What a “Stay Home, Stay Safe” Order Means When Home Isn’t Safe: The Impact of the COVID-19 Pandemic on Survivors of Intimate Partner Violence and IPV Service Providers

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Abstract

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The COVID-19 pandemic has had an immediate and deep impact on our communities, the effects of which will be felt for years to come. For vulnerable individuals in our communities, such as survivors of domestic violence (DV) or intimate partner violence (IPV) and especially survivors who are experiencing multiple forms of oppression, the pandemic has uniquely affected their help-seeking activities, their access to resources to meet their basic needs, and their overall sense of safety and stability. For survivors who are experiencing multiple forms of oppression, the pandemic has exacerbated existing social inequalities and marginalization which while not directly related to their experiences of IPV also affects their overall sense of safety and stability. Service providers at community-based domestic violence agencies have been similarly impacted by the COVID-19 pandemic. Practical challenges to providing direct services remotely, and a decrease in their sense of self-efficacy in their work and an increase in their own sense of isolation have made providing direct services to survivors of DV/IPV difficult during this time. This increases the risk of service provider secondary trauma and burnout. Service providers who

also hold marginalized identities also experience additional identity-based harm during this time, and thus have an increased risk for feeling the impacts of secondary trauma and burnout.

Keywords: COVID-19, Coronavirus pandemic, Intimate Partner Violence, Domestic Violence, Domestic Violence Service Providers, Community-Based Domestic Violence Service Providers.

Introduction

Times of acute crisis have the potential to exacerbate existing social inequalities. Intimate partner violence is a social justice and public health issue which cuts across all races, classes, genders, and educational backgrounds; it also intersects with the multiple and multilayered identities that individuals hold. The National Coalition Against Domestic Violence reports that in the United States, every minute approximately 20 individuals experience abuse perpetrated by their intimate partners, and that 1 out of 3 women and 1 out of every 4 men have experienced physical abuse at the hands of their romantic partner (NCADV, 2015). At such high rates of prevalence, social workers practicing in the field will likely interact with survivors of intimate partner violence and should be aware of how this population has been uniquely affected by the COVID-19 pandemic. To prevent burnout, the field of social work should also be attentive to how service providers have been affected providing IPV services during this international crisis.

This research is best understood within the context of the key environmental factors at work when this study was conducted, namely: the COVID-19 pandemic, Washington State's "Stay Home, Stay Healthy" order, a rising tide of racism and xenophobia exacerbated by the pandemic, and the ongoing effects of systemic racism and police brutality experienced by Black, Indigenous and POC (BIPOC) communities that was both heightened and brought to the surface during the pandemic.

The first, and initially presumed isolated, case of COVID-19 within the United States was recorded in Washington State at the end of January 2020 (Baker & Fink, 2020). By the end of February, new cases began to emerge in King and Snohomish counties indicating possible

widespread community transmission, and Washington State emerged as the epicenter of the outbreak of COVID-19 within the United States (Baker & Fink, 2020). On February 29th Governor Jay Inslee issued an emergency proclamation directing all state agencies to devote their resources to the COVID-19 outbreak (Inslee issues COVID-19 emergency proclamation, 2020). Next came a series of successive proclamations declaring K-12 and university school closures, statewide closures of bars, restaurants, and limitations to the size of public gatherings. On March 23rd, 2020, Governor Inslee issued the "Stay Home, Stay Healthy" order which closed all business except for those deemed essential businesses, prohibited all social gatherings, and required every resident to stay home unless they were performing an essential activity (Inslee announces "Stay Home, Stay Healthy" order, 2020). All business that were able transitioned to working remotely. The governor also announced a statewide moratorium on residential evictions, that was later extended through early June 2020 (Inslee expands eviction moratorium and adds additional protections, 2020). These events culminated in a rapid constriction of people's public lives and access to external contact and resources—and social service agencies had to quickly adapt to delivering services remotely. The community-based domestic violence agency that this research was conducted at had moved to working entirely remotely—except for residential services—in early March out of an abundance of caution for the health and safety of their participants and staff. At the time of this study, the agency had been working remotely for 10 weeks, and the general public had been under the "Stay Home, Stay Healthy" order for 7 weeks, so much of the data collected is reflective of these early stages of the COVID-19 pandemic and shelter-in-place order.

Literature Review

Domestic violence (which will be used interchangeably with “DV” in this thesis) is a broad term that has both legal and social-behavioral definitions. The legal definition of domestic violence pertains to any one of a list of criminal acts defined under the law (e.g., in Washington State, assault in the first, second, third or fourth degree, kidnapping, unlawful imprisonment) occurring between family or household members—including roommates—or persons who have a dating or spousal relationship (Washington State Legislature, n.d). The social-behavioral definition of domestic violence encompasses a wider variety of behaviors that reflect a more nuanced understanding of interpersonal dynamics in the context of intimate relationships. One of the most common conceptual and behavioral understandings of domestic violence recognizes a pattern of behaviors where one individual seeks to coerce and control the other, with the pattern escalating over time (Sanderson, 2008). This definition is most commonly used amongst community-based domestic violence service providers (Goodman & Epstein, 2009).

Within this social-behavioral definition of domestic violence is intimate partner violence (IPV) which is defined by these behaviors existing within a current or former dating, spousal or otherwise romantic relationship and excludes other family and household-member relationships (Messing, 2016). Intimate partner violence describes a pattern of oftentimes subtle and nuanced behaviors that function to maintain power and control over the survivor (Sanderson, 2008). In addition to physical abuse, this encompasses other behaviors such as stalking, emotional and psychological abuse, financial abuse, isolating the survivor from their support systems, sexual and reproductive coercion and controlling access to children, substances and substance-use treatment options, housing and resources to meet basic needs (Messing, 2016). The majority of individuals who receive services at community-based domestic violence agencies are survivors of intimate partner violence, although they may have also experienced family violence as well.

For the purposes of this study, I will use the social-behavioral definition of domestic violence which focuses on intimate partner violence. As the terms "domestic violence" and "intimate partner violence" are often used interchangeably, within this study, research participants may use the broader term "domestic violence" when they are describing intimate partner violence.

"Victim" vs. "Survivor"

Within the criminal-legal definition of DV, those who experience domestic violence are referred to as "victims." This is a legal term which asserts that a crime was committed against that individual who is a victim of a crime. Advocates as well as those who have experienced intimate partner violence advocated for the intentional use of the term "survivor" instead of "victim" as a more person-centered and empowering term (Goodman & Epstein, 2009). Advocates and survivors within the movement saw this as an important re-frame that supported the goal of healing for survivors (Goodman & Epstein, 2009). "Survivor" is the term commonly used by community-based domestic violence agencies. For the purposes of this study, the term domestic violence "survivor" will be used to describe individuals who have been the primary target, recipient, or "victim" of intimate partner violence from another individual (usually an intimate partner).

Community-Based Advocacy vs. Systems-Based Advocacy

Domestic violence advocacy occurs both within systems, so-called systems-based advocacy, and also outside of those systems within community-based domestic violence organizations. Systems-based advocacy typically occurs within systems such as the criminal or civil legal systems or child welfare or child protective services, and is concerned with supporting survivors navigating those systems (Sullivan & Goodman, 2019). An important distinction with

these types of advocacy is that a survivor may be engaging with systems-based advocacy on a non-voluntary basis, such as a survivor being involved with CPS through a dependency action. Some examples of systems-based advocacy are as follows: a civil court-based advocate may help a survivor apply for a protection order, or a criminal court-based advocate may notify a survivor of their abuser's sentencing hearing and stand with them while they give a victim-impact statement. By contrast, community-based advocacy is voluntary, usually provided by a community-based advocate from a non-profit domestic violence agency. Survivors typically engage with services at this agency by self-referring through the agency's crisis line (also called the helpline internally), although some are referred by partner agencies such as Department of Social and Health Services (DSHS) or a law enforcement. However, even when a survivor is referred through a partner agency, they must voluntarily choose to engage in advocacy services. Community-based advocates support survivors by providing emotional support, safety planning, housing advocacy, and case management, and by helping to navigate various legal and social service systems (Sullivan & Goodman, 2019).

A key feature of community-based advocacy is that it is it is survivor-driven. Survivor-driven advocacy closely parallels client-centered practice because advocacy is aligned with the survivor's stated needs and goals (Goodman & Epstein, 2009). For example, if a survivor decided that they needed to remain in the relationship with their abuser, advocacy with that survivor might look like safety planning around the survivor staying in their relationship, focusing on coping strategies, identifying the survivor's support system, and providing ongoing emotional support. Research has also shown that a best-practice within community-based advocacy is to pair emotional support and safety planning with case management and access to concrete resources (Sullivan & Goodman, 2019).

Services provided at community-based DV organizations typically include a crisis line, one-on-one advocacy, referrals and assistance connecting to resources, support groups, and residential services such as emergency shelter and transitional housing (Sullivan & Bybee, 1999). Services may also include financial empowerment classes, rental assistance and rapid-rehousing programs, flexible financial assistance, co-located advocates who both work within the agency and an external system such as the DSHS, and mental health services (Sullivan & Goodman, 2019).

Importance of an Intersectional Approach to DV Advocacy

A central tenet of social work practice is to effect social change and amplify the voices of marginalized individuals and communities. As such, ethical and robust social work research and practice demands an intersectional approach to direct practice and research (NASW Press, 2015). There is a robust body of interdisciplinary evidence that proves that providing direct services using an intersectional lens is essential to care; within the field of domestic and intimate partner violence, an intersectional approach is necessary to understand the barriers that survivors with multiple intersecting identities face in obtaining and maintaining safety and stability (Adams & Campbell, 2012; Conwill, 2010; Kulkarni, 2019; Sokoloff & Dupont, 2005; Sterzing, Gartner, Woodford, & Fisher, 2017). Social work practitioners who advocate for the use of an intersectional lens in developing culturally responsive practice explain that "domestic violence is a social reality that intersects with other factors—race, skin color, ethnicity, language, ancestry, sexual orientation, religion, socioeconomic class, ability, geographic location, and status as a migrant, indigenous person, or refugee, all intersecting to determine one's social experiences and reality," (Lockhart & Mitchell, 2010, p.2). Additionally, the strengths-based and empowerment-based practices which are integral to IPV services are a natural fit with an intersectional lens in

providing IPV services. For example, understanding how abusers weaponize racist oppressive systems, such as law enforcement, the criminal justice system, and Immigration and Customs Enforcement, is important when supporting a survivor who is undocumented. Safety planning with a survivor who is Black, Indigenous or POC must account for the realities of police brutality in their communities.

Service Provider Secondary Trauma and Risk of Professional Burnout

In their book *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others,* authors Laura van Dernoot Lipsky and Connie Burk— both of whom have backgrounds in community-based IPV advocacy—explain how vital it is for social service providers to be aware of the impact of secondary trauma to which they are exposed (Lipsky & Burk, 2009). Research on professional burnout, compassion fatigue and secondary trauma report that risks are high for social workers, especially when working with individuals who have experienced their own trauma (Diaconescu, 2015; Newell, 2020). While solutions to professional burnout are still emerging within this field of research, the mechanisms that contribute to it are well understood: "[t]he most widely accepted conceptualization of burnout is as a multidimensional construct with three distinct domains: emotional exhaustion, depersonalization, and marked reduction in one's sense of personal accomplishment," (Newell, 2020, p.58). During a global crisis, IPV service providers may experience an exacerbation of all three of these domains, which may result in professional burnout. This study will explore how IPV service providers have been impacted personally and professionally during the COVID-19 pandemic.

Context of this Research: Systemic Racism & Xenophobia During COVID-19

Social work practice and research views the individual within their person-in-place ecological context. As such, it is important to understand the milieu of systemic racism and xenophobia that was contemporaneous to and exacerbated by the COVID-19 pandemic. Extant research has well-documented the health disparities experienced by BIPOC communities and the need for a systems-analysis approach to address racial disparities in social determinants of health (Reskin, 2012; Williams, et. al, 2008). Preliminary research on health outcomes of individuals who contract COVID-19 has revealed a disturbing trend of Black individuals within the U.S experiencing both higher rates of infection as well as higher fatality rates due to COVID-19 (Laurencin & McClinton, 2020; Yancy, 2020). Reports of racism perpetuated against Asians and Asian-Americans also increased during these early weeks of the COVID-19 pandemic. One study noted a marked increase in the prevalence of anti-Chinese statements and sentiment on multiple popular online platforms during this time (Schild et al., 2020). It is within this context that this research was performed.

Methods

Research Design

Due to the quickly emerging nature and scope of the COVID-19 pandemic at the time of this study, the research topic was modified to account for the context of the pandemic. Therefore, I changed my focus to examine the impact of COVID-19 on advocacy services provided by workers at a local DV agency in Seattle. This change was also due to IRB guidelines that limited face-to-face interactions in any sponsored research, as well as limitations in accessing study participants and conducting in-person, on-site interviews, and study data. I applied for and received approval for this study through the University of Washington Institutional Review Board. Qualitative data was determined to be the best fit for this study due to the richness and

depth of understanding this type of data contains as well as the flexibility particular to this method that makes it suitable for exploratory research (Rubin & Babbie, 2018). Focus groups were selected as the method for collecting this qualitative data because this method allowed for flexibility in data collection so research participants could surface information that is new to the researcher and study participants (Rubin & Babbie, 2018), and as a method that could be emotionally supportive to the research subjects during this time of crisis. Data was collected through only one (1) focus group using a semi-structured interview guide. While use of only one focus group limited the volume of data collected and may have inhibited some participant's sharing of information that they would have felt more comfortable disclosing in another format, such as one-on-one interviews; this method also allowed for more nuanced responses that can contain more richness and depth of information, and particularly as this study is interested in exploring the impact of the pandemic on survivors and service providers.

Sampling

This research was conducted at a selected community-based DV agency in King County, Washington, seven weeks into the statewide "Stay Home, Stay Healthy" order in early May of 2020. The agency was selected based on characteristics that provide for generalizability as a moderately-sized community-based DV agency that is not culturally-specific, serves a broad geographical area of East and North King County, and provides a variety of services. The agency from which study participants were recruited from for this research provides residential services (emergency and transitional housing), a crisis line, one-on-one advocacy, support groups, mobile advocacy, mental health services, rental assistance and rapid-rehousing programs, and flexible financial assistance. Service providers at this community-based DV agency use an intersectional

lens in their work with survivors, and as such, discussion of survivors' multiple and intersectional identities are often part of the work that they do with survivors.

Recruitment materials highlighted the overall purpose of the study, including the voluntary, non-compensated nature of the research, participant expectations and outcomes, and that all interested persons would be assessed for eligibility prior to enrollment in the study. The primary researcher recruited research participants by distributing study materials via email at at this community-based domestic violence agency within the greater Seattle area. Interested persons were invited to contact the primary researcher email. Interested service providers were screened in using the following eligibility criteria: adults over age 18 and were working as a domestic violence service provider at the selected agency during the COVID-19 pandemic.

The recruitment process yielded seven participants, all over age 18. All participants were advocates, serving in a variety of roles and experiences in the agency. Three were Survivor Services advocates, two who work primarily with Spanish-speaking survivors and one who was co-located at the local Department of Social and Health Services office assisting with Family Violence Option plans for accessing TANF (Temporary Assistance for Needy Families) benefits. One participant primarily works with youth, ages 13-24, two principally work in the agency's rental assistance programs, and one worked in the agency's emergency shelter and transitional housing programs. Five participants work a weekly helpline shift answering calls that come into the agency's crisis line, which is also the primary way that new survivors access agency services.

Study Procedures

Before the focus group began, participants were asked to sign a study consent form approved by the UW IRB, and were provided with a copy. The study consent form is included in

APPENDIX A. There was no compensation, monetary or otherwise, offered for participation in this research study. The study group was performed during the agency's business hours and research participants were allowed to participate in the study as part of their paid, work day. I set up the focus group session to occur virtually through the online communication medium, Microsoft Teams. During the focus group session, I used an interview guide with semi-structured questions and prompts designed to elicit robust responses, while also allowing flexibility for research participants to share their experiences and for conversation to develop organically between group members.

Measures

The study interview guide asked research participants about advocates' perception of changes in requests for services given the COVID-19 crisis, which included requests from helpline, new referrals, and requests from existing participants. The researcher also asked about the types of support being requested, and how survivors were making contact with the agency (helpline, partner agencies, existing participants). Research participants were also asked how the survivors that they were working with were being affected by the conditions of the pandemic and stay-at-home order, as well as any shifts the advocates have perceived in the nature of the dynamics of intimate-partner-violence that the survivors that they work with were experiencing prior to the pandemic versus during the pandemic and stay at-home order. Research participants were also asked about survivors' current coping strategies and safety concerns, and how or whether survivors who hold various identities, such as people of color, native, LGBTQ, immigrant, disabled, aged, or with other statuses reported challenges in their relationships or in help-seeking during the COVID crisis.

The interview guide is included in APPENDIX B.

Data Analysis

The interviews were digitally video audio recorded through Microsoft Teams. Video-recordings were password protected until they were transcribed verbatim by the researcher using a secure online transcription software. The transcripts were then reviewed for accuracy by the researcher. Written transcripts of the interview were coded with each participant's unique identification number, and all other personally identifying information was redacted from the transcripts. The link between research participant identifiers and the research data was password protected with two-levels of security and destroyed after the records retention period required by state and/or federal law. The video was destroyed within 30 days of study completion. Only the primary researcher and their faculty advisor had access to identifiable data.

The qualitative data was analyzed using thematic analysis of salient themes in service providers' experiences of providing domestic violence services during this pandemic, as well as their perception of survivors' reported experiences during this time. Thematic analysis was selected as the analytic method for this study as this method involves generating salient themes from a qualitative data set and is well-suited to exploratory research that is interested in describing experiences rather than testing out a theoretical framework (Braun & Clarke, 2006). Transcripts of the focus group were studied, and initial salient themes were coded into themes and subthemes if applicable. The data was then reread to review the initial themes, and salient themes were refined and defined. As this study is exploratory, the data was analyzed using inductive thematic analysis which generated themes from the content of the interview responses. This study is interested in both the explicit statements made by research participants, as well as what their responses reveal about their assumptions and their context. See Table.1 below which

outlines the steps taken in this process of thematic analysis in the 6 phases of thematic analysis outlined by Braun & Clarke (2006).

Table 1.

Process of Thematic Analysis as Outlined in Braun & Clarke (2006) Used in this Study.

Phase of Thematic Analysis	**Description of steps taken in this process by the researcher**
Phase 1: Familiarization with data	Listened to the audio recording while reviewing the transcript for accuracy and familiarization. Performed repeated readings of the transcript and annotated the transcript with ideas for coding.
Phase 2: Generating codes	Data extracts were collated and coded into codebook with first-level descriptions.
Phase 3: Searching for themes	Potential themes assigned to data extracts within the codebook.
Phase 4: Reviewing themes	Transcript, data extracts and codes were reviewed to verify relevance of potential themes.
Phase 5: Defining and naming themes	Potential themes were further refined and clear definitions of themes generated.
Phase 6: Providing the report	Data extracts organized under themes and analyzed within written report. Themes and selected extracts reviewed for coherency and relevance to research question and literature. Final analysis developed in written report.

Results

This study revealed two major themes which reflected the observations and self-reports of DV service providers. The conditions of the COVID-19 pandemic increased risk of harm for survivors and impacted their help-seeking behavior, their sense of safety and stability, and resulted in decreased safety and increased barriers for survivors. DV service providers also reported experiences which place them at risk for burnout: namely a decreased sense of sense of

self-efficacy in their roles and an increase in their experiences of isolation from key support systems.

Increased Risk and Barriers for Survivors, Decreased Safety

Help-Seeking Activities and Behaviors

"Now they're not calling". The consensus amongst agency providers was that they are not hearing from survivors who are living with their abusers, both those who were working with them prior to COVID-19 and those whom would typically be calling the agency helpline. Advocates described the helpline being "eerily quiet" at times. Even for those survivors who had been in contact with advocates prior to the pandemic, study participants cited safety concerns with continuing to reach out to those survivors after COVID-19 stay-at-home orders:

> Some participants that used to call all of the time are not calling, and I feel like I can't reach out because I know that their abuser was about to leave jail, or their abuser is living with them, or they like depend on their abuser for a lot of the financial things...if I text and they know who I am or you know what I mean? (Study Participant No.2, pg 9)

Advocates also shared that there were survivors with specialized needs with whom they had lost contact: "Some people that used to call helpline … every three weeks or something just to check in … during my shift because they spoke Spanish, but there wasn't much we could do for them and now they're not calling." (Study Participant no.2, pg.9).

Participants also reported not receiving as many calls from first-time survivors during their helpline shifts: "there are times … it feels quieter and I think it's because those calls aren't coming in. It's literally just the calls of like 'I really need money'" (Study participant no.4, pg. 10). There was a general sense of worry that survivors are not able to reach out at this time due

to sheltering-in-place with their abusers. One advocate stated explicitly: “I'm worried that we're going to come back from f__ing quarantine and I'm going to run into all these f___ing newspapers of people that died not because of coronavirus, but because of abuse,” (Study Participant No.2, pg. 9). This sense of fear worry and concern for survivors was pervasive among focus group members.

“They're thinking like survival mode”. Focus group participants stated that both survivors engaged with agency services, as well as survivors engaging on the helpline for the first time are primarily concerned basic needs, such as shelter and food. Chief among these concerns was needing support to pay rent. Pre-COVID-19 pandemic, advocates would often get helpline calls for non-emergent items, such as agency services or long-term advocacy, but now the majority of helpline calls are focused on basic needs:

> There are times … it feels quieter and I think it's because those calls aren't coming in. It's literally just the calls like “I really need money…”Like sometimes I get a call and I don't know how to respond to this, but I'm going to try but … now it's not nuanced, because it's “Can you pay my rent?” “No” “Can you pay my rent?” “No,” like six times in an hour. (Study Participant #4, pg 10)

Increase in TANF benefit referral and requests. One participant who works primarily with survivors on TANF reported an influx in both new referrals from DSHS social workers, as well as former participants re-engaging for TANF benefits. Some survivors had lost a job due to the conditions of the pandemic or their child support stopped because the other parent had lost their job.

> [A] lot more people are coming back on TANF and back onto that kind of stuff and so my caseload has just exploded …There are people that are having to go back [on TANF benefits] because as you know, maybe they just got the job and they don't have [worked there] long enough to get unemployment. They're also giving TANF to people who there their unemployment is in suspension, so to cover those couple of weeks or months or whatever before

their unemployment might start if they if they get it at all so …and I think the ones who are really people who went off of TANF for maybe, they started getting enough child support to get them off. They're--they're bouncing back now too because whoever's job that was [paying for child support] is gone now so you know, so yeah, it's for them. It's difficult because here they are back in the system, right? And then also how long, how long will they be back in the system and it's a huge step backwards for them. So yeah, it's really hard. (Study participant no.5, pg. 6)

Increase in Eviction Prevention Assistance. Advocates in this study reported receiving a large number of requests for flexible financial assistance to pay past-due rent. Survivors whose income had been lost due to the conditions of the pandemic and stay-at-home orders, either through job loss or reduced/eliminated child support were most often those requesting this help. One advocate reported, "in the last four or five days have been nothing but 'I need rent, I need rent, I need rent' … or I need this or I need that or whatever because they've stretched themselves as far as they could stretch and other programs are running out of money" (Study participant no.5, pg 6). This experience was echoed by others in the focus group. Another advocate shared that despite the statewide moratorium on eviction proceedings, some survivors with whom she works express help paying rent for fear that their non-payment could be used against them by their abusers:

> They're making it… as if the moratorium doesn't exist and some of it is direct messaging from landlords. And there have been times when we've clarified some of their misconceptions, but sometimes it is truly just like 'Okay… it's all well and good for you to say that to me, but like I have no guarantee that this isn't going to impact my relationship with my landlord down the road…that this isn't going to be used by my ex- in my child custody case to say that I'm an unfit mother because I don't pay my rent on time." (Study participant #1, pg. 7).

Advocate #1 described a similar instance in which a survivor decided to pay their own rent instead of accepting financial assistance from the agency due to the agency's protracted and stressful bureaucratic process. As she stated, "You know, I hope they didn't have to put themselves in a bad situation in order to do that," (Study participant #1, pg. 7).

Study participants reported receiving a much higher rate of helpline calls for flexible financial assistance to pay past due rent, and an unusually high number of calls for this from callers that are not DV survivors. It seemed that these callers were reaching out to a number of agencies on resources lists and weren't aware that they were contacting a DV agency

> On my helpline shifts … I get a lot of calls for asking for rental assistance, but from folks who do not identify as survivors. And I'm not saying that men cannot be survivors, but it's often like the one of the first things that they say it's like "hey, can you help me with rent?" And I'm like "Oh cool, yeah", and I explain like that [we are] an organization and we support DV survivors, have you been connected with us before? And they say no and I'm like, I'm sorry, we're unable to help. And yeah, I've been getting like an unusual amount like almost at least twice in my shift for like--then COVID or since the quarantine … There's a there's like another organization that has the name life at the beginning of it and they do help with like rental assistance. And I think they are calling us by mistake, but I don't know [know] so there I feel like everyone's just kind of just going down resource list...(Study participant no.7, pg. 11).

Even with individuals who do not identify as survivors calling the helpline, the majority of calls study participants replied are survivors calling for help paying their rent or finding shelter:

> Helpline feels a little different. Pretty much every single call I get is for some form of financial assistance or shelter. It's not reaching out for community-based services, it's not needing advocacy; people aren't thinking that way right now. They're thinking like survival mode, like I need somewhere to sleep tonight whether that's my own home and you help me with my rent, or if that's a shelter. (Study Participant no. 4, pg 9)

Coping Strategies of Survivors: A Focus on Basic Needs. Study participants described two main themes in survivor's coping strategies during this time: 1.) survivors seem to be either so focused on survival and the tasks they need to complete to meet their basic needs that coping strategies often don't enter into the conversation with their advocates, as they usually would; or 2.) they are experiencing an exacerbation of trauma responses brought on by the environmental stressors of the pandemic and are needing more support in strategizing coping strategies during this time.

> I think there's a real like hierarchy of needs in terms of like people are addressing—people are not getting their basic needs around, you know, shelter safety, security and food met, so they're not—it doesn't seem like a lot of people just have not even had the capacity to have conversations about coping skills or strategies like, you know, I --it feels pretty hollow for me to have that conversation with someone if I just told them that we can't pay their rent for the month you ..Like how are you gonna cope with this? (Study Participant No. 1, pg. 21)

Conversely, one study participant reported that discussing coping strategies with the survivors they are working with have come to the forefront in their advocacy during COVID-19. They reported working with some survivors whose sobriety has been challenged during this time. The advocate noted other challenges, such as survivors in recovery sheltering-in-place with people who are not supportive of their recovery, and being isolated from support systems such as their sponsors, etc.

> Suicide and sobriety are two of the things that have been coming up for me a lot. I have a few participants that have been clean for a while and they're really, really struggling to stay clean when a lot of them are really isolated. Like maybe the people they live with are not safe and I don't mean I don't mean like in an abusive way but in like, they're not helpful, they're not, they're not someone who's going to help them feel better. And so maybe they're not offering drugs, but they're also not a space that they feel they have the support that they need during this time. And normally that would be like their … sponsor or they would go to some sort of group or they have like group of friends if they hang out with. (Study participant no. 2, pg. 15)

This study participant described their experiences working with survivors experiencing increased suicidality during this time, saying that "people that were already suicidal feel so much closer to the edge," (Study participant no. 2, pg. 15). This study participant described working with a survivor, whom they had been working with for many years since they were in the agency's emergency shelter. They explained that this survivor attempted suicide when she had been in shelter, and that this advocate had worked with her afterwards on developing a long-term safety plan around their suicidality. However, she stated that this survivor has really been struggling during COVID-19

> "… she [had] been doing great. It was going awesome. Like she had like built some community. She had a job … things were going great and now she's back to like struggling with herself around killing herself…So it's a lot of checking in and a lot of thing like this has nothing to do with you like this. This is not you failing. This is not. And like a lot of me sharing how I'm failing as a mother and as an advocate which feels a lot more personal than what I would have…. It's like all of us are feeling this way," (Study participant no. 2, p.15).

Reaching Out for Emotional Support. With the scarcity of concrete resources, advocates reported providing more supportive listening and emotional support to survivors. Study participants shared that providing supportive listening has grown as a central component of their advocacy during this time of COVID-19:

> [P]eople are reaching out...just for emotional support, even after I have explained like I can't do this…there's people that I hadn't worked with in a while and they're reaching out because they want emotional support and it's like a full hour of us chatting about how they're feeling and how they're dealing with things…. And yeah, we try to strategize a little but mostly is just me listening to how they're doing. (Study participant no. 2, pg 8)

Study participants discussed how even though they felt limited in the tangible forms of support that they could provide survivors during this time, the fact that survivors also reached out for emotional connection was evidence of how vital their work and the support of their agency have been during this period.

> [M]y job has also not felt this important this continuously. I don't think ever --I mean obviously we do important things all of the time-—but it feels like at this time, it's especially important because people are so isolated that we might be the only people they can talk to right now. So there's also like a little bit of beauty to that in that I'm really proud of how [we] as an agency have been dealing with this, and they have given us a flexibility and the tools that we need to continue to show up. Even if it's just to listen and we don't and we can't be that helpful. I think that still goes a long way. (Study participant no. 2, pg. 22).

Compromised Safety & Stability

Increased lethality in the time of COVID-19: Advocates shared that survivors have reported increased lethality with their partners who are using the COVID-19 pandemic as both an excuse and a means for violence and escalation of abuse. As one advocate recounted an account from a survivor she'd worked with:

> They lived together. He owns the home. He's totally completely isolated her. She's no longer working, her family lives all the way in New York and back in her home country.[He] pulled a gun on her on Sunday and he's some sort of pilot and so I think in their pilot work culture, there's a lot of drinking and they enable each other with that. And he's gone to lots of different programs and things but since COVID has started he's been drinking a lot more and that was definitely kind of part of what happened on Sunday. I think he was drinking since like 10 am in the morning and then it escalated quite a bit. (Study participant no. 6, pg. 16)

Increase in volume of and lethality risk in shelter referrals. Study participants also shared noticing an increase in the lethality of survivor's situations in other areas, particularly when survivors are seeking shelter. During this time, this agency had at least one shelter opening. Typically, referrals for agency shelter openings come in externally through the helpline as well as internally from advocates working with already enrolled participants looking for shelter and/or fleeing domestic violence. One study participant who is an advocate who works within the agency's emergency shelter program described what it was like screening for and filling the unit that they had open during this time, and the type and volume of referrals they received and continue to get for shelter:

> [The unit] was filled the—right when we started working from home. We didn't even really have a policy around like actually filling units, but our team internally just kind of decided it was worth it to open up the emergency unit that was available and I think I got more referrals than I've ever received for a single unit. And it was ..I mean I could tell that other advocates were just kind of like that moment of a little bit of panic like.. "I don't know if this is a good solution for you, but it's there, So I'm going to do it." So I just received like maybe 17 referrals for one

opening. Normally it's like 7 at most—it varies. But I think things kind of tamed down since then.

But yeah, it's also with the referrals that were receiving like, we're seeing a lot more lethality factor, and that's usually what we try to weigh over anything else. And so then now—now that like our openings have kind of tapered off or we filled them up, we're getting kind of informal referrals where people are just reaching out saying like "I know that you don't have anything open right now, but could you possibly put this person on your list for the next time because this is an extremely urgent situation and we don't know what else to do." So our system is kind of just like not really falling apart, but not totally working to catch all of those needs right now and I think across the county there's just a saturation of services. So people are trying to get creative with how they reach out to other people. (Study participant no. 3, pg. 10)

"I'm totally trapped by this man". Advocates reported both a sense that the conditions of the pandemic and "Stay Home, Stay Healthy" order are amplifying isolation as a factor in DV relationships.

One study participant recounted a recent interaction with a helpline caller who lived with their abuser and daughter. Prior to the COVID-19 pandemic and ensuing stay-at-home order, the husband worked outside of the home and during the day the survivor and her daughter had time to decompress and build routines that created some safety and stability for them. Since the stay-at-home order was implemented, he had been working from home. This decreased the opportunities for this survivor to leave the home to create safety for herself and her daughter. Additionally, the respondent described escalating paranoia from the abuser around COVID-19, specifically contracting the virus, and how this is intersecting with his tactics of isolating her:

> [Study participant paraphrasing the survivor] "And he gets really, really, angry with me and threatens me and says like I'm doing this on purpose. I'm trying to hurt him. I'm trying to kill him." So he's like not letting her leave under the guise of that. I don't know if it's that he believes that or that he's using it as an excuse to control her further. That sounds reasonable. But he's like whatever is happening, coronavirus is like an active part of her DV now he's using it whether intentionally or unintentionally to control her further and she's like … "I've been trying to just go on walks with my daughter just so we have like 15 minutes where he's not right there. And even that is like he's like "No...how could you do that?

> Like what you want her to die?" You know just like it's really intense. So she's like "I'm totally trapped by this man.." (Respondent No. 4, pg. 19)

Survivors who are sheltering-in-place with their abusers are also less able to access existing or other safe support systems. Another study respondent described the experiences of a young adult that she works with who relied upon school as a vital support system and safe space prior to COVID-19:

> "[S]he has no connection to her classmates anymore. No connection to the safe adults at her school anymore. She has now left her parents' home and is with the boyfriend and you know, it's basically just like her one little…little thing that she had which I think for a lot of adults is maybe their jobs and for her was school is just like totally cut off so I try to reach out to her a lot, but she's with the guy all the time because they're both in lockdown together. And so yeah, she just hasn't been able to access like even just as simple as like a friend to talk to or, or a safe adult to disclose anything to other than me, you know, and I'm just like I'm worried that more is happening that she's not telling me". (Respondent No. 4,

This story illustrates how there is a potential for increased harm as survivors are cut off from contact with their support systems. This account also echoes another common theme: that advocates are not hearing as frequently from survivors since COVID-19. One study respondent stated that for the survivors that she works with who are immunocompromised, the COVID-19 pandemic has compounded their already prevalent sense of isolation:

> I mean like there are some folks that I work with where you know, they're reflecting that I'm the only person that they've talked to that week because they are getting their groceries delivered, no contact delivered, and they are in their home and they're not going anywhere and they don't have —they have been so isolated by a variety of things many of them resulting from you know, a past DV situation …I mean, I have someone where I call her and she … remarked that I was the last person she had talked to and it was like a week ago. So I know that for folks that have additional concerns specific to Corona and COVID like the-- the isolation is huge. (Study Respondent No. 1, pg.17)

Other advocates noted how it felt like the survivors that they are working with are so taxed by the environmental stressors of the COVID-19 pandemic, that they lack the emotional capacity to reach out for support.

Co-Parenting with DV and COVID.

Study participants discussed how the survivors that they work with who are parenting are struggling during the stay-at-home order. One study participant highlighted the fact that the resources—especially resources provided through schools and other social services—that many of these families depended upon are now inaccessible to them: "It's put a huge strain on all of their budgets in terms of what they used to be able to get in the school and especially… their food budgets are really strained … because they're not able to get their free lunches or their snacks or the backpack that came home on the weekends all of that those little supports that made things so much easier," (Study participant no. 5, p. 12). Despite many schools attempting to provide some resources still—such as brown-bag lunches to mitigate families' food insecurity—these resources are still inaccessible to many survivors who lack transportation, childcare, etc., to access those resources. This advocate also noted that the survivors she works with are also particularly struggling with parenting children who have been impacted by trauma, and whose trust and relationship with their parent (the survivor) might be undermined by being exposed to domestic violence, and all of this during a very stressful pandemic. Another study participant shared how some systems, such as school and CPS, have not been flexible to survivors and their families' needs during this time.

Study participants also shared how survivors are distressed that with little to no guidance from the courts, visitation schedules are expected to continue occurring as normal in an abnormal situation. This has the impact of possibly increasing the survivor and their children's risk of

exposure to COVID-19. Respondents described how this can take the form of the other parent not taking health precautions or practicing social distancing measures. One study participant recounted the experience of a survivor whose abuser had been using visitation as a means to coerce and control the survivor prior to COVID-19:

> "[R]ight now she's—she has a kid with —a kid with somebody else, and that kid has… I'm not sure what kind of some sort of issue that coronavirus can like exacerbate. So what the abuser is doing is when he calls and he's like, "oh, yeah when I come pick you up next week, we're gonna —go to the park and we're gonna go here." And like the phone is on speaker because that's what the parenting plan says. Right? Like you —like mom gets to hear the conversation because the kid is young and then she's like… "please remember that you can't do that. Please remember my other kid would be put in danger whatever," and he's like…—and part of like the plan says that they can't really interact with each other unless necessary —and then he'll be like, "please refrain [from] interrupting my time with my kid". But then she's like left a ball of f___ng nerves and—but I'm pretty sure he's not going to do that because he's like, he's a rule follower. Like he's the type of person that like, we got a DVPO and that was that and he stopped bothering her and like follow[s] the rules, but I also can't promise her that right? Like I also can't say for sure he's not doing that. All I can do is "do you think he would be doing —he would be doing that on purpose to keep you on edge? To make you believe that your oldest kid is in danger?" (Study participant no. 2, pg 14).

Respondents also shared how this can also look like the other parent using their risk of exposure as a way to withhold access to the child/visitation:

> "I've also heard kind of the inverse of I've heard in situations where I work with a survivor where their partners is perhaps more resourced than they are. I've heard things like well, we don't want to stick to the visitation schedule because you know, when you go to your mom's house, it's a tiny apartment building with all these people crammed together and like we… I don't want my --I don't want to be exposed to that. So I don't want visitation to continue as normal or I don't want my --my family, you know to be exposed to that so I don't think… I don't think you should be visiting. (Study participant no. 1, pg 13)

These complexities of how abusers are using the COVID-19 pandemic and visitation as a new way to control survivors is indicative of how nuanced and varied intimate partner abuse is.

***Navigating Systemic Oppression during COVID-19*.** Study participants shared that for survivors who experience multiple intersecting identities and experiences of marginalization, their experiences of increased barriers, racism and microaggressions have intensified during COVID-19. In discussing practical challenges to providing advocacy remotely, one study participant shared that her work with undocumented survivors with limited English or Spanish literacy has become especially challenging:

> [J]ust something that I[‘ve] been noticing a lot lately is working with marginalized communities …it has always been hard. I've always said that working with a with a white, English-speaking person who has you know, like certain privileges and then you're working with someone who is undocumented doesn't speak English like it you have to work three times as hard, but during the quarantine has been f___ng impossible,” (Study participant no. 2, pg 3).

Advocates reported that undocumented immigrant survivors were especially struggling to receive support, both for emotional and concrete assistance:

> There's all this talk about all these new resources being made available and people banding together and community aid funds all those things are great. But right now everyone is experiencing stuff at the same time. And so everyone needs these resources at the same time and …especially for my clients who maybe aren't eligible for a lot … of government assistance because of their documentation status…there will be like an aid fund that opens up and I'll tell them to apply and they'll do it within the day and they’ll tell me they’ve already closed it, you know things like that. I mean, it's just everything, all the inequalities we were already seeing in our work just exacerbate the tension. (Study participant no. 1, pg. 4).

Research participants emphasized that undocumented survivors faced many of these barriers to receiving support prior to COVID-19, but that the scarcity of resources and barriers to accessing those resources have made it so they are not able receive support with basic needs through external resources. While this agency is purposefully low-barrier for survivors needing flexible financial assistance, advocates shared that even when this agency is willing and able to

provide pay an undocumented survivor's rent, there exists additional barriers set by funding requirements, such as the survivor living in alternative housing arrangements where they are not on the lease, or rent is paid indirectly through another person.

> I mean there are some things that are coming up that are new and novel and different. But a lot of it is it's the same stuff that we continuously see but it's just being exacerbated. It's just times 10. So like like K-—was saying like working with marginalized communities. I have quite a few participants also who are undocumented or have complicated immigration status. It's not that they weren't dealing with that problem before. It's just become 10 times harder and more complicated, you know for my folks that were already kind of barely making rent every month or who every three or four months with us stepping in to assist with rent. It's not that they weren't—they didn't have an issue before. It's just that now everyone that we're working with is having… their situations have just become so much like …the negative things that they were experiencing have just been so exacerbated by the present circumstances… (Study participant no. 1, pg. 3-4).

Survivors who identified as persons of color, especially Black and immigrant survivors, reported increased fear of experiencing racism as a result of the COVID-19 pandemic. As an important part of domestic advocacy is supporting survivors with their stated needs and goals and providing supportive listening to survivors. Advocates take a systems-based approach, which entails talking with survivors about the various factors that influence their wellbeing—including experiences of racism and marginalization. For black, indigenous and POC individuals, experiencing racism is an everyday reality that affects their safety and wellbeing, and this is being exacerbated during the COVID-19 pandemic. Study participants shared that survivors that they are working with have shared fears and concerns about the impact of racism on them, their families and communities, and how that is being exacerbated by the conditions of COVID-19. One study participant who works with survivors in the agency's shelter program shares the experiences of Black families in emergency shelter:

> For the you know, the people who are Black in our shelter. They go out with their kids and their 16-year old son is wearing a mask and everyone's you know afraid of him. And you know, how do you navigate that while still trying to do the daily

> things that you need and keeping your family safe, but it's essentially opening up so many doors for harassment and other micro aggressions or just like very real physical harm that could happen if someone decides this person doesn't look safe while they're walking around an affluent neighborhood? (Study participant no. 3, pg. 25)

Black and POC survivors have also shared with advocates their fear and outrage at the highly apparent health disparities experienced by BIPOC communities during COVID-19, and particularly the higher infection and death rates among for BIPOC individual. They also shared that they witnessed appropriate social distancing public health measures being taken within their own communities, but that it felt like white communities were not taking the same measures as extensively—at the expense of the health of BIPOC communities. Study participants also noted how BIPOC survivors are already vulnerable due to social determinants of health and the presence of underlying health conditions, systemic racism within the healthcare system, and that many BIPOC survivors that they work with are in vocations that place them at risk for contracting the virus and that their need to return to work to meet their basic needs may likely supersede their health and safety.

> [Study participant no. 1] I mean, that's what my participant was saying. She was like…You know, she was like I don't want to come across as sounding like paranoi[d]. She's like, but it kinda is hard for me not to feel like you know white people aren't taking this seriously and I'm going to get sick and you know.
>
> [Study participant no. 3] Oh, yeah, and I mean there is an element of really concrete truth to all of that. Like these white people are the ones that are going to receive better care if they go to a hospital they're going to be prioritized because in general statistically, their chances of surviving are better, so that's what hospitals are doing right now? They're just it's all triage. They're just trying to keep alive. Whoever has the best chance of staying alive and getting them out of the system. So if it's someone with compromised health or a bad, you know health record, which is more likely a person [of] color. They're not going to be giving them the same amount of care and and then, you know the people of color that I work with they do service work and… they haven't had work. And so as soon as the opportunity to go back to work, you know, as soon as they reopen or like

> whatever the stay-at-home plan is slowly rolled back. They're going to be putting themselves at risk immediately to serve the folks who have better health care and better access to resources …it is it feels very targeted. (pg. 26)

Study participants shared other accounts of Black survivors expressing fear of experiencing racism and police brutality during this time: "Black people have been sharing with me that they're afraid to go out in public with the mask… because they're afraid they're going to be seen as a threat, but [they're] like a white person with the mask is a hero, me with a mask, am I a bank robber?" (Study participant no. 2, pg. 22). This advocate added that this survivor shared with them that "They said that coronavirus might get them, but they know for sure white people or the police will get them, right now it feels safer not to wear a mask," (Study participant no. 2, pg. 25). Other study participants echoed this sentiment: "You know… they're prioritizing survival, surviving one risk over another basically. That coronavirus is just kind of just abstract thing at this point. But police brutality is very real," (Study participant no. 5, pg. 25).

Study participants also shared hearing of an increase in racism perpetrated against Asian and Asian-American individuals:

> I know that there's been a lot of racism against Asian people or people who appear Asian also because of corona just hearing a lot more like bold, like people straight up jumping people in public and hurting them or at the very mildest saying like racist things about how like they have … [01:34:18] must have the virus with and brought it from abroad. When's the last time they went to China and the person's like I'm not even Chinese. It's not that that matters. (Study participant no. 3, p. 23)

Study participants shared that the survivors that they work with who hold marginalized identities, especially undocumented and BIPOC survivors, are experiencing additional barriers to

accessing financial resources, a lack of financial resources for which they are eligible for, and an increase in experiencing systemic racism.

Domestic Violence Service Providers Navigate Work with COVID-19: Potential for Service Provider Burnout

Practical Challenges to Remote Advocacy. Study participants reported significant challenges to their advocacy work imposed by working entirely remotely. One advocate described how what would have been a 20-minute in-person advocacy session to go through and sign paperwork, now takes them an estimated hour and a half to do remotely. They also described facing barriers to advocacy such as: the survivor not having access to a printer or whiteout, and communication difficulties that make comprehending the paperwork more challenging over the phone. Another advocate recounted how challenging it was for them to set up a survivor in hotel and provide them with a gift card for some basic needs, such as food and hygiene products: "it was so difficult. It took like three hours...which normally it would take…30 minutes max". Communication challenges with working remotely continued to be a theme, compounded by additional language and literacy barriers for undocumented survivors:

> I have women who don't know how to read or write even in Spanish. So we're trying to get stuff filled out has been like… it took me three hours to fill out a KCHA form with someone because [they] did not know how to read and write so it's a lot of me texting their 16 year old and 16 year old like not understanding. (Study participant no.5, pg. 3)

This advocate described similar communication challenges in working with another survivor who has a traumatic brain injury. The advocate explained that usually when she would have met with this participant in-person she would write out questions for the survivor to comprehend more easily. Since she was not able to do that easily working remotely, over the course of two hours she texted the survivor the information that she needed, and finally called

the survivor to obtain the information the advocate needed to prevent the survivor's eviction. The advocate still was not able to get the information she needed to support this survivor, and she stated that she believed that she would not have experienced these challenges communicating with this survivor had they been able to meet in person.

"Life is Frozen". As resources dwindled, advocates shared feeling similar emotions of helplessness and uncertainty that the survivors that they work with were also experiencing. Due to this, study participants described feeling a diminished sense of self-efficacy in their roles.

> Supportive listening is helpful when you can pair it with..other stuff, you know, and I feel like I'm just doing like emotional support and I also don't even know how helpful that is because I know that even people who have a lot more privileges than my clients do are feeling really hopeless right now. So I'm like, okay, if even people like that I'm friends with who are… financially stable and secure and healthy and safe and all of these good things are feeling really hopeless and despondent then.. how can I expect like my texts to a client to… change how they're feeling, you know, so yeah,… [I'm] even feeling like I'm not doing emotional support very well. I just—like this sucks. (Study Participant no. 4, pg. 5)

Both explicitly stated and latent in advocates' statements was a sense of feeling stuck and frozen in their work. "It just feels like life is like frozen, like literally frozen, like all of the things that I would normally work with people on doing like finding childcare or job searching…none of it is safe and that is none of it is accessible," (Study participant no. 3, p. 5). Study participants also described lack of technological resources for survivors that are vital during the shelter-in-place order, such as laptops for school and online communication. Advocates in the study repeatedly mentioned feeling a diminished sense of self-efficacy in their roles: "I also feel that I feel like less.. less capable and I feel like I'm being a burden when I try to like ask or coordinate a gift card pick up which it takes like a long time and I'm like this sucks," (Study participant no. 4, pg. 4). Another study participant noted how their ability to support survivors felt outside of

their control: “Does anybody else feel like power has been taken away from us? And I don't mean like power over people. I just mean like power and ability to serve people like I feel really contained but in at the same time like things that would have 90 percent dependent on me don't depend on me anymore,” (Study participant no.2, pg. 4). Diminished sense of self-efficacy was a prevalent theme for most study participants.

Isolation. Study participants shared that they are feeling isolated, cut-off from support networks, and also concerned with meeting basic needs and going into “survival mode”—all of which have made their work more challenging. Advocates noted that even during a time that they ostensibly would be able to reach out to friends, family, etc., they are reaching out to their support networks less than before the onset of the COVID-19 pandemic. Advocates spoke about the challenge of feeling disconnected from their co-workers whom they typically rely upon for consulting and debriefing with after hearing about survivors’ traumatic experiences.

> Because it's like even though I am lucky not to be quarantined by myself and isolating by myself, I'm still I'm not around people that I can talk about those things with like —people already are sad enough. Like I'm not going to use up their…You know, I'm not going to use up their bandwidth and capacity to talk about… child molestation. Like I'm just not going to do that. That's not appropriate. But like that's what I had, you know, like three intakes and since we went on quarantine that have been very heavy on that theme and that is really tough for me. So like it's just kind of that loss of support I think has been the most marked. (Study Participant no.1, pg.28)

Other study participants echoed this experience of feeling cut-off from co-workers due to the remote work environment, while at the same time coming to recognize just how much they relied on connecting with co-workers throughout their workday to debrief and consult as a way to mitigate the effects of secondary trauma in their work. Advocates noted feeling a sense that everyone was busy and not wanting to intrude on co-worker’s time as reasons for not connecting with co-workers via chat, video or phone throughout their workday.

Service Provider Experiences of Racism & Marginalization. Study participants who self-identified as holding a marginalized identity shared that they have had to navigate experiences of racism and xenophobia more during COVID-19. One study participant who identifies as holding a marginalized racial identity shared their experiences communicating with landlords in supporting a survivor with their housing search:

> Because they asked for a last name and when they see Z--, they see that it's a Chinese last name and I know that people look out for it because I've gotten certain types of responses from different people on Zillow and different landlords on Zillow. And so sometimes I try to leave out my last name whenever possible just because I know that it would definitely affect the way that the person that I'm working with is seen by the various landlords that were working with even though it shouldn't so that's another layer of things too is just how the advocate identifies changes that. (Study participant no. 6. Pg 22).

Another advocate who holds a marginalized racial identity described the fear and concern they are holding for their community:

> Like for example [during] World War II a lot of Mexicans and other immigrants were brought over to the country to do a lot of the fruit picking and all that type of thing a lot of the Agriculture and farming mmm, but then right after right after the crisis over it. Oh, it really affects undocumented and immigrant communities and really detrimental ways and that's when a lot of laws are made that are xenophobic and racist.. we saw that after 9/11. We saw that after World War II we saw that after the Cold War so I'm having all sorts of anxiety both professional and personal about what this is gonna look like when it's over. (Study participant no. 2, pg. 23)

Service providers who held marginalized identities shared additional experiences of racism and fear for their communities during COVID-19. Latent within these statements is the emotional and psychological toll that this has on their wellbeing and experiences of secondary trauma.

Discussion

This exploratory research project indicates that survivors of IPV reported to DV service advocates that there were changes to their help-seeking behavior, specifically with IPV service providers, in the early stages of the COVID-19 pandemic. The goals of their help-seeking behavior shifted to meeting immediate and basic needs, such as food and shelter. IPV service providers noticed an increase in the volume of referrals for immediate basic needs from the helpline and partner agencies; however, this increase in volume was mitigated by a decrease in engagement from survivors who are sheltering-in-place with their abusers. Also, the importance of emotional support in combination with or separate from concrete assistance was highlighted in survivor-advocate interactions.

The COVID-19 pandemic and ensuing shelter-in-place conditions affected survivors' ability to maintain housing. Even though the statewide eviction moratorium was still in place when this study was conducted, survivors were concerned that missing rent payments could affect their housing stability once the order was lifted, or more relevant to this study would be used against them in court by their abuser to portray them as unfit parents. While advocates reported that many survivors were in "survival mode," they noted that for some survivors who are resorting to prior coping strategies such as substance use or engaging in suicidal thoughts, discussions of coping strategies have become even more important and relevant during this time.

Some of the advocates in this study reported that the COVID-19 pandemic is presenting new ways for abusers to exert power and control over their current and former partners. According to survivors, the risk of contracting the virus is being used as a reason to limit survivors' contact with the outside world and support systems, as well as control their child

visitation schedules. Abusers are also using the threat of exposure to the virus as a way to intimidate survivors. Overall, there appears to be an increase in the risk of lethality for survivors experiencing abuse during this time, but as this evidence is limited to advocate observations of participants who are able to engage with services, further research is needed on this topic to attain a full picture of survivor's experiences of lethality during COVID-19.

While not directly related to their experiences of intimate partner violence, survivors who hold marginalized identities experienced an exacerbation of barriers and harmful experiences during COVID-19. This is an important finding that is relevant to the overall impact of the COVID-19 pandemic on survivors of intimate partner violence. Undocumented survivors typically face many barriers to obtaining safety and stability after leaving an abusive relationship, including challenges to finding employment, and navigating complex systems with language and possible literacy barriers. During this pandemic, these inequities were amplified. They struggled to find resources that they were eligible for amongst an overall scarcity of resources. Due to needing to resort to alternative living arrangements as a result of their documentation status, undocumented survivors also had experienced challenges finding flexible financial support to pay past due rent even if the agency was able to support them. Black and POC survivors described experiencing harm due to systemic racism and health disparities of BIPOC individuals contracting and dying from COVID-19 at higher rates. They also highlighted unequal social distancing responses within white communities compared to BIPOC communities, which speaks to the privilege those communities experience in access to care. Black survivors in particular reported fearing an increase in microaggressions and police brutality if they practiced the same hygiene measures (mask wearing) that white individuals were lauded for.

IPV service providers have also been affected by the COVID-19 pandemic, both personally and professionally. Advocates described feeling overwhelmed by their own feelings of helplessness and uncertainty and concern with meeting basic needs. They reported practical challenges to their advocacy work presented by working remotely and with limited concrete resources to provide survivors, all of which contributed to feeling a diminished sense of self-efficacy. They also shared feeling more isolated from their support networks and co-workers while sheltering-in-place—the latter of which they noted as being instrumental in providing support with the effects of secondary trauma resulting from their work. Advocates who hold marginalized identities, and especially marginalized racial identities, described experiencing an increase in racial microaggressions in the course of their work from community members, and holding a lot of fear of an increase in xenophobic behavior as the COVID-19 pandemic continues.

Study Limitations

As this project is designed as an exploratory research study, the results are not intended to be transferable to other geographic or regional locales which may have experienced differing social distancing measures as well as a difference in the abundance and types of IPV services available. This study was limited to just one focus group, and survivors were not included in the sample due to the constraints of this study. All information about survivors' experiences is derived from advocate's observations and descriptions of survivor's experience, so they are second-hand interpretations about the survivor experience. Another study focused on survivors would enhance our findings and understandings. This study was conducted a little over a month into Washington State's "Stay Home, Stay Healthy Order" which at the time of writing this, is

still in place. As such, this study does not fully capture the breadth of survivors' or advocates' experiences in this specific historical moment in our global history.

Conclusion

While limited in scope, this study brings to light some key aspects of the experiences of survivors of IPV through the narratives of IPV service providers during the COVID-19 pandemic. Survivors of IPV appear to have experienced decreased safety and increased barriers during COVID-19. The dynamics of IPV appeared to intersect with COVID-19 in the ways that abusers exerted power and control over their partners. IPV service providers experienced a decreased sense of self-efficacy in their professional roles, and an increase in isolation from their support systems, which could create the potential for professional burnout. It may be many years before we understand the depth and breadth of this pandemic, and its specific impact on survivors of IPV and IPV service providers, but we hope future research will help to illuminate these twin social problems – domestic violence and COVID-19 – and the resiliencies and strengths of all of us who are navigating these global crises.

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APPENDIX A: Study Consent Form

UNIVERSITY OF WASHINGTON

CONSENT FORM

Research Study: The Impact of COVID-19 on Domestic Violence Services

Researchers: Georgiana Peters, University of Washington Master of Social Work Graduate Student, petersg8@uw.edu, phone: 206-607-7143.

Faculty Advisor: Dr. V. Kalei Kanuha, 206-543-3881, email: kanuha@uw.edu.

We are asking you to be in a research study. This form gives you information to help you decide whether or not to be in the study. Being in the study is voluntary. Please read this carefully. You may ask any questions about the study. Then you can decide whether or not you want to be in the study.

KEY INFORMATION ABOUT THIS STUDY

- *This study is trying to understand the impact of the COVID-19 global pandemic and resulting responses, such as Washington State's "Stay at Home" order, on the delivery of domestic violence services.*
- *This study may contribute to research about the COVID-19 pandemic and how domestic violence services responded to it.*
- *You may want to participate in this study in order to share about your experiences providing community-based domestic violence services during the COVID-19 pandemic.*
- *You may not want to join this study if discussing this topic, or discussing this topic in a group with co-workers causes you distress.*
- *Participation in this study is completely voluntary and you can stop participating at any time.*
- *This study will be conducted in a focus group format with 5-6 of your fellow advocates and therapists at LifeWire.*
- *During this focus group you will be asked a series of questions about your experiences of providing services at a community-based domestic violence agency during the COVID-19 pandemic.*

PURPOSE OF THE STUDY

The purpose of this study is to understand the impact of the COVID-19 pandemic on domestic violence services and service providers.

STUDY PROCEDURES

This study will consist of one focus group of 5-6 individuals, facilitated by the researcher. This will be a virtual focus group, conducted on a virtual conferencing platform. The focus group will last 1-2 hours and will be audio recorded to be transcribed after the group session.

During the interview, the researcher will ask a series of questions about your experiences providing community-based domestic violence services a during the COVID-19 pandemic. You may refuse to answer any question you choose, and you can stop participating at any time.

Your decision to participate in this study will not affect your employment a domestic violence agency now or in the future.

Your responses to the interview questions will be anonymized before being included in the study results. We keep your name and participation in this study confidential. The domestic violence agency that you provide services at will not be notified that you participated in this study.

RISKS, STRESS, OR DISCOMFORT

Some of the questions asked may bring up upsetting memories of your experiences providing community-based domestic violence services during the COVID-19 pandemic.

If the interview questions bring up any distressing feelings or memories, the researcher may pause the session and ask if you would like to continue participating.

BENEFITS OF THE STUDY

You will not receive any material benefit or monetary compensation for participating in this study. Some participants may experience positive feelings for sharing their story and contributing to this body of research.

FINANCIAL INTEREST

N/A

CONFIDENTIALITY OF RESEARCH INFORMATION

Video-recordings of the session will be kept in a secure location until they can be transcribed into written form, and then will be destroyed. Written transcripts of the interview will be coded

with a group session identification number, and all identifying information will be redacted from the transcript.

The video recording will be destroyed after the records retention period required by state and/or federal law. Only the researcher and their faculty advisor will have access to this document.

All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, we must report that to the authorities .

Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

Using Your Data in Future Research

The information that we obtain from you for this study might be used for future studies. We may remove anything that might identify you from the information. If we do so, that information may then be used for future research studies or given to another investigator without getting additional permission from you. It is also possible that in the future we may want to use or share study information that might identify you. If we do, a review board will decide whether or not we need to get additional permission from you.

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OTHER INFORMATION

You may refuse to participate in this study and you are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled.

RESEARCH-RELATED INJURY

FOR ALL STUDIES

If you think you have been harmed from being in this research, contact Dr. V. Kalei Kanuha, 206-543-3881, email: kanuha@uw.edu.

It is important that you promptly tell the researchers if you believe that you have been harmed because of taking part in this study. You can tell the researcher in person or call him/her at the number(s) listed at the top of this form. This number is monitored 24 hours a day.

The UW does not normally provide compensation for harm except through its discretionary program for medical injury. However, the law may allow you to seek other compensation if the harm is the fault of the researchers. You do not waive any right to seek payment by signing this consent form.

Printed name of study staff obtaining consent* Signature* Date*

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098 or call collect at (206) 221-5940. I will receive a copy of this consent form.

Printed name of subject Signature of subject

Date

When subject is a minor:

Printed name of parent Signature of parent

Date

When subject is not able to provide informed consent:

Printed name of representative Signature of representative

Date

Relationship of representative to subject

Copies to: Researcher Subject

Appendix B: Focus Group Interview Guide

1.) How has the COVID-19 pandemic affected your services?
    a. Requests for service - # (new participants, re-engaging participants, more requests from existing participants)
    b. Types of requests for service or other assistance
    c. Has anything changed with the way requests are received?
        i. Helpline calls
        ii. referrals from partner agencies
        iii. helpline referrals for advocacy
        iv. shelter referrals
2.) How has the COVID-19 pandemic affected the survivors that you work with?
    a. How has the "Stay at Home" order affected participants? Helpline callers?
        i. Social distancing
        ii. Safety: assumption that survivors are less safe, is this true? What creative ways are survivors using to create safety?
        iii. Parenting (if applicable)
        iv. Financially
        v. Work (if applicable)
        vi. School (if applicable)
    b. Have the IPV dynamics changed for the survivors that you work with from pre- to post-COVID-19? Describe any scenarios – gather stories here
    c. How have your participants been reacting to the COVID-19 pandemic?
        i. emotional regulation
        ii. coping strategies
        iii. changes to safety plans

    We work with participants who hold various identities. Have your participants who are people of color, native, LGBTQ, immigrant, disabled, aged, or with other statuses reported different challenges whether in their relationships or in help-seeking during this COVID crisis?

3.) How has the COVID-19 pandemic affected you or your co-workers as service providers?
    a. How has the "Stay at Home" order affected you?
        i. Social distancing
        ii. Safety
        iii. Parenting (if applicable)
        iv. Financially
        v. School (if applicable)
    b. How have you and your co-workers been reacting to the COVID-19 pandemic?
        i. emotional regulation, impact of secondary trauma

ii. coping strategies
iii. changes to safety plans

c. Many of us who work at the agency hold various identities. Have those of you who are people of color, native, LGBTQ, immigrant, disabled, aged, or with other statuses experienced different challenges during this COVID crisis? (you can also answer this in an email or separate call with me if you prefer)