Recommendations and Strategies to Assist in Responding to Domestic ViolenceVictimizations in Future Pandemics

Approved by: Dr. Cheryl Banachowski-Fuller Date: 4/14/2022
Recommendations and Strategies to Assist in Responding to Domestic Violence Victimizations in Future Pandemics

A Seminar Paper

Presented to the Graduate Faculty of the University of Wisconsin – Platteville

Brianna Dahl

Spring 2022
Acknowledgements

Working on my masters the past two years has challenged me in ways I did not think were possible. The stress, long days and the many hours spent researching. However, it has been well worth the path that this master’s degree is taking me. I am so grateful to UW-Platteville for this opportunity to complete my masters, and want to say thank you to all my professors for sharing their knowledge with me. I also want to say thank you to my internship supervisor, Marlys Howe at the Dane County Victim Witness Office. I learned so much from you, and cannot say thank you enough for giving me the opportunity to intern with you.

I am extremely appreciative for everyone who supported me, believed in me and encouraged me the last two years. I want to give a special shout out to my mom, Amy Fredricks, and my grandma, Bonnie Dahl. You both are my biggest supporters, and I am so grateful for you and all that you do for me. I also want to thank my three best friends, Taylor, Bree and Emily. Thank you all for your continuous encouragement and being by my side when I needed it most. I want to especially thank Dr. Fuller for her guidance throughout my seminar paper. It would not be where it is without your help and encouragement.
Abstract

Recommendations and Strategies to Assist in Responding to Domestic Violence Victimizations in Future Pandemics

By: Brianna Dahl

Purpose

This research will provide a review of research conducted on domestic violence to include a look at how victims have been negatively impacted by the COVID-19 pandemic, and how domestic violence cases have increased because of COVID-19. The specific focus will center on how treatment programs and domestic violence agencies lacked in resources during the COVID-19 pandemic and how programs can continue to evolve and prepare for COVID-19 or other pandemics in the future.

Methods

A literature review will be conducted to include information from government websites, agency websites, scholarly peer-viewed journals, and other related sources. Current COVID-19 practices will be examined and an extensive literature review of additional available information on how COVID-19 has impacted domestic violence. Lastly, strategies and policies to help agencies respond to and handle domestic violence during the COVID-19 pandemic will be analyzed for effectiveness.

Key Findings

The findings of this research will include recommendations on resources and strategies for domestic violence agencies to utilize in the future if COVID-19 or another pandemic occurs in the future. Agencies such as the National Resource Center on Domestic Violence, National Domestic Violence Hotline, ENDGBV COVID-19 Response Group, and the Santa Clara Pro
Bono Project conducted research and developed different strategies to ensure victims were provided resources during the COVID-19 pandemic. Guidelines such as mask mandates and socially distanced meetings were used. Workgroups were designed to determine the needs of victims during the pandemic and additional staff were hired to ensure victims were receiving adequate resources and responses from the 24/7 hotline. Further recommendations involve ensuring accessibility to FaceTime, message, and zoom, violence-related first response systems, questionnaires/screenings in health care settings, utilizing the 24/7 hotline and expanding shelter/temporary housing.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>APPROVAL PAGE</th>
<th>TITLE PAGE</th>
<th>ACKNOWLEDGEMENTS</th>
<th>ABSTRACT</th>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>vi</td>
<td>ii</td>
<td>iii</td>
<td>iv</td>
<td>vi</td>
</tr>
</tbody>
</table>

## I. INTRODUCTION

A. Statement of the Problem

i. COVID-19 caused an increase in domestic violence causes due to people being confined to their home. During this time, domestic violence agencies and other organizations did not have the proper resources and tools to help victims. This meant that victims were not receiving services, shelter, or programming to help them through their victimization.

B. Purpose of the Study

i. This research will provide a review of research conducted on domestic violence to include a look at how victims have been negatively impacted by the COVID-19 pandemic, and how domestic violence cases have increased because of COVID-19. Specific focus will center on how treatment programs and domestic violence agencies lacked in resources during the COVID-19 pandemic due to the increase in domestic violence cases and how programs can continue to evolve and prepare for COVID-19 or other pandemics in the future.

C. Significance of the Study

i. Recommend resources and strategies on how domestic violence agencies can evolve and practice ways on handling COVID-19, pandemics, and situations such as these in the future. The resources recommended for victims will be resources that can be used at any point in time whether there is a stay-at-home order or whether they are able to leave their home. The goal of these recommendations is to ensure there are resources implemented and suggested for domestic violence victims when there is a lack of resources.

D. Methods of the Approach

## II. Literature Review

A. Definition of Domestic Violence

B. Domestic Violence Characteristics

i. Victim Characteristics

ii. Abuser Characteristics

C. COVID-19 Pandemic Background

i. What is the COVID-19 Pandemic?

ii. Stay at home orders

D. COVID-19 and the Negative Impacts

i. Who and what has the COVID-19 Pandemic Impacted?

E. How COVID-19 Negatively Impacted Domestic Violence

i. Increase in Domestic Violence Cases

ii. Lack of domestic violence resources during COVID-19
III. Theoretical Framework ........................................................................................................... 16
   A. Feminist Theory .................................................................................................................. 16
      i. Patriarchy ....................................................................................................................... 18
      ii. Power and Control ...................................................................................................... 19
IV. Program Evaluation: Current examples and Comparisons of how Domestic Violence Agencies responded to COVID-19 ............................................................................... 21
   A. National Resource Center on Domestic Violence .............................................................. 22
      i. Socially distanced meetings ......................................................................................... 22
      ii. Mask Mandates Indoors ............................................................................................... 23
   B. National Domestic Violence Hotline .................................................................................. 23
      i. Safety Planning .............................................................................................................. 24
   C. ENDGBV COVID-19 Response Work Group ................................................................... 26
      i. Public Awareness Efforts ............................................................................................... 26
      ii. Remote Services .......................................................................................................... 27
      iii. Determining Survivors Needs ................................................................................... 28
   D. Santa Clara County Pro Bono Project ............................................................................... 29
      i. Protection Orders .......................................................................................................... 29
      ii. Restraining Orders ...................................................................................................... 30
V. Recommendations .................................................................................................................. 31
   A. Communication Techniques .............................................................................................. 32
      i. Accessibility to FaceTime, messaging, and Zoom meetings ........................................ 32
      ii. Ensuring Privacy and Confidentiality ........................................................................... 33
   B. Domestic Violence Response Systems in Health Care ................................................. 33
      i. Violence-related first response systems ....................................................................... 33
      ii. Questionnaires/Screening ............................................................................................. 34
   C. Utilizing 24/7 Domestic Violence Hotline Resources ................................................... 35
      i. Victims can call, chat, or text to identify abuse, plan for safety, find resources, and find support ........................................................................................................ 35
      ii. Expand shelter and temporary housing for victims/survivors ..................................... 36
VI. Conclusion .............................................................................................................................. 36
   A. Limitations ......................................................................................................................... 38
   B. Future Research ................................................................................................................. 38
VII. Reference List ........................................................................................................................ 40
Section 1: Introduction

Within the United States, domestic violence is a predominant form of criminal behavior. Domestic violence is a pattern of behaviors to coerce the victim. This can be done through intimidation, fear, humiliation, physical abuse, emotional abuse, or sexual abuse (Goncalves and Lima, 2017). One of the most concerning aspects of domestic violence is that anyone can be suffering from it, or could have been impacted by it in the past. Rich, poor, black, white, teenagers, elderly. Domestic violence comes in all forms, no matter the age, race, or ethnicity, and even occurs in same-sex relationships (Goncalves and Lima, 2017). Every 12 seconds, a man beats a woman. Every year in the United States, six million children are beaten by a family member or even family members. If a woman attempts to leave their abuser, they are 75% more likely to be killed, rather than the women that stay in the relationship (Goncalves and Lima, 2017).

Recently, COVID-19 has impacted our world greatly. COVID-19 is an acute respiratory disease, and our nation is currently dealing with a worldwide pandemic. It has caused many states to impose stay-at-home orders, close schools, restaurants, etc. On May 7th, 2020 a total of one-third of the entire world population was under restrictions. These restrictions varied from region to region (Sharma and Borah, 2020). However, one significant issue with the disease is the increase it has caused in domestic violence incidents. Although lockdowns were causing the spread of COVID-19 to slow down, Sharma and Borah (2020) stated, “domestic abuse is acting like an opportunistic infection, flourishing in the conditions created by the pandemic.” Portland, Oregon concluded that following the issuance of their stay-at-home order, domestic violence arrests increased by 22% when compared to the weeks prior. Additionally, San Antonio, Texas reported an 18% increase and Jefferson County Alabama reported a 27% increase in the calls
related to domestic violence from the year before. In Philadelphia, Pennsylvania the number of victims being shot increased by 7% in April 2020 compared to the year prior (Boserup and Elkbuli, 2020). Domestic violence has been a concern in the United States for years, and it is important to understand just how severe the issue is especially now following the COVID-19 pandemic when abusers and their families are confined in their homes.

*Statement of the Problem*

When the lockdown occurred, victims were losing social connections and the ability to talk to others. Contacting co-workers for support or having access to social circles was taken away due to remote work, stay-at-home orders, etc. Due to the pandemic, people were also losing their jobs which also has the potential to cause more tension, and greatly increase the likelihood of abuse in the household (Sharm and Borah, 2020). Additionally, families were needing to meet the health and educational needs of their children, and with all these changes and the unknowns in the world, stress and tensions were high. The stay-at-home orders trapped victims with their abusers with a lack of resources, safety, and available assistance (Piquero et al., 2020).

The Rape, Abuse and Incest National Network saw a 22% increase in calls to the hotline once the lockdowns and stay-at-home orders occurred. A total of 79% of those callers stated they were currently living with their abuser (Piquero et al., 2020). Piquero et al. (2020) conducted a study of domestic violence incidents during the COVID-19 pandemic in Dallas, Texas. It was concluded that in the days following the stay-at-home order, domestic violence incidents did increase. Other cities in Texas also reported increases. For example, the Montgomery County District Attorney reported increases in domestic violence, as well as an increase in Google, searches on how to obtain help when experiencing domestic violence (Piquero et al., 2020).
Victims also struggled to get into contact with domestic violence agencies and had difficulty obtaining resources such as shelters, treatment, etc. For example, 58.6% of respondents (professionals who serve victims) from a study conducted by Lynch and Logan (2021) were unable to help victims because the agencies were closed or were functioning at a limited capacity. Additionally, one-third of the professionals working with victims in this study did not feel prepared to serve victims if there was another shutdown. During the pandemic, there were a variety of challenges agencies were facing when attempting to provide support and assistance to victims. These challenges included maintaining client confidentiality while using technology, reduced number of staff, inability to meet with survivor’s face to face, lack of readiness, and the community was shut down (Lynch and Logan, 2021). Although this list of challenges is not comprehensive, these were a few of the most common challenges agencies faced during the COVID-19 pandemic.

With the increase in domestic violence cases during the COVID-19 pandemic, it is critical for organizations, governments, and society to implement strategies to combat the effects COVID-19 had and continues to have on domestic violence. COVID-19 caused an increase in domestic violence due to people being restricted to their homes. During this time, domestic violence agencies and other organizations did not have the proper resources and tools to help victims. This meant that victims were not receiving the proper services, shelter, or programming to help them through their victimization.

Purpose of the Study

This research will provide a review of research conducted on domestic violence to include a look at how victims have been negatively impacted by the COVID-19 pandemic, and how domestic violence cases have increased because of COVID-19. Specific focus will center on
how treatment programs and domestic violence agencies lacked in resources during the COVID-19 pandemic and how programs can continue to evolve and prepare for COVID-19 or other pandemics in the future.

Significance of the Study

The significance of the research is to identify how COVID-19 negatively affected domestic violence. It will also be identified how domestic violence agencies dealt with victims during the current COVID-19 pandemic and what common practices were changed and implemented during this time. When the lockdown occurred, victims were losing social connections and the ability to talk with others. Contacting co-workers for support, or having access to social circles was taken away due to remote work, stay-at-home orders, etc. Due to the pandemic, people were also losing their jobs, which also has the potential to cause more tension and greatly increase the likelihood of abuse in the household (Sharma and Borah, 2020). Victims also struggled to get into contact with domestic violence agencies. For example, 58.6% of respondents (professionals who serve victims) from a study conducted by Lynch and Logan (2021) were unable to help victims because the agencies were closed or were functioning at a limited capacity. With the increase in domestic violence cases during the COVID-19 pandemic, it is critical for domestic violence agencies and other organizations to implement strategies to combat the effects COVID-19 had and continues to have on domestic violence.

In addition, women are more likely to be victims than men. For example, one-third of women will experience some form of domestic violence, whether it is physical violence, rape, stalking, or emotional abuse in their life. And each year on average, 8 million women are physically assaulted, stalked, or raped by their partner (National Network to End Domestic Violence, 2020). The Feminist Theory will explain how COVID-19 affected domestic violence,
and why differences were seen during this particular time frame. The role of feminist theory can be used to describe why a perpetrator resorts to domestic violence as criminal behavior, but it can also be seen as a contributor to the evolution of domestic violence. Men resort to domestic violence as a form of power and control (Houston, 2014). During COVID-19, men did not have control in their lives as jobs and normalcy were unknown therefore, men needed to feel in power, in control and then resorted to domestic violence to gain that feeling again.

Methods of Approach

A literature review will be conducted to include information from government websites, agency websites, scholarly peer-viewed journals, and other related sources. Current COVID-19 practices will be examined and an extensive literature review of available information on how COVID-19 has impacted domestic violence. Lastly, strategies and policies to help agencies respond to and handle domestic violence during the COVID-19 pandemic will be analyzed for effectiveness.

Section II: Literature Review

The following literature review will be divided into five sections. The first section will give a definition and brief description on domestic violence and the different types of abuse. The section will provide research and statistics on the characteristics of domestic violence victims as well as characteristics of an abuser. It will give insight on who is more likely to be a victim and who is more likely to be an abuser. The third section will explain the COVID-19 pandemic and the stay-at-home-orders. This will then transition into the fourth section, where the negative impact of the COVID-19 pandemic is highlighted and identified. Research and studies will be explained to show the negative impact COVID-19 had on our society, as well as domestic violence victims. The final section, section five, will provide an overview on the negative
impacts COVID-19 had on domestic violence victims. With the lack of resources and increased abuse, victims were left alone in their households with nobody to turn to. Section five will explain and provide research on just how prevalent both issues were at the start of the COVID-19 pandemic.

Definition of Domestic Violence

Domestic violence is defined by Goncalves and Lima (2017) as “a pattern of abusive behaviors in any relationship that are used by one partner to gain or maintain power and control over another intimate partner.” Ultimately, domestic violence is a pattern of behaviors to coerce the victim. This can be done through intimidation, fear, humiliation, physical abuse, emotional abuse, or sexual abuse (Goncalves and Lima, 2017). Specifically, there are three types of abuse often recognized. These include physical, sexual, and psychological abuse. These are the three types of abuse usually reported. Sometimes just one form of abuse is reported, and sometimes there is a combination.

Physical abuse is classified by Ali et al. (2016) as “the use of physical force to inflict pain, injury, or physical suffering to the victim. Slapping, beating, kicking, pinching, biting, pushing, shoving, dragging, stabbing, spanking, scratching, hitting with a fist (or hitting with something else that could hurt), burning, choking, threatening, using a gun, knife or any other weapon are some examples of physical violence.”. Sexual violence in a relationship is categorized as using physical force toward a partner to have sexual intercourse or having a partner do something that he/she does not want to do. Sexual violence is characterized as unwanted physical contact that is sexual in nature. Coercion and humiliation are often a tactic used in this form of abuse (Ali et al., 2016).
Lastly, psychological is defined by Ali et al. (2016) as, “the use of various behaviors intended to humiliate and control another individual in public or private. Examples of psychological violence include verbal abuse, name calling, constantly criticizing, blackmailing, saying something or doing something to make the other people feel embarrassed, threats to beat women or children, monitoring or restricting movements, restricting access to friends and family, restricting economic independence and access to information, assistance or other resources and services such as education or health services.” Domestic violence can look like any of the following examples listed above. Abusers will often use a combination of different kinds of abuse to manipulate the victim. As explained above, there are specific types of abuse victims face and abuse can be a mixture and look different in each incident. However, one of the leading questions of research about domestic violence is what a “typical” victim looks like.

**Domestic Violence Characteristics**

**Victim Characteristics**

Domestic violence can affect anyone no matter their race, culture, gender, class, religion, or sexual orientation. Therefore, anybody can be or become a victim. However, women experience intimate partner violence, or domestic violence in greater numbers and disproportionately more than men (Goncalves and Lima, 2017). As an example, 76% of women who have been raped or physically assaulted were assaulted by a husband, partner, or a date. Additionally, 25% of women who were surveyed experienced some form of partner violence while only 8% of men experienced partner violence (Schmalleger, 2019). One in four women, and one in ten men, experience intimate partner violence at some point in their lifetime (Evans et al., 2020). One-third of college students reported being involved in some form of dating
violence. Lastly, about 22-46% of lesbian women have experienced some form of domestic violence within their intimate relationships (Guthrie and Kunkel, 2015).

The leading cause of injury in women ages 15-44 is domestic violence (Wallace and Robertson, 2015). A total of 25-30% of women who go to the emergency room are there for injuries because of domestic violence related incidents (Guthrie and Kunkel, 2015). Additionally, one-third of women will experience some form of domestic violence, whether it is physical violence, rape, stalking, or emotional abuse in their life. On average, each year 8 million women are physical assaulted, stalked, or raped by their partner and over one-fourth of children under the age of 18 will experience domestic violence as well (National Network to End Domestic Violence).

Evans et al. (2020) also explained how communities of color experience domestic violence more frequently as well, and often hesitate to report the abuse to police due to previous oppression and brutality. Additionally, Showalter (2016) also stated women who are marginalized or in oppressed groups are more likely to experience domestic violence. They are also less likely to have resources accessible to them, making it more challenging to leave an abusive situation.

Abuser Characteristics

While many studies focus on the characteristics of domestic violence victims, very few studies explore the characteristics of the abuser. It is important to understand the main characteristics of an abuser to identify and prevent domestic violence incidents. Often the perpetrator or abuser is male. For instance, in the 2019 crime statistics from the Uniform Crime Report (UCR), it was reported that there were 448,783 violent crime incidents. Males made up
413,925 of the offenders. However, it is possible that women are the perpetrator or abusers as well. Women made up 90,818 of the offenders in the 2019 violent crime statistics. The race of the offender was primarily African Americans and whites. 312,983 of the victims were white and 185,411 of the victims were black or African American. The more prevalent ages were from 20-39 years old for offenders of violent crimes (Uniform Crime Report, 2019).

The National Crime Victimization Survey interviews 240,000 people a year within the United States to determine criminal victimization. These statistics help see not only the crime reported to the police, but the crime that is also not reported. In 2019, 59% of violent victimizations were not reported to police. Furthermore, there were 5.4 million violent incidents in 2019 alone. These incidents involved victims from age 12 or older (US Department of Justice, 2020). In addition, research has shown that intimate partner violence, also known as domestic violence, was at its peak when the men were in their early twenties. Therefore, Johnson et al. (2014) conducted a study analyzing how intimate partner violence progresses over adolescence and young adulthood. It was concluded that intimate partner violence does increase when the offender is in their early twenties and begins to decrease when they are in their later twenties. It was also found that disagreements, trust, jealousy, and validation were all associated with intimate partner violence.

Overall, the statistics show and identify that domestic violence is a concern within the United States. Anyone can suffer or be affected by domestic violence. Often the victims are women and people of color although, anyone can be a victim. Information also shows that a victim of domestic violence is not safe at home and this concern was heightened during the COVID-19 pandemic.
COVID-19 Pandemic Background

What is the COVID-19 Pandemic?

On December 31st, 2019, the United States Centers for Disease Control (CDC) learned about a series of cases that started in Wuhan, China. An individual who traveled from the United States to Wuhan, China, was the first case in the United States. The first case in the United States was confirmed on January 21st, 2020 (Piquero et al., 2020). COVID-19 is an acute respiratory disease, and our nation is currently dealing with a world-wide pandemic. It has caused many states to impose stay at home orders, close schools, restaurants, etc. (Boserup and Elkbuli, 2020). In the 21st century COVID-19 has been named one of the most substantial public health issues (Nnawulezi and Hacsykaylo, 2020). At the beginning of the pandemic, the government was worried about the potential spread of the disease, and therefore stay at home orders were put in place to protect the public.

Stay-At-Home Orders

During the pandemic, stay-at-home orders were put in place to not only stop the spread of the virus, but to protect the public as well. Many states in the United States implemented stay-at-home orders differently, but in most of the state’s people were to stay indoors besides essential activities which included grocery shopping, medication and medical treatment. Work for essential businesses was also included. Essential work included health care and essential infrastructure operations (Boserup and Elkbuli, 2020). Stay-at-home orders were put in place to protect the public, however, there were negative impact’s that caused additional problems for people and households.
COVID-19 and the Negative Impacts

Who and what has the COVID-19 Pandemic Impacted?

Stay-at-home orders and COVID-19 caused negative impacts for people all around the world. During the pandemic as well as the stay-at-home orders, there were social, financial and psychological repercussions. The social repercussions of the COVID-19 pandemic and the stay-at-home orders were that no one had access to the outside world. People were only seeing the individuals in their household during this time. There was a lack of social support. Children were not going to school, and instead they were doing virtual learning and working adults if they were not essential workers, were working from home (Evans et al., 2020). Ammar et al. (2020), conducted a study analyzing social participation and life satisfaction during the stay-at-home orders, when people were confined to their homes. Over 50% of people who participated found decreases in the amount of time they spent with their families, friends and neighborhoods. Due to the decrease in social interaction, it was found that this was associated with lower life satisfaction. Overall, it was concluded that COVID-19 caused psychosocial strain when people were in their homes.

Not only were people not socializing, schools and employment were also closed. The closing of schools and childcare facilities caused added stress on parents and households. Many schools started virtual learning during the COVID-19 pandemic which required supervision from parents and guardians. This caused added stress because many parents and guardians did not have the ability or flexibility to work from home and some also didn’t have reliable internet connection (Evans et al, 2020). Evans et al. (2020), reported that the stress of parents and
guardians balancing work, childcare, and their children’s education let to an increase in child abuse during the COVID-19 pandemic. Children then did not have the access to teachers and other adults to report abuse or for their teachers to see any abuse.

Additionally, there was significant negative impact on people’s finances. For instance, 40 million people filed for unemployment in the United States due to the COVID-19 pandemic. This amount of people had not filed for unemployment since the 1930’s when the Great Depression occurred (Gallea and Abdalla, 2020). Many people were out of work and were struggling filing for unemployment due to the high amount of people who had lost their jobs. With the high unemployment rates, individuals who lost their jobs and income, were more likely to experience higher levels of stress, depression and anxiety (Kniffin et al., 2021). This leads to the repercussions COVID-19 had on people’s mental health.

There were negative impacts on people’s mental health and overall well-being. During the beginning of the COVID-19 pandemic, there was a lot of discussion regarding people’s physical health, but no discussion on how the pandemic could affect one’s mental health. A study was conducted in California following the first stay-at-home order to determine the impact the pandemic was having on individual’s well-being and sleep. It was determined that 40% of individuals who took the survey, reporting having sleep disruptions. People also reported greater feelings of stress and worry at the beginning of the pandemic (Cunningham et al., 2021).

Although there have been social, financial and psychological repercussions during the COVID-19 pandemic for a variety of people, there has been more of a burden on the minority communities. Do and Frank (n.d.) conducted a study analyzing COVID-19 cases and deaths in New York City. What was found was that minority communities were 24 to 110% more likely to get COVID-19 and for COVID-19 to lead to death than the white communities. Therefore, no
matter the occupation, black, Hispanic, and minority communities were more likely to be negatively impacted by COVID-19. Black and Hispanic workers were also filing for unemployment at higher rates than white workers (Galea and Abdalla, 2020). Not only were minorities more likely to be negatively impacted by COVID-19, so were domestic violence victims.

**How COVID-19 Negatively Impacted Domestic Violence**

COVID-19 caused repercussions for all households and people around the world, however, domestic violence victims were also negatively impacted. Partners were forced to be confined with one another during the COVID-19, therefore victims were forced to stay-at-home with their abusers. Practitioners and scholars were concerned on the negative impacts COVID-19 could have on domestic violence. The pandemic gave abusers leverage to impose greater power and control over the victim (Nnawulezi and Hacsykaylo, 2020). This caused for domestic violence cases to increase at the beginning of the COVID-19 pandemic as well as the first few weeks of the stay-at-home orders being put into place.

**Increase in Domestic Violence Cases**

Although the stay-at-home orders during the pandemic were put in place to protect the public and prevent infection, many victims were left at home with their abusers with nowhere else to go. This caused for an increase in domestic violence incidents. For example, Portland, Oregon concluded that following the issuance of their stay-at-home order, domestic violence arrests increased by 22% when compared to the weeks prior. Additionally, San Antonio, Texas reported an 18% increase and Jefferson County Alabama reported a 27% increase in the calls related to domestic violence from the year before. In Philadelphia, Pennsylvania the number of victims being shot increased by 7% in April 2020 compared to the year prior (Boserup and
Additionally, news outlets and other evidence reported the increase in police calls regarding domestic violence during the COVID-19 pandemic. Leslie and Wilson (2020) conducted a study that analyzed the police database of 15 major cities. There was a 10.2% increase in calls related to domestic violence incidents two months after the stay-at-home orders started.

The Rape, Abuse and Incest National Network saw a 22% increase in calls to the hotline once the lockdowns and stay-at-home orders occurred. A total of 79% of those callers stated they were currently living with their abuser (Piquero et al., 2020). Piquero et al. (2020) conducted a study of domestic violence incidents during the COVID-19 Pandemic in Dallas, Texas. It was concluded that the days following the stay-at-home order, domestic violence incidents did increase. Other cities in Texas also reported increases. For example, the Montgomery County District Attorney reported increases in domestic violence as well as an increase in Google searched on how to obtain help when experience domestic violence (Piquero et al., 2020). With domestic violence cases on the rise due to high stress situations and victims and their abusers being home together, there were increased during the start of the COVID-19 pandemic. During this time, there were also shelters, businesses and other agencies shut down or operating at limited capacity. Therefore, there were a lack of domestic violence resources for the victims that needed it more during the pandemic (Evans et al., 2020).

Lack of Domestic Violence Resources

The shutdowns of businesses and agencies, and people not being allowed to go into their officers, caused for a lack of resources and jobs throughout communities. Evans et al. (2020) stated, “Economic instability, unsafe housing, neighborhood violence, and lack of safe and stable childcare and social support can worsen already tenuous situations.” For instance, economic
independence is an important fact in ensuring violence does not occur. The pandemic has caused people to lose their jobs and unemployment rates surged during the beginning of the COVID-19 pandemic. For women who experience domestic violence, a stable income is critical in ensuring an abuse free life. Showalter (2016) explained how research has shown a correlation between a victim’s financial dependency and domestic violence. Women not having access to finances also prevents them from being able to leave the abusive relationship. Women whose finances are controlled by their partners are 4.68 times greater than someone who is not experiencing financial control (Showalter, 2016).

Showalter (2016) conducted a study and found that women who are victims of domestic violence are more likely to have issues with employment instability. Abusers often go to the extreme to disrupt their partner’s employment. Tactics that are often used are calling excessively, which distracts them from their job, as well as attempting to get them to work less and less, which often results in them no longer working and deteriorates their finances. It was also difficult to find work as there was a wide array of people unemployed during the pandemic. Therefore, victims did not have the necessary finances to leave if they needed to.

The restrictions that were placed during the COVID-19 pandemic made it more difficult for victims to obtain housing resources such as shelters and hotels as places had reduced capacity, were shut down or travel restrictions were put in place. This made it difficult for victims and survivors to secure places if they needed assistance. Once the stay-at-home order’s lifted, many shelters were staying closed or operating at a limited capacity, which made it difficult for people or victims to obtain alternative housing (Evans et al., 2020).

COVID-19 also limited the availability of health and social service resources. Vulnerable children and families relied on these resources to stay safe (Piquero et al., 2020). Additionally,
Domestic Violence Victimizations

children were learning virtually, and adults were working from home, therefore, children and adults did not have the accessibility to teachers, childcare providers, clinicians, co-workers, etc. for them to see and report the abuse (Evans et al., 2020). Victims were trapped at home with their abusers due to the stay-at-home orders and the COVID-19 pandemic. Victims did not have accessible social support or social service resources during this time as well due to other business and agencies being shut down or operating at limited capacity. Due to the lack of resources, victims were unable to seek safety and get the help they so desperately needed during this time.

Overall, COVID-19 caused a variety of stressors in the home. For example, many people lost their jobs and sources of income. There was also the economic uncertainty of this time. Due to the financial stress and potential problems at work, there were a variety of factors that could have contributed to domestic violence during this time. People did not have much control during this time and had difficulty coping with the pressures and added stress, therefore resulted to increased domestic violence in households (Piquero et al., 2020). Additionally, due to the stay-at-home orders, a variety of businesses and agencies were shut down or operating at limited capacity. This caused for a lack of domestic violence resources. Victims were trapped at home with their abusers, with little to no support and nowhere else to go. COVID-19 and the stay-at-home orders may have contributed to the abuse and lack of resources, but feminist theory is going to be used to explain why there were increases in violence and negative impacts on victims during the COVID-19 pandemic, especially during the stay-at-home orders.

Section III: Theoretical Framework

Feminist Theory

Feminist Theory focuses on gender and power versus class and power. It focuses on ensuring women and men had the same rights. Feminist theory began in the 1970s. The main
goal of feminist theory is to set a precedent for social change and to understand how gender has
been a central structure for relationships, processes, and social institutions. Feminism focuses on
how women have suffered oppression and discrimination within society because of men. Men
are the individuals who are making and passing the laws and are also the ones who created their
privilege (Tibbetts and Hemmens, 2019).

There is not a specific individual who started feminist theory because feminist theory
encompasses many different types of theories that were started by a variety of different
individuals. For example, the early theoretical influences of feminist theory are radical feminist
theory, liberal feminist theory, socialist feminist theory, etc. Radical feminism focuses on
patriarchal gender arrangements and how the patriarchal system is what causes men to control
women through violence and abuse whereas liberal feminist theory focuses on how gender
differences would be reduced if biases were eliminated when restructuring laws and their
implementation (Chesney-Lind and Morash, 2013). Liberal feminists would say there is gender
inequality due to the lack of opportunities females have received in education and employment.
All these feminist theories have the same goal, to instill social change where gender is the central
focus (Tibbetts and Hemmens, 2019).

Feminist Theories of crime are often used to explain domestic violence and why women
are more likely to be victimized. Forty years ago, domestic violence was not a crime. Domestic
violence was seen as a problem that should be handled privately in a relationship. It was either to
be handled in the household or suggested to be handled in counseling. However, today, domestic
violence is seen as criminal. There are now mandatory criminal interventions where abusers are
arrested and prosecuted for their violent behavior. The criminal justice system is the enforcer
against domestic violence, and it was the feminist movement and feminist theory that assisted in the shift of domestic violence going from being private to public (Houston, 2014).

The beginning of the feminist movement focused on rape. The political issue of rape first emerged in the 1970s. The main goal of feminists during this time frame was equal opportunity in the workplace, however, radical feminists focused on the issues of domestic violence and rape. The feminists explained rape as a patriarchal form of dominance. It was a way for men to use force and as was domestic violence (Houston, 2014).

Patriarchy

Patriarchy is defined by Houston (2014) as, “the use of force for its maintenance. Rape is one example of this type of force; domestic violence is another.” Patriarchy is the most accurate term to explain male control. Patriarchy excludes women from any sort of political responsibility or role and therefore reflects male dominance. Women are meant to be subordinate or submissive where men are to be the dominant role in any relationship (Tibbetts and Hemmens, 2019). When explaining domestic violence and men often being the primary aggressor or abuser, feminist theory is an accurate way to explain that type of criminal behavior because of patriarchy. With the increasing levels of gender equality over the years, this causes male abusers to respond in higher rates of violent crime, and to not be subordinate in the relationship. This gives them the ability control women (Eriksson and Mazerolle 2013).

In addition, critical feminism, also known as radical feminism, explains how the United States is based on a patriarchal system, where men dominate all aspects of society such as family structure, the economy, and politics (Tibbetts and Hemmens, 2019). There have been specific role expectations put into households where men should perform as the “breadwinner”. If men are not able to be the “breadwinner” in the family or are not able to meet the role expectations,
they are more likely to result in violence (Houston, 2014). During the COVID-19 pandemic, many people lost their jobs, were unable to provide for their families, and had a variety of different stressors during this time as well. If men were not able to provide for their families as they once were, feminist theory would explain that they resulted to violence during this time due to not meeting the role expectations. For example, Houston (2014) stated, “the more social disadvantages experience by a family, the more stress they are likely to feel and the more stress a family feels, the more likely violence is to occur.”

Sudiono (2021) also discussed how women were more vulnerable during the COVID-19 pandemic due to the pre-existing inequalities in our social, political, and economic systems. Women are more likely to take a lower paying job and have less access to financial security. Due to these two reasons, it caused women to have a negative impact from the pandemic. In addition, women receive salaries that are on average 20% lower than men. These differences are apparent due to the patriarchal system that has been developed in society over the years, which in turn makes women more vulnerable especially during a pandemic. Not only were women more likely to lose their jobs and be vulnerable during the pandemic, it also gave men and their abusers the power to control them. The abusers in domestic violence attempt to form power and control over their significant other based on the patriarchal gender roles developed by society, which often leads to gender inequality in relationships.

Power and Control

Gender inequality is often caused because men have the need to control a women’s sexuality and reproductive system. Men often feel they have the right and the power to control girls and women (Tibbetts and Hemmens, 2019). Houston (2014) explained how radical feminists used to state that rape, a form of domestic violence, was a political act of men against
Domestic Violence Victimizations

women and could be comparable to white lynching blacks. It was a form of power and control, a form of patriarchy that men expressed. Male domination is the central understanding of domestic violence. Therefore, domestic violence and critical feminism are similar in the respect that the abuser, often men, feel the need to control their partner. It was believed by feminist theorists that domestic violence was used for men to signify their dominance (Houston, 2014).

Many families and households struggled with stress and uncertainty during the COVID-19 pandemic. Men felt like they were not in control while stay-at-home orders were put in place and the world was changing drastically. The feminist theorists would explain that violence occurred in households during this for men to feel some form of control and to instill male dominance into their households by utilizing violence. In 2016, a survey found that women with unemployed husbands were 1.36 times more likely to experience physical or sexual abuse (Sudiono, 2021) The feminist theory was put into place to protect women from violence from men (Houston, 2014). However, during the COVID-19 pandemic, all families were in their households together with limited outside support or contact. This led to agencies not being able to effectively protect victims from their abusers.

The role of feminist theory can be used to describe why a perpetrator resorts to domestic violence as a criminal behavior, but it can also be seen as a contributor in the evolution of domestic violence. Houston (2014) highlighted the important efforts the feminist theory and feminist movement had on domestic violence efforts. About 40 years ago domestic violence was thought to be dealt in the home and to be a relationship problem. These problems in the relationship were thought to best be dealt with counseling efforts. That is when the feminist movement began to define domestic violence as a crime and managed to make people understand it is not a private manner, rather one that needs to be addressed by the public. Because of these
Domestic Violence Victimizations

efforts, mandatory arrest laws were put in place for domestic violence abusers to protect the victims of the abuse (Houston, 2014).

Feminist theory explains the need for men to have power and control as well as how patriarchal system in our society has negatively impacted domestic violence as well. This tied to the COVID-19 pandemic due to the added stressors in households, men losing control of their life in general, therefore, resulting in violence. Overall, domestic violence increased and was a concern during the pandemic due to the economic pressure, vulnerabilities in society, and limited outdoor contact or movement (Sudiono, 2021). Feminist theory effectively explains why domestic violence was so prevalent during the COVID-19 pandemic. Since the feminist theory began, domestic violence efforts such as the mandatory arrest policy, health care screening, and specific domestic violence treatment programs have been put in place to address the issue of intimate partner violence and find ways to decrease the problems arising in many households around the United States. Based on feminist theory and what has been effective with domestic violence efforts, it is important to assess and understand what resources, services, and support were available for victims during the COVID-19 pandemic and what can be improved in the future.

Section IV: Program Evaluation

In 2020, the COVID-19 pandemic caused schools to close, stay-at-home orders to be put in place, many workers to be furloughed or laid off from their jobs, and for many other workers to have to work from home. This caused for many domestic violence advocates to be concerned about the increase of domestic violence and limited resources in the community (Evans et al., 2020). Due to these issues and the increase in domestic violence cases during the COVID-19 pandemic, many agencies had to respond to these concerns. For example, the National Resource
Center on Domestic Violence was one of the first agencies to compile a list of resources for domestic violence agencies.

**National Resource Center on Domestic Violence**

During the COVID-19 pandemic, many domestic violence shelters were wondering the best way to plan, prepare and respond due to the public health concern happening in 2020. The National Resource Center on Domestic Violence composed a list of resources on guidance and recovery for domestic violence programs when preparing and responding to the COVID-19 pandemic. The list of resources included general guidance on preventing the COVID-19 spread, how to get your workplace ready for COVID-19, guidance on how shelters should handle and prepare for COVID-19, and additional resources for community organization and pregnant women and children. This information and communication allowed for domestic violence shelters and agencies to have all the necessary guidance’s listed for them in a single webpage (National Resource Center on Domestic Violence, 2020). Some of the recommendations listed for agencies to continue to help victims were to issue mask mandates and ensure meetings with victims and clients were socially distanced.

*Socially distanced meetings*

Social distancing was one of the tactics used to slow the spread of COVID-19. If individuals socially distance and remain a certain amount of feet away from one another, they are less likely to spread the virus (Thunström et al., 2020). Thunström et al. (2020) conducted a study analyzing the costs and benefits of social distancing. The study was able to project how many cases could happen if there was social distancing versus not. It was projected in the study that without social distancing, there would be a total of 287 million cases whereas if there was
social distancing, there would be 188 million. The study was able to find that social distancing
does have cost benefits as well as the ability to save a lot more lives. In addition, a meta-analysis
of 172 studies across 16 countries found that physical distancing does reduce the transmission of
the virus (Krishnamachari et al., 2021). Not only were socially distanced measures used, so were
masks.

*Mask mandates indoors*

Mask mandates were put in place to also slow the spread of the virus. Not all states
imposed mask mandates, but many did especially at the beginning of the pandemic. A meta-
analyses of 172 studies across 16 countries found that wearing a face mask does reduce your
chances of getting the virus. In addition, states that opened indoor dining rooms without masks
were had ten times great than states who re-opened with masks (Krishnamachari et al., 2021).

Krishnamchari et al. (2021) conducted a study analyzing school clothes, stay at home orders, and
mask requirements. Overall, it was determined that the mask mandates were the most important
way for individuals to stay safe during the COVID-19 pandemic. When mask mandates were
issued, there were significant positive changes to the number of cases following the issue of the
masks (Krishnamachari et al., 2021). The importance of mask mandates and social distancing
was important at the beginning of the pandemic to ensure the safety of agencies, staff and their
clients. In addition to policy changes, there were also a variety of domestic violence agencies
that made changes to ensure domestic violence victims had the resources and support needed
during the COVID-19 pandemic.

*National Domestic Violence Hotline*

The National Domestic Violence Hotline, a 24/7 calling service, held a Week of Action
on the week of June 1st, 2020 to June 5th, 2020 to increase awareness of COVID-19 challenges of
survivors. The focus of this week was to ensure responses to domestic violence during the pandemic were focused on the survivors at the local and federal level. The National Domestic Violence Hotline continued operations even during the pandemic by providing safety planning, worked to enhance public education on their agency, and aimed to raise awareness of the high risk of domestic violence during the pandemic. The hotline received federal dollars from the CARES Act to expand their capacity to ensure they had the workers to assist the increased number of victims during the COVID-19 pandemic (The National Domestic Violence Hotline Focuses et al., 2020).

During the COVID pandemic, there was a 9% increase in total contacts received by the National Domestic Violence Hotline between March 16th, 2020 to May 16th, 2020. A total of 6,210 contacts were made that cited COVID-19 during this time frame. Overall, a total of 62,413 contacts were answered by the hotline. Over half were made by telephone while 24,145 were completed by a chat messenger and 2,331 were completed through text. One of the most important elements of the hotline is the personalized safety planning for the callers (National Domestic Violence Hotline, 2020).

**Safety planning**

Safety planning allows for the victim/survivor the opportunity to gain information to strategize on how to respond in the future. The process of safety planning often entails finding out what safety means to the victim as well as addressing the safety concerns the victim has with the professional. From the information received there is a personalized plan established on the strategies the victim can use to ensure he/she remains safe when an abusive situation arises again. At this time, the professional will also provide local and national resources to the victim to ensure they have the necessary resources for their specific situation (Murray et al., 2015). Studies
have found that women who receive safety planning interventions apply a higher number of
safety behaviors more frequently than women who did not receive the safety planning
intervention (Murray et al., 2015).

Additionally, Kendall et al. (2009) conducted a study that evaluated a domestic violence
safety planning intervention. The safety planning intervention included advocacy counseling and
referrals as well. The patients were assessed and found to be at risk, therefore worked with an
advocacy counselor to develop an individualized safety plan of at least five tips on how to
increase their safety. Once the intervention was completed, the patients took a survey. It was
determined that over 96% of the individuals surveyed felt safer following the intervention and
about 50% of the patients had implemented their safety plans. Therefore, displaying the safety
planning intervention can be an effective tool used when working with domestic violence
victims. Furthermore, a study was also conducted on a computer-based safety planning
intervention called Safer and Stronger Program (SSP). The program was developed to help
victims with disabilities and hearing impairments. The website gave information about abuse,
safety planning as well as resources for the victims in the community. The feedback from the
study was overall positive. The individuals who completed the program were highly satisfied
with the information they were given as well as had positive reviews of the benefit of reporting
abuse via a computer (Murray et al., 2015). Safety planning does have its benefits when
preparing victims to stay safe from their abusers.

Murray et al. (2015) conducted a study of nine focus groups that included domestic
violence service providers. A variety of topics of safety risks for clients were discussed in these
focus groups from lack of personal resources, risks related to leaving the abusive relationship,
and lack of community resources to name a few. When discussing safety plans, a variety of
agencies stated that the clients expressed in exit interviews that their safety planning needs were met following the intervention. The consensus of the focus group was that safety planning is effective when working with clients, but it can be difficult to fully evaluate due to the long-term needs of domestic violence victims. Overall, safety planning is a useful tool when working with domestic violence victims. It was especially important during the COVID-19 pandemic due to victims being confined in their homes with their abuser. The ability for victims to call, chat, or text message the National Domestic Violence Hotline allows for a variety of victims to have access to resources and safety planning no matter their situation. Not only did the National Domestic Violence Hotline take steps to better support victims during the COVID-19 pandemic, so did the End domestic and Gender-Based Violence COVID-19 Response Work Group in New York City.

**ENDGBV COVID-19 Response Work Group**

The End Domestic and Gender-Based Violence (ENDGBV) COVID-19 Response Work Group was started in May of 2020 by the mayor in New York City to prevent domestic and gender-based violence as well as find the best ways to support survivors during the COVID-19 pandemic. The group included providers from shelters, legal services, counseling as well as mental health services. The providers were from various small and large organizations, therefore, there was a variety of representation from different organizations and communities. The workgroup met four times within a month time span. The focus of the meetings was on public awareness efforts, best practices for remote services and survivor needs (ENDGBV, 2020).

*Public Awareness Efforts*
ENDGBV implemented paid advertising campaigns to increase public awareness and outreach within the domestic violence community during the pandemic. The main goal of the public awareness efforts was to share information about available resources and services for victims during the pandemic. Digital platforms were mainly used as well as businesses and text strategies. ENDGBV worked with social media campaigns in the community to highlight their domestic violence agencies such as NYCE HOPE as well as their domestic violence hotline. Social media included Facebook, Twitter, Instagram and other shared value media. From the start of these efforts, there was a 277% increase in victims access NYC Hope from the social media platforms (ENDGBV, 2020).

In addition, the First Lade Chirlane McCray made a public service announcement highlighting domestic violence resources. This was shared on television channels and a variety of social media platforms. Following the public awareness efforts there was an increase in the number of individuals going to NYC HOPE daily. In 2019, there was an average of 89 visits a day, whereas in 2020 there was an average of 1,100 a day. ENDGBV found benefits to utilizing social media platforms to maximize public awareness and to share with victim’s resources in the community. However, ENDGBV also highlighted the importance of remote services during the COVID-19 pandemic (ENDGBV, 2020).

**Remote Services**

The ENDGBV work group conducted a survey to determine the amount of domestic violence and gender-based violence agencies in New York city that were utilizing remote services. A total of 45 providers answered the survey and they were all offering remote services. There were also eleven agencies that were doing in-person services. It was also indicated in the survey that not all services were able to be transferred to remote models due to the concern of
technical resources, client safety, clients lacking technology skills, inadequate funding, lack of staff and insufficient client information (ENDGBV, 2020).

The Family Justice Center was open during the COVID-19 pandemic and specifically had a virtual model. The virtual services began on March 18, 2020. On June 19th, 2020 they had helped an average of 85 clients a day. There was a total of 2,300 new clients who were seeking services from the Family Justice Center. The number of clients between March 18th and June 21st, 2020 was significantly higher than the number of people served during that time frame the year prior. Another virtual model that occurred because of the work group was allowing for victims in need of help to text 911 if the victim was unable to call. Overall, the workgroup was able to determine that virtual services were being utilized and had the potential to be effective for victims needing services. This was a determined need of survivors during the COVID-19 pandemic, and there were also other determined needs.

_Determining Survivor Needs_

The ENDGBV work group also assessed the needs of survivors during the COVID-19 pandemic. The work group members were able to give feedback on what the most important needs were in 2019 and what the most important needs were following the start of the pandemic. There was an increase in the need of group and individual counseling, child counseling and assessment, and mental health counseling. Therefore, it was determined that counseling services were in greater demand during the COVID-19 pandemic than the year prior (ENDGBV, 2020). Although the work group was able to determine the needs of the victims during the COVID-19 pandemic, there was not any indicated on the steps that were taken to ensure victims had access to the counseling services they needed during the pandemic. Another need that was identified by the ENDGBV workgroup was the need of Civil Legal Services (ENDGBV, 2020).
Santa Clara County Pro Bono Project

Santa Clara County in California has a Pro Bono Project where attorneys help victims obtain domestic violence and intimate partner violence restraining orders and provide legal advice. The goal of the Pro Bono Project is to improve access to justice to clients who have limited means. This is helpful in ensuring the safety of victims. This agency does these services at no-cost, and with COVID-19 was able to handle cases remotely. The domestic violence agency in Santa Clara County also helps victims obtain housing and counseling, specifically any resources the victim needs (Pro Bono Project, 2021). Although Santa Clara County has a variety of different resources and can provide legal assistance for various situations, protection orders and restraining orders, and their effectiveness will specifically be evaluated.

Protection Orders

Starting in 1970, protection orders were created by the court to interfere in abusive relationships with the goal of preventing violence after the protection order was issued (Stoever, 2014). Protection orders are defined by Stoever (2014) as, “injunctions issued by a court under the domestic violence, family violence, or anti-stalking laws of the issuing state to prevent an individual from engaging in violent or threatening acts, harassment, contact, communication, or physical proximity to another person.” Protection orders are the most used legal remedy for victims of domestic violence. Protection orders are a civil justice system remedy and does not require victims to get involved with the criminal justice system. Victims attempt to obtain civil protection orders for their safety. Often times victims who are attempting to obtain a civil protection order have been emotionally, psychologically and/or physically abused. Overall, protection orders have been effective in preventing violence in the future (Stoever, 2014).
Domestic Violence Victimizations

Dowling et al. (2018), conducted a study using a meta-analysis to examine the effectiveness of protection orders. This study included empirical research of domestic violence policing such as workforce development, reporting by victims, first response, re-victimization and the charges of the offenders. A total of 63 studies were examined to determine the impact of the protection order. Overall, victims who received a protection order were less likely to be re-victimized than someone who did not receive a protection order. In addition, police are the individuals who have the respond to breaches of a protection order. Dowling et al., (2018) emphasized how police are more likely to arrest the perpetrator and charge them when there is a protection order in place. There have also been policies in Australia that have encouraged and mandated an increased use of the protection orders. This has caused for a growth in the amount of protection orders granted as well as an increase in the number of breaches (Dowling et al., 2018)

Although protection orders have been found to be effective, they usually are only for a year. Therefore, victims must obtain an extension of the order through a motion and sometimes there must be proof of further violence or threats to permit an extension. Therefore, it can be difficult for some victims to receive an extension and can be physically and psychologically tiring on the victim as well if they have to continue to go back to court (Stoever, 2014). However, there are also restraining order’s available for victims to put in place against their abuser as well.

Restraining Orders

In addition, restraining orders can be an effective method of protection for domestic violence victims. Restraining orders also mandate separation between the victim and the perpetrator as well as making further abuse, intimidation, or contact punishable by arrest and/or
new criminal charge charges (Ballou et al., 2007). A study conducted in 2003 that was
highlighted by Ballou et al. (2007) found that women who received a restraining order were 60%
less likely to have contact with the abuser following the issuance of the restraining order, 70%
less likely to suffer injury after the restraining order and 80% less likely to receive abuse-related
medical costs. Overall, there is a decline in the likeliness of further physical abuse following the
restraining order.

Overall, protective orders and restraining orders are a vital and important way for victims
to stay safe from their abusers. They are effective for victims to stay protected from their
abusers, even if there are sometimes concerns of the length of time victims will be protected for.
The Pro Bono Project in Santa Clara County is a great way for victims, especially during
COVID-19, to obtain assistance, guidance and recommendations on the best ways to obtain a
restraining or protective order. With COVID-19 being such a difficult time for everyone,
especially victims of domestic violence, it is essential to provide recommendations on what can
be done in the future to ensure victims and domestic violence agencies have the necessary
resources and strategies put in place to assist victims in the future.

Section V: Recommendations

Based on the research and information from the National Resource Center on Domestic
Violence, the National Domestic Violence Hotline, ENDGBV COVID-19 Response Work
Group and the Santa Clara County Pro Bono Project, a variety of recommendations are going to
be suggested to ensure victims have the necessary resources and strategies if a pandemic were to
occur again in the future. Communication techniques, domestic violence response systems in
health care, and accessibility to 24/7 domestic violence response services are a few of the
recommendations that can be utilized to help and support victims during a pandemic such as the
COVID-19 pandemic. The goal of these recommendations is to ensure there are strategies implemented to better handle the increase of domestic violence cases due to COVID-19 and to ensure there are strategies and resources in place to help with the lack of resources in the future. One of the first recommendations that has been useful and ever-changing during the pandemic is communication techniques.

**Communication Techniques**

During the COVID-19 pandemic, a lot of communication went from in-person to Zoom, or from in-person to FaceTime. It was more difficult for survivors to access services and social support, especially during the stay-at-home orders. Therefore, it is important to ensure that communities have equal access to internet service in homes. This would allow access to telehealth services as well as allowing for victims to search for resources, maintain social connections, and ask for help if needed (Evans et al., 2020). Vital communication techniques for victims are FaceTime, messaging, and Zoom meetings.

**Accessibility to FaceTime, messaging, and Zoom meetings**

Not only is it important for victims to have accessibility to the internet, but access to a phone and/or computer. A variety of virtual options were explored during the pandemic. Technology services such as cell phones, computers, and the internet were used more frequently and made services more accessible. For example, mental health and counseling services were available virtually. Hotlines were also allowing victims to text or email for guidance and support rather than calling (National Domestic Violence Hotline, 2020). Additionally, there is a nonprofit organization called Mutual Aid and Restorative Justice (MARJ) that does online “check-in circles”. There are a variety of different times and groups for various communities to connect
and receive support from people all around the United States such as victims of domestic violence (Mutual Aid and Restorative Justice). With virtual options being accessible for agencies, it is also important to identify any concerns of privacy and to also ensure there is privacy.

*Ensuring Privacy and Confidentiality*

Virtual options such as Zoom, messaging, FaceTime, etc., were used more frequently due to domestic violence agencies being shut down or operating at limited capacity. It was a concern that privacy and confidentiality be considered when working with victims from their homes. Therefore, ensuring privacy and confidentiality was essential when working from home when conducting telehealth appointments, and to ensure victims remained safe. Peterman et al. (2020) suggested guaranteeing search history did not say when victims were researching resources as well as ensuring there were measures taken so users can quickly exit out of a website when needed. In addition to communication techniques during the pandemic, a variety of research has displayed the significance of domestic violence response systems in health care.

*Domestic Violence Response Systems in Health Care*

Some people who experience domestic violence do not seek help and sometimes, first responders are the first individuals to recognize a victim. Therefore, medical professionals in medical settings can identify which patients are experiencing domestic violence in the health care setting. Medical professionals then have the accessibility to not only provide counseling, but also connect the patients with necessary social services (Evans et al., 2020).

*Violence-related first response systems*

Often, first responders and health providers are the first point of contact for a domestic violence victim. Therefore, it is critical for health care workers and first responders to be trained
to be able to identify a potential victim of domestic violence. There should also be trainings to ensure that first responders are prepared to not only address domestic violence, but to address domestic violence while in a pandemic. In situations such as these, it is important for first responders to be aware of response hotlines and resources in the communities for victims to call (Peterman et al., 2020).

**Questionnaires/Screening**

Health care providers can screen for intimate partner violence. Standardized questions can be asked, and the medical providers can offer information to patients, provide safety planning, and even offer the necessary information to clients who do not disclose intimate partner violence. In a visit, whether in person or via telehealth, the clinician and patient can set a signal to identify the presence of an abuser. That way boundaries are set when it is safe and not safe to discuss domestic violence. This ensures victims remain protected and are safe in the setting they are currently in (Evans et al., 2020). Out of 288 health care facilities in Miami, Florida, a total of 78.1% provided an intimate partner violent screening, however, only 35.3% of those offered evidence-based recommendations and services (Williams et al., 2018).

Screenings and questionnaires allow for health care workers to have a vital role in helping a domestic violence victim. The ENDGBV COVID-19 Response Work Group found that counseling services were in greater demand during the COVID-19 pandemic (ENDGBV, 2020). Therefore, not only is it essential for health care systems to ensure the safety of victims, but to also ensure they are providing accessible services and evidence-based recommendations for victims as well. If health care workers are in contact with a domestic violence victim, they can provide resources within the community. One resource that is always available is the 24/7 domestic violence hotlines.
Utilizing 24/7 Domestic Violence Hotline Resources

The Domestic Violence Hotline is a 24/7 hotline that allows victims to call, chat, and text. The staff will help identify abuse, plan for safety, provide resources and be there for support. This is a hotline that has been around since before COVID-19, however, was also operating during COVID-19 as well to help victims of abuse (National Domestic Violence Hotline, 2020). Ensuring communities know about these resources, especially during a time when people are locked in their homes is essential in ensuring the safety of victims. 

*Victims can call, chat, or text to identify abuse, plan for safety, find resources, and find support*

The 24/7 hotline is a resource that allows communities to connect via video for support. They utilize safety planning, helping victims find resources within their communities, and helps victims identify abuse (National Domestic Violence Hotline, 2020). Another example of a domestic violence resource is End Abuse Wisconsin. They have a specific page on their website for COVID-19 resources and how victims can stay safe, informed, and connected. The website highlights a variety of different resources in Wisconsin based on region as well as a hotline number. They also have a section on how victims and people in the community can stay informed on what is going on with COVID-19 and in the area. The staying connected section also provides resources and information on working remotely and additional resources available for people that need it (COVID-19 Resources, 2021). Domestic violence agencies can help victims plan for safety, find resources, and offer support through call, chat, text, or even in person. Although agencies were able to help with a variety of different elements, one resource that was in need and limited during the pandemic was shelter and temporary housing.
Expand shelter and temporary housing for victims/survivors

Access to temporary housing and shelters was limited during the pandemic. The number of people able to stay at the shelters was limited and different precautions were needing to be considered. Although there was a global pandemic, that did not stop the need for emergency housing and shelters for victims of domestic violence. Due to the lack of housing opportunities for victims, additional funding is needed for emergency shelters to ensure victims do have a safe place to stay following abuse. Victims were trapped in their homes with abusers, objectifying them to further abuse due to the lack of funding for these agencies that provide temporary housing and shelter to victims, children, etc. (Peterman et al., 2020). This should have been one of the main concerns during the COVID-19 pandemic, therefore, in the future additional funding is needed for organizations and agencies that provide emergency housing.

These are just a few examples of how domestic violence agencies as well as agencies in communities all around the country can help victims with resources and support during COVID-19. It is important for victims to understand the variety of services available. The goal of these recommendations is to ensure there are strategies implemented to better handle the increase of domestic violence cases due to COVID-19 and to ensure there are strategies and resources in place to help with the lack of resources in the future.

Section VI: Conclusion

As previously stated, domestic violence is a major concern within relationships, especially for women. On average, eight million women a year are physically assaulted, stalked, or raped by their partner (National Network to End Domestic Violence). In 2020, the COVID-19 pandemic began and lots of questions were being asked about how to handle it all. Stay-at-home orders were put into place, many people lost their jobs and many others were working from
Domestic Violence Victimizations

home (Boserup and Elkbuli, 2020). Through an extensive literature review, it was concluded that the stay-at-home orders and COVID-19 caused there to be an increase in domestic violence cases. In addition, due to a lot of businesses closing or operating at limited staffing levels, there was also a lack of resources for victims. To further understand how COVID-19 impacted domestic violence, the Feminist Theory was applied. The Feminist Theory was able to provide insight into the importance of patriarchy and power and control in domestic violence relationships. Men lost control during the pandemic and many also lost their jobs, therefore, they resorted to violence.

With the increase in cases and the lack of resources, several agencies responded to these concerns. For example, The National Resource Center on Domestic Violence implemented social distancing guidelines as well as mask mandates to protect staff and victims. In addition, the National Domestic Violence Hotline received additional funding to hire more staff to assist in safety planning and provide victim resources. Both agencies’ efforts were successful in ensuring safety as well as ensuring victims received the resources they needed. The ENDGBV COVID-19 Response Group was able to conduct a study and find that what victims needed the most during the pandemic was individual counseling, child counseling, and mental health counseling as well as the importance of remote services (such as Zoom, FaceTime, etc.) for victims. Lastly, the Santa Clara Pro Bono Project also helped victims obtain protection and restraining orders during the pandemic. They were able to handle the cases remotely and assist victims remotely as well if needed. Overall, these agencies’ efforts were successful, and each agency highlighted a different issue that arose during the COVID-19 pandemic.

From the research, it was determined that health care screenings and questionnaires, victims’ accessibility to FaceTime, Zoom, and any other online platform, and expanding shelters
and temporary housing would be ways to ensure there are enough resources for victims in future pandemics. It is important for victims to understand the variety of services available. The goal of these recommendations is to ensure there are strategies implemented to better handle the increase of domestic violence cases due to COVID-19 and to ensure there are strategies and resources in place to help with the lack of resources in the future. The recommendations and suggestions are a few examples that would be beneficial for victims, but they are not the only strategies or suggestions that could be helpful in the future.

Limitations

There are some limitations to the research for this paper. There is limited access to data and a lack of previous research studies on COVID-19 and domestic violence. Overall, more support and information are needed on the recommendations. For example, health care providers and facilities can be complex and can be complex in the way they are delivered. Healthcare systems are politically and financially driven, which causes policies and practices to change over time for providers and facilities (Williams and Stoler, 2018). Therefore, additional information is needed on how beneficial health care screenings and questionnaires are for victims and whether victims utilize the resources provided by these health care professionals. Additionally, there is also limited research on safety planning. For example, Murray et al. (2015), how further research needs to be conducted to ensure safety plans do increase the safety of victims as there is limited research supporting this at this time. Due to the lack of previous research studies and the limited access to data, further research is needed.

Recommendations for Future Research

In the future, it could be recommended for there to be additional information gathered on domestic violence during the COVID-19 pandemic and the resources there were available or
unavailable during this time. Since the COVID-19 pandemic happened only two years ago, there is limited research at this time. Further research can be conducted on assessing victim needs during a pandemic, how to ensure there are available resources, how agencies can ensure there are more accessible resources if there are limited, as well as what can be done to ensure domestic violence numbers decrease instead of increase during a pandemic. Further research, recommendations, and suggestions are needed in the future to ensure victims have access to available resources in a future pandemic.
Section VI: References


https://www.endabusewi.org/resources/covid-19-resources-staying-safe-informed-connected/


*Pro Bono Project For the Good of the People*. www.probonoproject.org | For the Good of the People. (2021, September 14). Retrieved March 6, 2022, from https://www.probonoproject.org/


