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Special thanks to:
- *DCADV staff and board members*
- *Coalition Leaders and DV Service Providers who graciously shared their wisdom and expertise*

Presenter Disclosures

Conflicts of Interest: The presenters have no competing interests or personal financial interests.
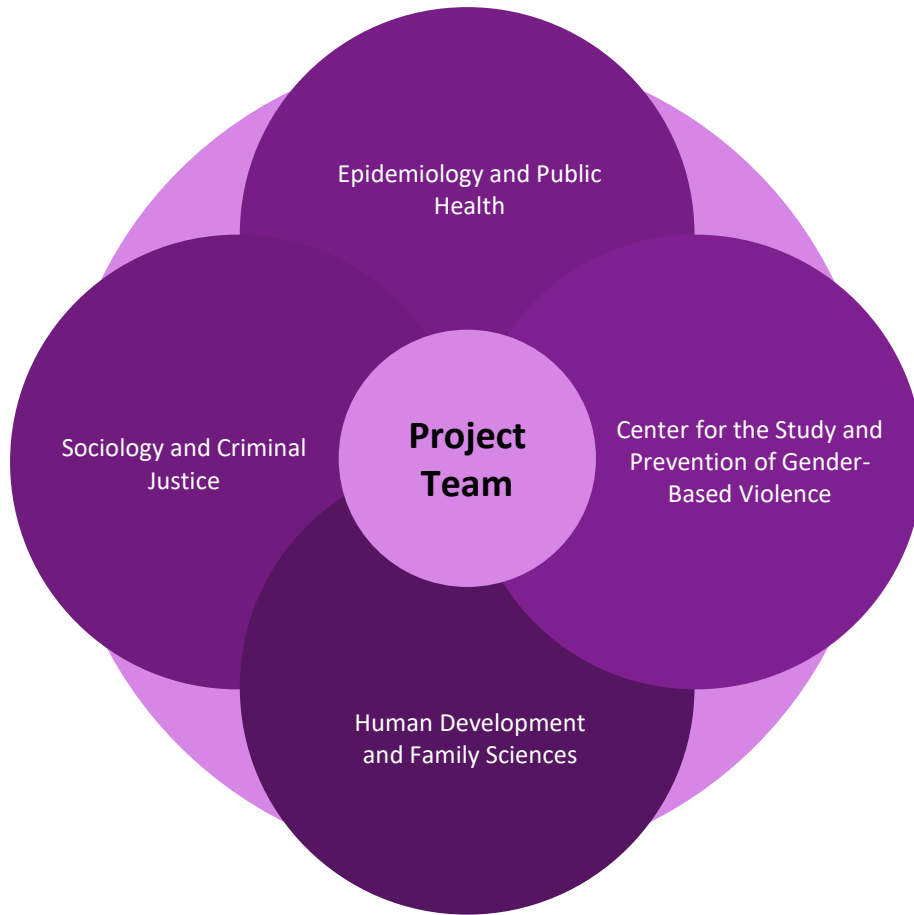
The Shadow Pandemic

During the COVID pandemic:

- Overall reports of DV increased between 7.5% and 27% (Kourti et al., 2023)

- During COVID, the National Domestic Violence Hotline estimated:

  - *19% increase in online chat services*

  - *24% increase in hotline contact by victims identifying as Asian*

  - *40% increase in the need for protective orders*

- Reduced capacity of health services, shelters, and helplines

Getting the Team Together

Project Team
- Epidemiology and Public Health
- Center for the Study and Prevention of Gender-Based Violence
- Human Development and Family Sciences
- Sociology and Criminal Justice

- Disaster Epidemiologist
- Former DV Coalition Staff
- Gender-Based Violence Researchers
- Current and Former DV Coalition Board Members
- Graduate and Undergraduate Students

Project Overview

- Key informant interviews with executive directors and leadership of State and Territorial Domestic Violence Coalitions
  - How were systems and services impacted and how did DV respond

- Based on interview themes, develop and administer a survey to domestic violence advocates and service providers
  - Measure extent and nature of service disruption and impacts on the DV workforce.

- Design data-informed tools and resources to improve DV system and service preparedness and build system resiliency for future disasters
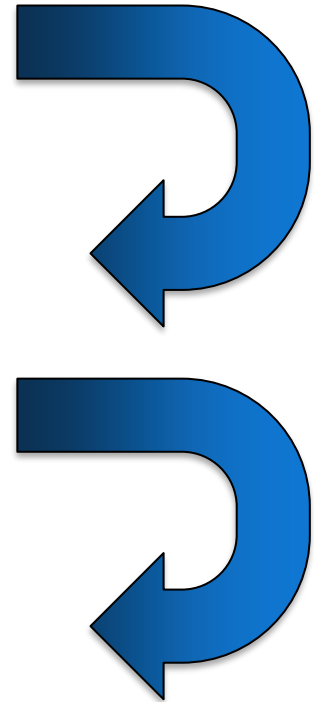
Methodology

Leaning into the expertise of the interdisciplinary research team, project sought to be:

- Feminist-Based
- Trauma-Informed
- Guided by empowerment theory and perspectives
- Collaborative/participatory - prioritizing including input and expertise from community DV partners
- Informed by public health and disaster research
  - *Including concurrent research examining the impact on public health workforce (pandemic-related burnout) conducted by Horney and Scales*

Key Informant Interviews

- Developed interview guide with input from local DV partners
  - Interview guide approved by University of Delaware IRB (1597257)
  - Each State and Territorial Domestic Violence Coalition executive director contacted via email in early 2022 (N=56)
- Interviews conducted by Dr. Miller and Dr. Fleury-Steiner, both current or former Coalition Board Members
  - Recordings supplemented by interviewer notes and reflections
  - Double coded following grounded theory; constant comparison method

Participation - Interviews

- 25 of 56 (45%) of the State and Territorial Domestic Violence Coalition executive directors/leadership completed an interview
- 8 of 8 (100%) of National Network to End Domestic Violence (NNEDV) regions were represented

Provider Survey

- Web-based survey distributed to contacts within the 1,341 local domestic violence programs/organizations across all NNEDV regions
- Survey items were developed from interview themes
- Survey included both closed and open-ended questions
- Items focused on the impact of COVID on DV services, survivors, and the workforce and also included measures specific to disaster preparedness
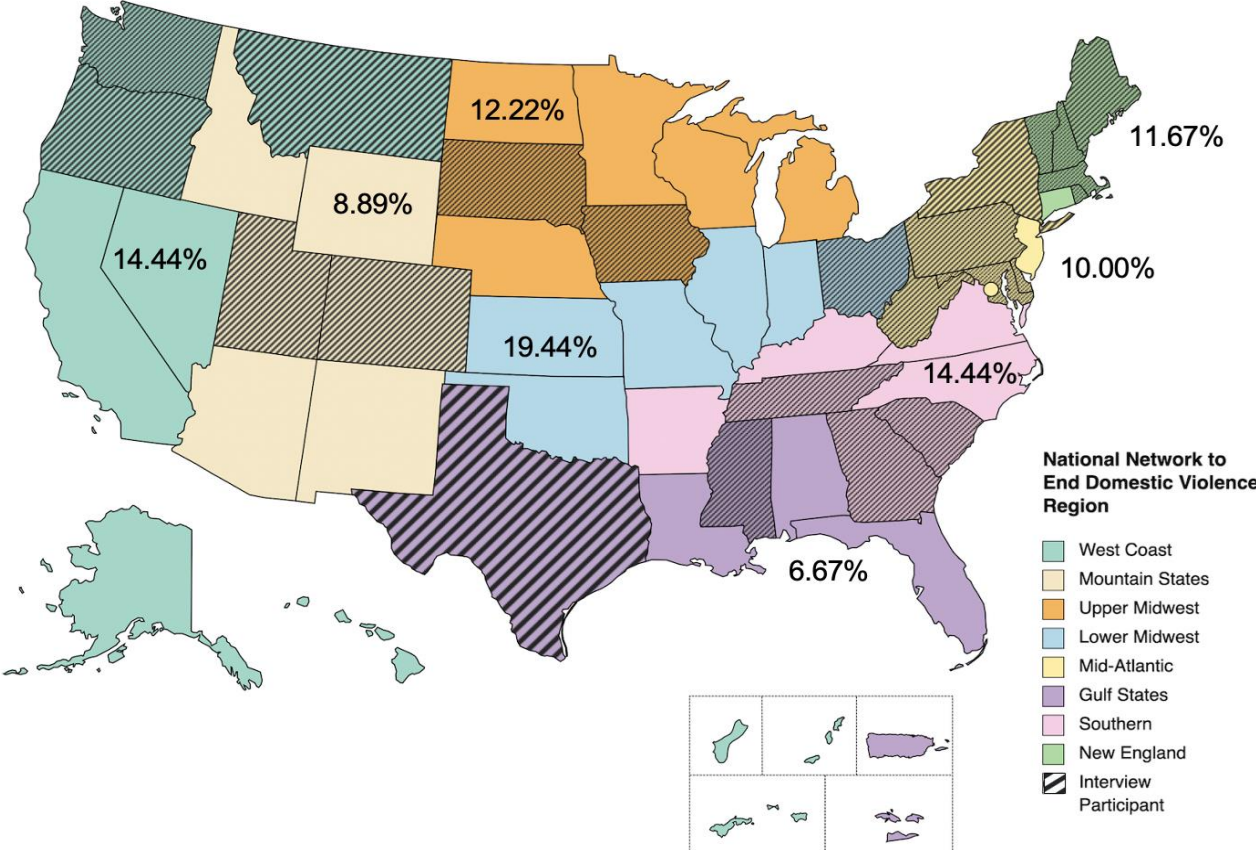
Participation - Survey

- 301 total respondents (22.4% of the service providers identified for the study)
- Survey respondents represented all NNEDV regions

Occupational Characteristics

- Community based or non-profit organizations (94.44%)
- Most had more than 10 years of experience (56.67%)
- Most in job roles for more than 10 years (40.56%)

Combined Participation

Central Themes

- Impacts of public health control measures on survivors and services

- Impacts on the DV Workforce

  - *Staff turnover*

  - *Stress and burnout*

- System Innovations and Lessons Learned

Theme 1: Public Health Control Measures

- Stay At Home Orders and Travel Restrictions
  - *left victims isolated, often sheltering in place with abusers and cut off from support and resources*
  - *Required staff to quickly pivot many services to remote and minimized availability of staff for coverage of 24 hour shifts*
- Mandates on Physical Distancing/Restrictions on Gathering
  - *Reduced shelter capacity and required online programs and services*
- Isolation and Quarantine requirements for COVID illness and exposure

Control Measures led to Shifts in Service Delivery

Interviews and surveys identified several key shifts in service delivery:

- Shift to remote/online services and service delivery
- Changes to shelter rules and reduced shelter capacity increased use of alternative sheltering (hotels)
  - These changes and more led to issues with maintaining trauma-informed and empowerment-based approaches

Survey: Changes to Service Delivery
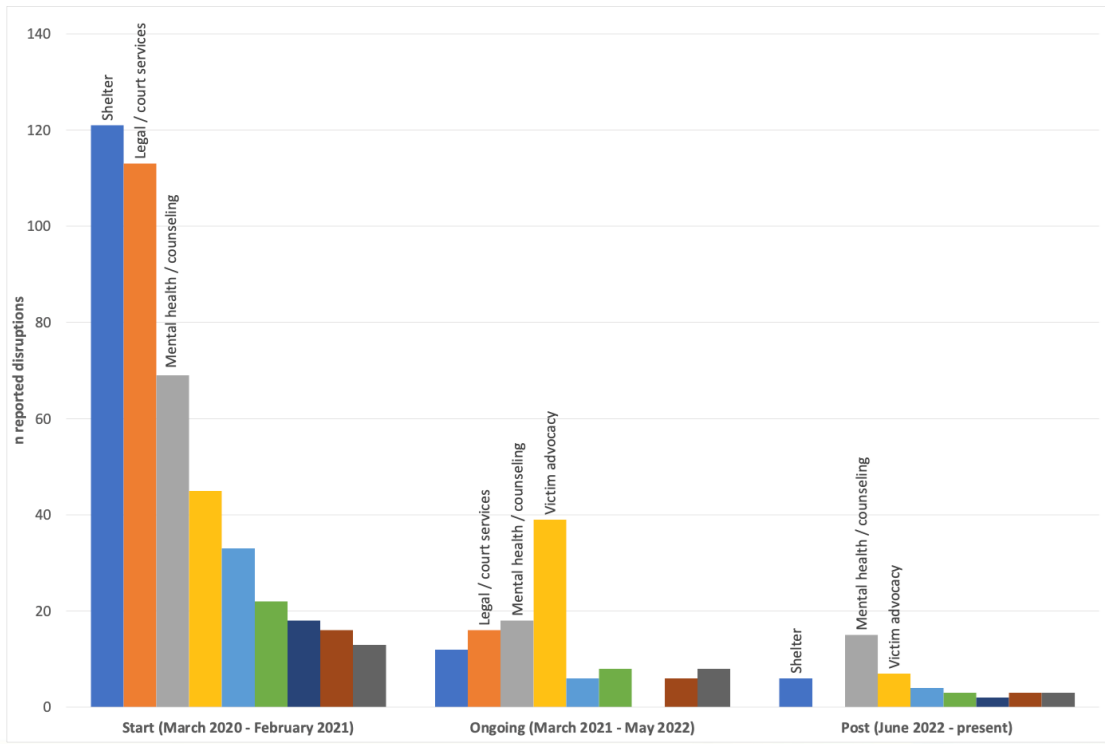
Start - sheltering, legal services, and mental health/ counseling services most disrupted
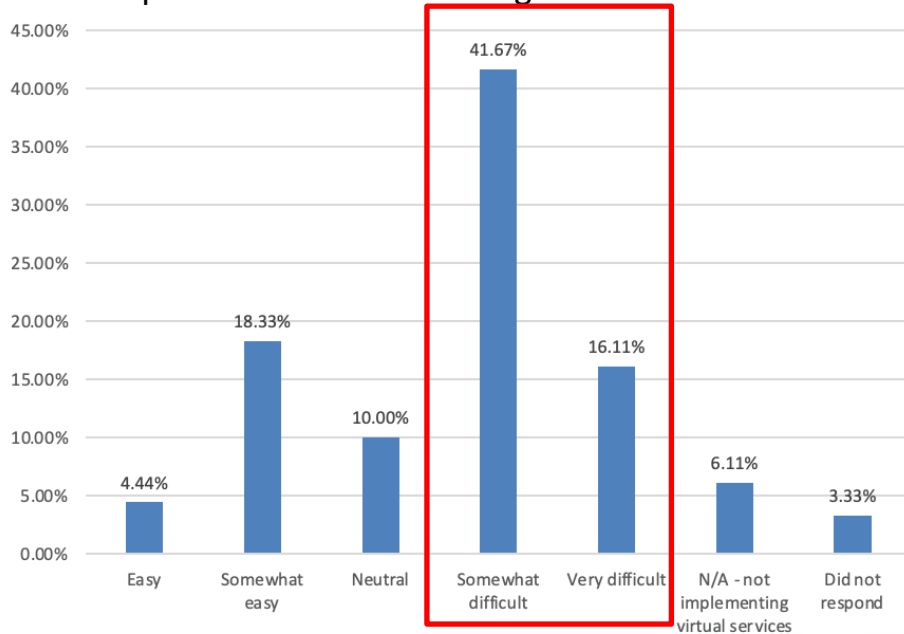
Ongoing - victim advocacy services most disrupted

Post - mental health/ counseling services most disrupted

Service Delivery Shifts – Trauma Informed & Empowerment-Based Approaches

Experiences for Maintaining Trauma-Informed Care

Category	Percentage
Easy	4.44%
Somewhat easy	18.33%
Neutral	10.00%
Somewhat difficult	41.67%
Very difficult	16.11%
N/A - not implementing virtual services	6.11%
Did not respond	3.33%

"In our programs, they want to provide an empowering environment. But they also have to keep people safe. I think that was a barrier, and it's like, **how do we keep everybody safe and also how do we also know when to say 'I'm sorry?' This is what we have to do**, this is our trajectory, and if we don't do this we could be jeopardizing other people's lives and health… It's a hard conversation to have with people."

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Theme 2: Domestic Violence Workforce

- Lack of essential worker status for domestic violence advocates

- Accelerated rate of job turnover among both leadership and staff

- Unsustainable levels of stress, fear, and exhaustion

DV Workforce - Essential Worker Designation

Without being designated as essential workers, domestic violence advocates had **less PPE access**, **less access to testing in shelters**, and **later access to the COVID-19 vaccine** than other essential workers.

"We advocated really hard for the for the advocates to be considered essential workers, because that also opened up opportunities for them. There were some benefits...they could move around the community (and) there were also some monies attached to (receiving) childcare and so we wanted them to be able to have access to that."

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DV Workforce – Turnover and Burnout

"*People are quitting right and left because they can go get a higher paying job and a less stressful job at [corporations or other non-profits], and so **we are at quite diminished capacity and the folks that are left are exhausted.**"*

"**Not only were they dealing with heavier caseloads and fear at work, in addition to a second shift with children at home, but they had to master new technologies**. *When working remote, the lack of information technology support and the need for immediacy created even more staff exhaustion.*"

"*A lot of the workforce was sick and there was a tremendous amount of loss of life in families of advocates who are from [indigenous and immigrant] communities, **so the grief factor is definitely one that I don't want to gloss over. We have advocates who have lost, you know, one of my board members lost four family members**.*"

Turnover and Burnout Require Supportive Measures
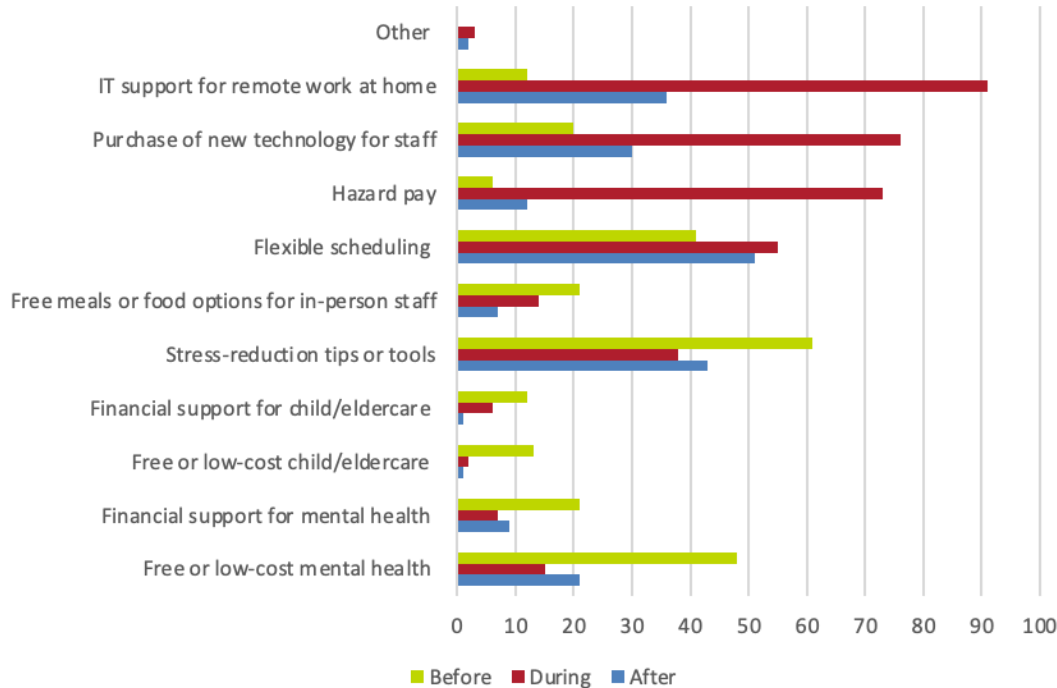
- Additional supports for IT, technology, hazard pay, and scheduling flexibility were available during the pandemic
- Mental health supports were less available during the pandemic and have not recovered to pre-pandemic levels

Theme 3: Innovations and Lessons Learned

Coalition Leaders expressed that it was essential to recognize pandemic-induced innovations and to document the lessons learned:

- **Availability of virtual supports and services increased access** but was limited by access to adequate technology and also poses new challenges for safety and privacy

- **Forging stronger connections with existing partners and new partners** to coordinate services and service delivery and be more prepared

- **Influx of funding from COVID stimulus** created additional resources but came with restrictions burdensome requirements

- Pandemic inequities and the simultaneous national reckoning of structural racism **refocused commitment to racial equity and social justice**

Virtual Services and Remote Work

- Even after pandemic restrictions eased, staff members saw continued interest in, and benefit from, utilizing remote options.

- Advantages for survivors:

  - Removing contact with their abuser in court settings

  - No need for childcare, transportation, or paying for parking fees

- Increased capacity and resources - improvements in technology to maintain virtual access to services and systems (e.g., court hearings)

*"I think the capacity building that happened, the **technology capacity building that took place, I think, will be carried forward.** The statewide court system is currently putting equipment in all our shelter programs so if a victim or survivor chooses, they can follow their court hearings. It can be held at the shelter; they don't have to go."*

# Forging Connections for Emergency Preparedness

- Respondents were well-prepared for DV situational crises, but felt under prepared to handle natural disasters or public health emergencies

- Improved planning, training and evaluation activities around emergency preparedness are needed to support DV providers as first responders

Similar to other professional groups studied, those most confident in their organization's ability to respond (OR = 8.79) and their personal knowledge of preparedness (OR = 4.12)were most likely to want more training and resources to improve readiness

Racial Equity and Social Justice

Most Impacted Clients
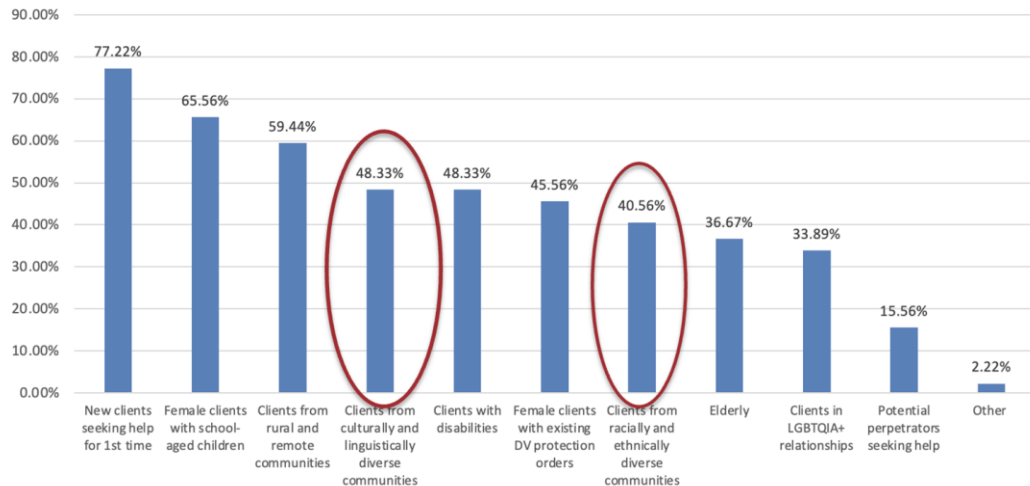
"[The pandemic] also all happened at a time where survivors and advocates of color were also watching everything going on in our country and calling on the coalition to not only address the pandemic but continue work around racial equity…"

"I think the biggest takeaway that we had was… looking at the **inequities that we've always known have been there within systems** and not going back to kind of pretending they don't exist…"

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Questions & Feedback

Feedback for Improving Actionable Support

- What measures do you think would be most helpful for improving advocacy services during community crises?

  - *Balance of online v. in-person*

- Are there specific resources (e.g., toolkits, guidance documents, training materials) that you believe could benefit DV practitioners and/or emergency preparedness professionals?

Resource Development and Deliverables

- Safety Coupon
  - Wallet-sized card with key resources (hot line, legal aid support, counseling and housing services, QR code link to safe exit enabled website with additional resources
  - Designed as a benign grocery store coupon to deter suspicion

- Digital Toolkits or Guidelines
  - Materials (published articles, ppt presentations, resource links) developed and made available on websites, clearing houses, etc.

Additional Feedback

- Other areas for feedback

  - Ways to build administrative capacity to receive funds and provide surge capacity

  - Changes to legal systems and services

  - What else can we provide?

Project Articles

- *Characterizing the Impacts of Public Health Control Measures on Domestic Violence Services: Qualitative Interviews with Domestic Violence Coalition Leaders*

  - Horney, J. A., Fleury-Steiner, R., Camphausen, L. C., Wells, S. A., & Miller, S. L. (2023). Characterizing the impacts of public health control measures on domestic violence services: qualitative interviews with domestic violence coalition leaders. *BMC Public Health*, *23*(1), 1–1721. https://doi.org/10.1186/s12889-023-16471-4

- *Impacts of the COVID-19 Response on the Domestic Violence Workforce*

  - Wells, S. A., Fleury-Steiner, R. E., Miller, S. L., Camphausen, L. C., & Horney, J. A. (2024). Impacts of the COVID-19 Response on the Domestic Violence Workforce. *Journal of Interpersonal Violence*, *39*(5–6), 1190–1205. https://doi.org/10.1177/08862605231203610

- *Lessons Learned from the COVID-19 Pandemic in the United States by Domestic Violence Coalition Leaders*

  - Miller, S. L., Fleury-Steiner, R., Camphausen, L. C., Wells, S. A., & Horney, J. A. (2023). Lessons Learned From the COVID-19 Pandemic in the United States by Domestic Violence Coalition Leaders. *Violence against Women*, 10778012231220369–10778012231220369. https://doi.org/10.1177/10778012231220369

And more under review!

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