Know* [Online]. Available at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-and-domestic-violence-what-you-should-know> (Accessed: 20 October 2021)
- Cella, D., Riley, W., Stone, A., Rothrock, N., Reeve, B., Yount, S., Amtmann, D., Bode, R., Buysse, D., & Choi, S. (2010) 'The Patient-Reported Outcomes Measurement Information System (PROMIS) Developed and Tested its First Wave of Adult Self-Reported Health Outcome Item Banks: 2005–2008', *Journal of Clinical Epidemiology*, 63(11), p1179–1194.
- Centers for Disease Control and Prevention (2020). *COVIDView: A weekly surveillance summary of U.S. COVID-19 activity* [Online]. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html#mortality> (Accessed: July 3, 2021).
- CDC (2022). *Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity* [Online]. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/covid->

TWO SIDES OF THE SAME COIN

[data/investigations-discovery/hospitalization-death-by-race-ethnicity.html](#) (Accessed: Feb 10, 2022).

Cole, E. R. (2009) 'Intersectionality and Research in Psychology', *American psychologist*, 64(3), p170–180.

Cole, E. R. (2020) 'Demarginalizing Women of Color in Intersectionality Scholarship in Psychology: A Black Feminist Critique', *Journal of Social Issues*, 76(4), p1036-1044.

Crenshaw, K. (1989) 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', *The University of Chicago Legal Forum*, 140, p139-167.

Crenshaw, K. (1991), 'Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color', *Stanford Law Review*, 43(6), p1241-1299.

Dreyer, B. P., Trent, M., Anderson, A. T., Askew, G. L., Boyd, R., Coker, T. R., ... & Montoya-Williams, D. (2020), 'The Death of George Floyd: Bending the Arc of History Towards Justice for Generations of Children', *Pediatrics*, 146(3).

Evans, M. L., Lindauer, M., & Farrell, M. E. (2020) 'A Pandemic Within a Pandemic—Intimate Partner Violence During Covid-19', *New England Journal of Medicine*, 383(24), p2302-2304.

Fraser, N., Arruzza, C. and Bhattacharya, T., 2019. *Feminism for the 99%*. London: Verso.

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020) 'Toward a Psychological Framework of Radical Healing in Communities of Color', *The Counseling Psychologist*, 48(1), p14-46.

TWO SIDES OF THE SAME COIN

Freyd, J. J. (1996) *Betrayal trauma: the logic of forgetting childhood abuse*. Massachusetts: Harvard University Press.

Freyd, J. J. (1997) 'Violations of Power, Adaptive Blindness and Betrayal Trauma Theory', *Feminism & Psychology*, 7(1), p22-32.

Gómez, J. M. (2019a) 'Group Dynamics as a Predictor of Dissociation for Black Victims of Violence: An Exploratory Study of Cultural Betrayal Trauma Theory', *Transcultural Psychiatry*, 56(5), p878-894.

Gómez, J. M. (2019b) 'What's the Harm? Internalized Prejudice and Cultural Betrayal Trauma in Ethnic Minorities', *American Journal of Orthopsychiatry*, 89(2), p237-247.

Gómez, J. M. & Gobin, R. L. (2020) 'Black Women and Girls &# MeToo: Rape, Cultural Betrayal, & Healing. *Sex Roles*, 82(1), p1-12.

Gómez, J. M., Gobin, R. L., & Barnes, M. (2021) 'Discrimination, Violence, and Healing Within Marginalized Communities', *Journal of Trauma & Dissociation*, 22(2), p135-140.

Grzanka, P. R. (2020) 'From Buzzword to Critical Psychology: An Invitation to Take Intersectionality Seriously', *Women & Therapy*, 43(3-4), p244-261.

Henry, R.S., Perrin, P.B., Coston, B.M. and Calton, J.M., 2021. Intimate partner violence and mental health among transgender/gender nonconforming adults. *Journal of interpersonal violence*, 36(7-8), pp.3374-3399.

Herman, J. L. (1997) *Trauma and recovery*. New York: Basic Books.

Hicken, M. T., Kravitz-Wirtz, N., Durkee, M., & Jackson, J. S. (2018) 'Racial Inequalities in Health: Framing Future Research', *Social Science & Medicine*, 199, p11-18.

Hooper, M. W., Nápoles, A. M., & Pérez-Stable, E. J. (2020) 'COVID-19 and Racial/Ethnic Inequities', *Jama*, 323(24), p2466-2467.

TWO SIDES OF THE SAME COIN

Institute of Medicine. (2002) *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academy of Science.

Laurencin, C. T., & McClinton, A. (2020) 'The COVID-19 Pandemic: A Call to Action to Identify and Address Racial and Ethnic Disparities', *Journal of Racial and Ethnic Health Disparities*, 7(3), p398-402.

Laster Pirtle, W.N., 2020. Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States. *Health Education & Behavior*, 47(4), pp.504-508.

Lee, H.Y., Edwards, R.C. and Hans, S.L., 2020. Young first-time mothers' parenting of infants: The role of depression and social support. *Maternal and child health journal*, 24(5), pp.575-586.

Lee, J. (2020) 'Mental Health Effects of School Closures During COVID-19', *The Lancet Child & Adolescent Health*, 4(6), p421.

Mattar, S. (2011) 'Educating and Training the Next Generations of Traumatologists: Development of Cultural Competencies', *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(3), p258-265.

McMaster, K.J., Peeples, A.D., Schaffner, R.M. and Hack, S.M., 2021. Mental Healthcare Provider Perceptions of Race and Racial Disparity in the Care of Black and White Clients. *The Journal of Behavioral Health Services & Research*, pp.1-16.

Metzger, I.W., Anderson, R.E., Are, F. and Ritchwood, T. (2021) 'Healing Interpersonal and Racial Trauma: Integrating Racial Socialization into Trauma-Focused Cognitive Behavioral Therapy for African American Youth', *Child Maltreatment*, 26(1), p17-27.

TWO SIDES OF THE SAME COIN

- Moore, K.K. and Ghilarducci, T., 2018. Intersectionality and stratification in the labor market. *Generations*, 42(2), pp.34-40.
- Odonkor, C.A., Esparza, R., Flores, L.E., Verduzco- Gutierrez, M., Escalon, M.X., Solinsky, R. and Silver, J.K., 2021. Disparities in health Care for Black Patients in physical medicine and rehabilitation in the United States: a narrative review. *PM&R*, 13(2), pp.180-203.
- Overstreet, N. M., Rosenthal, L., & Case, K. A. (2020) ‘Intersectionality as a Radical Framework for Transforming Our Disciplines, Social Issues, and the World’, *Journal of Social Issues*, 76(4), p779-795.
- Patrick, S.W., Henkhaus, L.E., Zickafoose, J.S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M.W. (2020) ‘Well-Being of Parents and Children During the COVID-19 Pandemic: A National Survey’, *Pediatrics*, 146(4).
- Pole, N. E., & Triffleman, E. E. (2010) ‘Introduction to the Special Issue on Trauma and Ethnoracial Diversity’, *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(1), p1-3.
- Racine, N., Birken, C., & Madigan, S. (2020) ‘Supporting the Mental Health of Parents and Children During and After Coronavirus’, *Journal of Developmental and Behavioral Pediatrics*, 41(7), p508-510.
- Ruiz, E., Ruvalcaba, Y., Berenstain, N., & Fluegeman, S. (2020) *Measuring the Economic Impact of COVID-19 on Survivors of Color* [Online]. Available at: https://metoomvmt.org/wp-content/uploads/2020/11/MeTooFreeFrom_CovidImpactReport2020.pdf (Accessed: 25 October 2021).

TWO SIDES OF THE SAME COIN

- Russell, B.S., Hutchison, M., Tambling, R., Tomkunas, A.J., & Horton, A.L. (2020) 'Initial Challenges of Caregiving During COVID-19: Caregiver Burden, Mental Health, and the Parent-Child Relationship', *Child Psychiatry & Human Development*, 51(5), p671-682.
- Sacks, T.K. (2018) *Invisible visits: black middle-class women in the American healthcare system*. Oxford University Press.
- Stiglitz, J. (2020) 'Conquering The Great Divide' *Finance & Development, International Monetary Fund*, p17-19.
- Twenge, J. M. & Joiner, T. E. (2020) 'Mental Distress Among US Adults During the Covid-19 Pandemic', *Journal of Clinical Psychology*, 76(12), p2170-2182.
- Williams, T. R., Walker, T. L., & Wyatt, W. N. (2021) 'Conceptualizing Racism Through a Systemic Trauma Lens: Impacts on Black College Students', *Journal of Psychotherapy Integration*.
- Yip, T. (2020) *Addressing inequities in education during the COVID-19 pandemic: How education policy and schools can support historically and currently marginalized children and youth* [Online]. Available at: https://www.srca.org/sites/default/files/resources/FINAL_AddressInequalitiesVolume-092020.pdf (Accessed: 25 October 2021)

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Tables and Figures

Table 1a.

Descriptive Statistics for Parent Age, Depression, and Anxiety (means, standard deviations, and correlations with confidence intervals)

Variable	<i>M</i>	<i>SD</i>	1	2
1. Parent Age	32.46	5.61		
2. Depression	15.80	7.96	-.07	
3. Anxiety	17.31	8.44	-.06	.85**

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Table 1b
Descriptive statistics for COVID-19 Experiences Scale

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11
1. Q52_2	2.63	1.47											
2. Q52_3	3.56	1.33	.48** [.33, .61]										
3. Q52_4	2.62	1.68	.18* [.00, .35]	.43** [.28, .57]									
4. Q52_5	2.64	1.38	.01 [-.16, .19]	.17 [-.01, .34]	.30** [.13, .46]								
5. Q52_6	2.06	1.50	.24** [.07, .41]	.24** [.07, .40]	.55** [.41, .66]	.57** [.43, .68]							
6. Q52_7	2.25	1.38	.08 [-.10, .26]	.26** [.09, .42]	.31** [.14, .46]	.79** [.71, .85]	.60** [.47, .70]						
7. Q52_8	3.72	1.44	.50** [.35, .62]	.39** [.23, .53]	.22* [.04, .38]	-.01 [-.18, .17]	.18* [.01, .35]	.12 [-.06, .29]					
8. Q52_9	3.74	1.40	.52** [.38, .64]	.43** [.27, .56]	.23* [.05, .39]	-.00 [-.18, .18]	.20* [.02, .36]	.07 [-.11, .25]	.95** [.93, .96]				
9. Q52_10	3.69	1.49	.55** [.42, .67]	.33** [.16, .48]	.30** [.13, .46]	-.08 [-.26, .10]	.21* [.03, .37]	-.01 [-.19, .17]	.80** [.73, .86]	.83** [.76, .88]			

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10. Q52_11	3.81	1.35	.53** [.39, .65]	.42** [.26, .56]	.25** [.08, .41]	-.04 [-.21, .14]	.20* [.03, .37]	.07 [-.11, .25]	.89** [.85, .93]	.90** [.87, .93]	.87** [.81, .91]		
11. Q52_12	3.61	1.42	.52** [.38, .64]	.37** [.21, .52]	.28** [.11, .44]	-.02 [-.20, .16]	.23* [.05, .39]	.07 [-.11, .24]	.83** [.77, .88]	.85** [.79, .89]	.86** [.81, .90]	.90** [.86, .93]	
12. Q52_13	3.79	1.44	.45** [.29, .58]	.36** [.19, .50]	.25** [.07, .41]	-.00 [-.18, .18]	.19* [.01, .35]	.07 [-.11, .24]	.81** [.73, .86]	.84** [.78, .89]	.76** [.68, .83]	.87** [.81, .90]	.85** [.79, .89]
13. Q52_14	3.55	1.58	.43** [.27, .56]	.36** [.19, .50]	.26** [.09, .42]	.00 [-.17, .18]	.17 [-.01, .33]	.08 [-.10, .26]	.80** [.72, .86]	.81** [.74, .87]	.75** [.66, .82]	.82** [.75, .87]	.83** [.77, .88]
14. Q52_15	3.75	1.48	.47** [.32, .60]	.37** [.20, .51]	.24** [.06, .40]	-.01 [-.19, .17]	.18* [.00, .35]	.10 [-.08, .27]	.85** [.79, .89]	.85** [.79, .89]	.79** [.71, .85]	.86** [.81, .90]	.85** [.79, .89]

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The confidence interval is a plausible range of population correlations that could have caused the sample correlation (Cumming, 2014). * indicates $p < .05$. ** indicates $p < .01$.

TWO SIDES OF THE SAME COIN

Table 2

Sociodemographic Characteristics of Participants at Baseline

Variable	Frequencies	
	<i>n</i>	%
Clinical Threshold Depression		
Yes	25	23
No	83	76
Clinical Threshold Anxiety		
Yes	34	31
No	74	69
Professional Treatment		
Worse Than Other Families	52	59
Same as Other Families	32	36
Better Than Other Families	4	4
Covid Impact		
More Than Other Families	73	72
Same as Other Families	23	23
Less Than Other Families	2	2
Violence Pre-SAHO		
More Often	6	5
The Same	102	89
Less Often	6	5
Violence Post-SAHO		
More Often	8	7
The Same	102	89
Less Often	4	3

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Forced Sex Pre-SAHO

More Often	1	0.8
The Same	108	94
Less Often	5	4

Forced Sex Post-SAHO

More Often	0	0
The Same	109	96
Less Often	5	4

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Table 3

Reported Racialized Inequity Effects on Depression.

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>beta</i>	<i>beta</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	14.93**	[10.84, 19.01]						
Disparate Treatment	-3.49*	[-6.20, -0.77]	-0.27	[-0.47, -0.06]	.05	[-.02, .12]	-.11	
Disp. Impact	4.46**	[1.22, 7.70]	0.28	[0.08, 0.49]	.06	[-.02, .13]	.14	
								<i>R</i> ² = .067* 95% CI[.00,.16]

Note. A significant *b*-weight indicates the beta-weight and semi-partial correlation are also significant. *b* represents unstandardized regression weights. *beta* indicates the standardized regression weights. *sr*² represents the semi-partial correlation squared. *r* represents the zero-order correlation. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

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Table 4

Reported Racialized Inequity Effects on Anxiety.

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>beta</i>	<i>beta</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	18.91**	[14.58, 23.24]						
Disparate Treatment	-4.35**	[-7.23, -1.46]	-0.31	[-0.52, -0.10]	.07	[-.02, .15]	-.19*	
Disp. Impact	3.69*	[0.24, 7.13]	0.22	[0.01, 0.43]	.03	[-.03, .09]	.05	
								<i>R</i> ² = .069* 95% CI[.00,.16]

TWO SIDES OF THE SAME COIN

Table 5

Factor Loadings for Experiences with COVID-19 Scale Items.

item	PA1	PA2	Communality	Uniqueness	Complexity
Q52_11	0.94		9.084	0.141	1.010
Q52_9	0.93		9.084	0.150	1.003
Q52_12	0.919		9.084	0.171	1.003
Q52_8	0.917		9.084	0.175	1.004
Q52_15	0.9		9.084	0.202	1.002
Q52_14	0.88		9.084	0.232	1.000
Q52_13	0.848		9.084	0.281	1.000
Q52_10	0.818		9.084	0.347	1.007
Q52_2	0.527		9.084	0.699	1.038
Q52_3	0.373		9.084	0.741	1.817
Q52_7		0.852	9.084	0.308	1.043
Q52_5		0.837	9.084	0.338	1.111
Q52_6		0.745	9.084	0.419	1.013
Q52_4		0.458	9.084	0.711	1.342

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Table 6
Self-reported COVID Experiences on Depression

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>beta</i>	<i>beta</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	16.10**	[14.79, 17.41]						
Social Support	-3.30**	[-4.67, -1.94]	-0.39	[-0.55, -0.23]	.15	[.04, .27]	-.41**	
Parenting Challenges	3.54**	[1.95, 5.14]	0.36	[0.20, 0.52]	.13	[.02, .24]	.38**	
								$R^2 = .298^{**}$ 95% CI [.15, .41]

Table 7
Self-reported COVID Experiences on Anxiety

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>beta</i>	<i>beta</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	17.40**	[15.94, 18.85]						
Social Support	-3.47**	[-4.97, -1.97]	-0.40	[-0.57, -0.23]	.16	[.03, .28]	-.38**	
Parenting Challenges	2.13*	[0.51, 3.76]	0.23	[0.05, 0.40]	.05	[-.02, .12]	.20*	
								$R^2 = .197^{**}$ 95% CI [.07, .31]

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Figure 1. Histogram of Proportion of Missing Values by Variable

TWO SIDES OF THE SAME COIN

Figure 2. Distributions of Original Variable with Missing Data (blue) and Imputed Distributions by Variable (red).