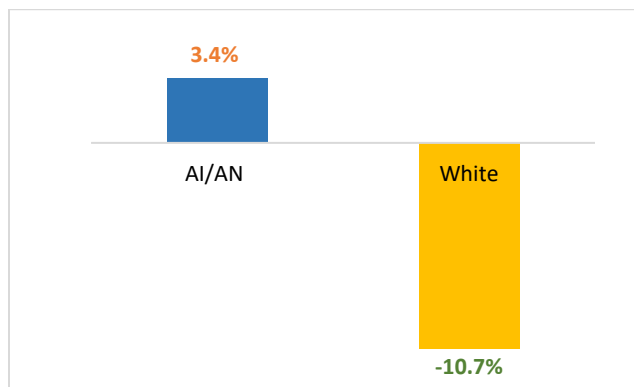


## American Indian and Alaska Native Women in Washington Face Rising Risk of Violence During COVID-19

Violence against women continues to be a significant public health concern. The gendered effects of the COVID-19 pandemic began to be revealed as reports started to show an alarming trend of increasing violence against women. Yet, there is paucity of data measuring the impact of COVID-19 on the prevalence and reporting of violence against American Indian and Alaska Natives (AI/AN) women. Data on emergency department (ED) visits for sexual violence can provide some information on trends in sexual violence during the COVID-19 pandemic. However, it is important to know that many cases of sexual violence experienced by women may not be represented in these data.

AI/AN women age 18 to 44 were **1.4 times** more likely to have a sexual violence related ED visits than White women in the same age group.

In Washington, the rate of sexual violence ED visits among AI/AN women age 18 to 44 was 45 per 10,000 in 2020, which was 1.4 times that of White women in the same age group. The number of sexual violence ED visits among AI/AN women aged 18 – 44 in Washington went up by 3.4% in 2020 from 2019.



Among women aged 18-44 in Washington, the number of sexual violence ED visits among **AI/AN went up by 3% in 2020 from 2019**; while it decreased 11% for White women in the same age group.

**Between January and March 2021, sexual violence against AI/AN women of reproductive-age increased by 7.1% from the same months in 2019**

**Key Considerations.** There is a marked inequity in the impact of COVID-19 on AI/AN and the gendered impacts of COVID-19 cannot be ignored. The findings suggest an increase in violence against AI/AN women ages 18 to 44, suggesting a shadow pandemic growing amidst the COVID-19 crisis. There is a strong need to take active measures towards addressing violence against AI/AN women in COVID-19 response and recovery effort. The shifts in social and economics may disproportionately impact access to support services and resources for women facing violence. The differential needs of women of reproductive-age in long term recovery efforts need to be considered, especially women and families impacted by sexual violence.

**Data Source:** Data from Washington’s syndromic surveillance system. Patients who had an emergency department (ED) visit were included. Chief complaint and discharge diagnosis (CC and DD) codes were used to identify sexual violence related ED visits following CDC definitions. Yearly data from 2020 (COVID-19 period) were compared to that of 2019 (pre-COVID-19 period). These data may undercount sexual violence ED visits by roughly 28% due to the misclassification of AI/AN people in Washington emergency department data.

This publication was supported by Cooperative Agreement Number NU38OT000255, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.