Research Article

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

Susan L. Miller[1] (iD), **Ruth Fleury-Steiner**[1] (iD),
Lauren C. Camphausen[1], **Sarah A. Wells**[1],
and **Jennifer A. Horney**[1] (iD)

Abstract

This U.S. study explores lessons learned about domestic violence service delivery during the COVID-19 pandemic identified by state, territory, and tribal coalition leadership to advance preparedness and guide structural improvements for future disasters. Semi-structured interviews with 25 Coalition leaders identified public health control measures and victim-centered strategies used to mitigate the pandemic's impacts on services and advocacy. Three main themes emerged: workforce innovations, system empowerment, and the simultaneous pandemic of racial injustice. The COVID-19 pandemic inspired Coalitions to respond creatively and highlighted resources needed to support survivors and the domestic violence (DV) workforce going forward, including reassessing the current state of the DV movement.

Introduction

Disasters not only expose flaws in physical and social infrastructures, but also create opportunities to innovate and problem-solve in ways that could improve

[1]University of Delaware, Newark, DE, USA

Corresponding Author:
Susan L. Miller, Department of Sociology and Criminal Justice, University of Delaware, 335 Smith Hall, Newark, DE 19716, USA.
Email: slmiller@udel.edu

outcomes in future disasters. This was the case for state-, territorial-, and tribal-level domestic violence coalitions in the United States (hereafter referred to as Coalitions) tasked with handling domestic violence (DV) service provision and providing victim advocacy support throughout the COVID-19 pandemic. Much of the research during the COVID-19 pandemic has focused on victim safety, workforce burnout, and micro-level advocacy responses to DV. Given that Coalition leaders are well-poised to assess the macro-level landscape, this study explores lessons learned from the COVID-19 pandemic at the Coalition level that could advance preparedness and guide structural improvements for future disasters. Three central themes were identified from key informant interviews with Coalition leadership, including (1) workforce innovation; (2) empowerment; and (3) twin pandemics (Dlamini, 2021) of COVID-19 and racial inequity/economic injustice and how they affect the future of the DV movement. Ultimately, Coalitions' experiences and ideas can facilitate greater resiliency of DV agencies when facing future public health emergencies or other disasters in addition to re-imagining a transformed movement. This research adds to the growing number of global studies that highlight how countries responded generally to COVID-19 (Dlamini, 2021; UN Women, 2020) as well as specific responses by service providers or about DV survivors (Carrington et al., 2021; Proudman & Lloyd, 2023).

Background and Existing Studies

Many of the current studies on DV and the COVID-19 pandemic have focused on victim safety in the context of both initial and prolonged shelter in place orders (Kofman & Garfin, 2020), which left victims isolated with their abusers and cut off from traditional avenues of support (Elliott et al., 2023; Warren et al., 2022). Other studies have investigated the interruption of victim advocacy and its impact on survivors (Ragavan et al., 2022), workforce-related issues (Burd et al., 2022; Wells et al., 2023), the effects of the implementation of public health control measures and other safety precautions (Horney et al., 2023), and civil justice responses to DV (Moyer et al., 2022). Salaries of DV advocates were low before the pandemic (Wood et al., 2017) and COVID-19 exacerbated this impact on an already weary workforce.

Each U.S. state, territory, and the District of Columbia has a federally designated DV coalition. Coalition membership typically includes local DV service providers whose role is to provide training and technical assistance to direct service providers and to other community organizations and help to coordinate the network of services available to survivors and their children (https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/state-dv). Given that they routinely engage with victim services agencies throughout their state or territory, Coalition leaders are in the unique position to understand the full landscape of DV responses and—in particular—how each separate piece within the landscape fits together.

Methods

A semi-structured interview guide was developed in collaboration with local domestic violence professionals. Questions were based on rapidly emerging areas of concern and drew on possible strengths and weaknesses in direct service provision and in coalition functioning. All study materials and procedures were approved by the University of Delaware Institutional Review Board (1597257-2). Our research objectives were to understand what macro-level issues affected Coalition leadership and emphasis during the COVID-19 pandemic with the aim of strengthening resilience and resource support to direct service organizations during a pandemic. Invitations to participate were sent to coalition executive directors in 50 states and six territories with information about the project. Between November 2021 and April 2022, two of the authors—both either current or former board members for state DV coalitions—with backgrounds in qualitative research methods conducted Zoom interviews with 25 Coalitions (45%), representing each of the eight regions as designated by the National Network to End Domestic Violence (NNEDV). Informed consent was obtained from each participant prior to the beginning of each interview. Interviews ranged from 27 to 60 min in length (mean = 44 min). The quotes featured in this article represent a majority of the Coalitions' perceptions, but we do not name individual states to preserve confidentiality.[1] Respondents were able to provide additional information at the completion of the interview. Interviews were transcribed and compared with recordings for editing purposes before notes from interviewers' logs were analyzed for context. Two authors coded the data using both hand coding and the Dedoose qualitative software package. Lessons learning and takeaways that could affect the resilience of DV services in the future were identified from the interviews.

Findings

COVID-19 presented unique workforce challenges. Public health control measures and other strategies used to address the pandemic necessitated a shift to remote work for a service sector that relies strongly on face-to-face connections with clients and co-workers. At the same time, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan provided economic stimulus packages that included millions of dollars in housing and other assistance for DV services and victims. In normal situations, coalitions play an integral role in distributing funds in part because of their relatively deep knowledge about the unmet needs of the DV community; this role was augmented given the pandemic-related challenges and availability of relief funding. Furthermore, DV coalitions had to capitalize on the relationships forged with community partners to facilitate cooperation and information exchange during the immediate crisis and throughout the course of the pandemic. While many coalitions had established interagency cooperation prior to COVID-19, these connections were tested and expanded. We identified three themes from key informant interviews through both inductive (i.e., categories were not preidentified) and deductive coding: workforce innovations, system empowerment, and twin pandemics.

Theme 1—Workplace Innovation

Work innovations were identified as a theme throughout key informant interviews. This theme includes subthemes of virtual work and interagency collaboration.

Virtual options. Coalitions reported that even after in-person, pandemic restrictions eased, staff members saw continued interest in, and benefit from, utilizing remote options. DV professionals noted that survivors found many advantages afforded via virtual options, such as removing contact with their abuser in court settings, reducing stress for securing child support, not worrying about securing childcare or figuring out transportation or paying for parking fees, and limiting COVID-19 exposures. Staff members found remote work options more compatible with balancing their own child-care or remote schoolwork needs, and many appreciated no longer incurring commuting costs. DV coalition leaders also discussed the benefits and future directions for hybrid and remote workplaces; benefits and future directions included financial savings due to downsized office space and the potential for moving forward without brick-and-mortar offices. One Coalition pointed out the scope of these benefits, noting that for victims, they are "not physically in the same space as the person who has abused you. You're not in the hallway and all of that you're, you're online. So, there were there were some real significant benefits for that." This same Coalition went on to highlight other benefits noted by partners in the court system, including attorneys and court staff, who pointed out "the stuff [remote services] that works, we need to carry forward when the pandemic ends."

Social service agencies often focus on the well-being of their clients and facilitate clients' ability to negotiate the labyrinth of government programs and entities such as court systems. Not all Coalitions were comfortable with remote options for courts since service providers told them it was difficult to coordinate a victim advocate to accompany victims at virtual hearings. To address this challenge, some coalitions developed ways to coordinate advocates at virtual hearings and funded interpreter services to support people for whom English is not their first language, as well as for survivors who are deaf or hard of hearing.

While there were benefits to using hybrid and virtual platforms, one downside was that virtual or hybrid options removed the face-to-face interactions that have always been an important part of coalition work with advocates and community partners. As one Coalition stated, "…in policy and advocacy work, so much of that is done when you are in person" whether that is formally at a meeting or informally after a meeting or over coffee or lunch. They went on to say that "the platform[s] for casual connectivity is completely gone. All the meetings are virtual. People log on. They don't turn their cameras on. You can feed off each other's [energy] when you are in person, and I just do not know how we are going to get that back."

The pandemic exposed the areas where equal attention to service providers' working environment also needed accommodation and attention. Coalitions heard from the victim advocates about the advantages of remote work and virtual justice proceedings. The absence of face-to-face connections between co-workers meant that the

opportunities to provide support for the secondary trauma of colleagues had to shift when teams were remote.

Takeaways

- Some forms of virtual work are here to stay. Many coalitions are embracing continuing hybrid work to increase flexibility for employees and provide alternative ways for survivors to ensure their safety. The pandemic exposed the need to proactively develop protocols and provide tools (e.g., software and hardware) to better respond to the needs of DV survivors and workers.
- Coalition staff should support direct service providers—and coalitions themselves—in doing information technology (IT) assessments and updates to be better prepared for the next pandemic. This may involve additional collaboration with IT experts.
- To decrease secondary trauma associated with working remotely, innovative practices designed to foster connection while virtual need to be developed and accessible before a future pandemic.

Interagency collaboration. The pandemic increased the need to deepen collaborative relationships with community partners. Many coalition leaders mentioned forging stronger connections with legal aid societies, food banks, and public health agencies throughout the pandemic For example, one Coalition mentioned having "very detailed [information] about food banks and food pantries and free food [they] could get out to programs and survivors." Many Coalitions believed it was crucial to have access to accurate and timely information about COVID-19, and therefore sought to build more robust relationships with public health departments. Several Coalitions shared that they already had a trained public health worker on their payroll or developed strong ties with their state's public health officials, and five others mentioned that their coalition would benefit from these roles and/or ties. We "worked with survivors to get them access to different things … masks and cleaning supplies and hand sanitizers and all of those items that our programs needed but we knew survivors also needed in their home." Additionally, strong relationships with schools and local governmental entities were beneficial for ensuring the general public had access to information. Coalitions found it helpful when local officials (e.g., governors) held daily briefings and promoted hotlines and other DV resources. As one Coalition told us, "At every governor press briefing we had our 1-800 number displayed. The governor actually spoke directly to victims of domestic violence, but it was a result of all the advocacy that we did at the coalition level, to make sure that they understood the urgency of the multiple public health crises that we're having at the same time."

While relationships with other agencies were important before the pandemic, maintaining and strengthening existing partnerships and forging new ones became even more crucial. Coalitions believed it was vital to cultivate and maintain positive relationships with other agencies and provide information about DV in nontraditional spaces.

Takeaways

- Coalitions recognize the vitality of maintaining existing partnerships outside of the domestic violence service system and need to strengthen their ability to build new ones rapidly.
- Coalitions should continue building and maintaining new community partnerships so these are in-place before the next pandemic.

Theme 2—System Empowerment

The second theme that was identified was system empowerment. This included funding streams, salary equity issues, worker self-care, and addressing invisible victims (e.g., children and tribal communities). While coalitions were already committed to addressing these issues, the need for continued concerted efforts became more pronounced, especially as the pandemic was disproportionately affecting populations similar to those affected by DV.

Funding streams and empowerment. Coalitions routinely seek funding from traditional government sources and grants. Most of these grants and federal/state-level assistance mandate how the money must be spent. During the pandemic, funding allocations changed; however, based on new needs and situations created by the pandemic funding, mandates were not responsive to these emerging needs. For example, during the early stages of the pandemic, Coalitions were thankful that federal funds were readily available but were simultaneously frustrated by the many strings attached to the funding, including strict requirements regarding how to spend the money. These concerns persisted for more than two years into the pandemic. The due dates for progress reports on the grants through which funds were appropriated were very strict, and it was challenging to meet these reporting requirements while coalitions were struggling to switch to virtual platforms, keep survivors safe, and maintain the workforce needed to provide shelter and program services. For example, one Coalition said, "the [funders] were really lovely people, but they were so ridiculously tied to their rules … [we had to advocate for] a relaxation, like we may not have 24-hour coverage." Other Coalitions mentioned things like:

> I can't build a program right now. I just need to keep paying my staff right now, and I just need to keep the doors open … so we need the money to be as low barrier as possible, both for survivors, but also for organizations, because … it's a great problem to have a lot of money, but it's also a burden to have money that has so many strings attached that it's hard to spend or it's hard to manage it.

Coalitions discussed the extra burden of financial management for smaller programs. Take for example a "small organization with three staff. They just don't have the capacity to figure out what to do with the whole new line of funding that doesn't have any admin[istrative] support but creates a whole new line of work for

staff." Coalitions expressed wanting more flexibility for what they could spend the money on and sought ways to get cash directly into the hands of survivors. While many funding requirements were inflexible, coalitions also received some unrestricted money from donations, meaning that funds could be distributed at the coalition's discretion. These monies were used during the pandemic to help survivors pay for gas to get to their jobs, pay for car repairs, buy extra cleaning supplies or pet food, and cover utility bills, among other things, but all of these empowerment efforts supported survivors' daily lives and well-being. Many Coalitions noted the benefits of being able to support their survivors through dispersing these unrestricted funds.

> a lot of us have tried to figure out how do we get cash directly into the hands of survivors … [with] a lot of the federal money and a lot of the state money, you have to be really creative do that because they don't want us giving money to survivors. It's still that welfare mentality—prove that you deserve it, that you're going to do something useful with it … [But] let's just get cash, no strings attached, into the hands of survivors … and trust them, as you know they're the experts in their situation…

These frustrations involved both program requirements of funders and affected how coalitions and advocacy programs can best help victims with their financial needs. In both cases, coalitions felt they were not treating victims or advocates with dignity:

> We need to raise the standard of living for advocates our programs have been running. It's been an unsustainable way for a very long time and COVID made it worse, but it didn't cause it, we can't just fix it with COVID money—we have to actually fix the broken system that was there and that's a conversation people are having that they weren't having before … We need to trust advocates and Member programs as much as we trust survivors. We had to convince people that if you just give survivors money, they're not going to run off to Mexico and have a vacation …, and we also have to trust member programs the same way.

Takeaways

- Funding streams that are flexible enough to meet the rapidly changing needs of organizations and survivors are essential in disaster contexts. What was needed before the disaster may not be what was needed during and after the disaster. Keeping reporting requirements simple and straightforward will allow more organizations access to available funding.
- Funders must be more cognizant of the need to pay staff fairly and provide funding that best meets survivors' needs; otherwise, it creates more work for employees and barriers to optimal benefits to survivors.

Salary equity. The salaries of staff members and advocates associated with both the direct service programs and the coalitions have historically been shockingly low, despite the importance of their work and their extensive training and/or required degrees. Coalitions expressed dismay over the low wages and the strain they place

on committed staff and advocates. As the pandemic progressed, many DV workers were forced to seek higher-paying jobs elsewhere in their communities despite their compassion and dedication to providing support for survivors.

> I think that agencies [need to] look at essential staffing salaries. I know it's been a lot of frustration with that this past year. This was a big theme from the member programs because frontline staff were really overworked and they're so underpaid. And the way that these funding structures have set up, there's no automatic [Cost of Living Increase] COLA. So, you get this flat grant for multiple years and there's no allowance for increases, and people working in shelters, some of the salaries are like the equivalent of Walmart— that's not right. I mean, the work is so much harder … they're putting their lives at risk. A shelter worker is working overnight at the shelter, should not have a situation of like, I'm afraid of going to work because I may get an illness that's going to kill me. I mean, that's the need for hazard pay.

Takeaway

- Wage scales need updating based on requirements including experience and education, as well as the challenges of the work. Higher wages could empower staff and retain them in the field. Increasing base pay, building in cost-of-living increases, and providing hazard pay are all necessary approaches to retain skilled staff.

Self-care. Coalitions acknowledged that their staff (and advocates) experienced dual trauma—the trauma all households experienced during the pandemic (e.g., fear, concern for safety, and ability to secure PPE) and also increased secondary trauma from absorbing the trauma of the victims/survivors with whom they worked. Some coalitions reported trying to address the compounding stressors by ordering special chairs and lighting, paying for higher-speed internet, or sending lunch to staff via food delivery services. However, the demands of the work and the need for "all hands-on deck" made self-care interventions like providing time off next to impossible.

> One of the things that I observed, is that advocates in these organizations that are coming out of this situation, with a lot more confidence … in themselves and their ability to maintain services and access, despite the challenge it's important for us to know that they responded to this with incredible creativity, it's not surprising, we're really good at figuring out what's wrong, but sometimes we miss the opportunity to say 'Wow we did a really good job'.

Coalition leaders noted the dedication of staff while simultaneously navigating the personal costs of the heightened risk of exposure and home-based responsibilities. The exigency of the pandemic demands often eclipsed a more efficacious response to the extra burdens that staff experienced when trying to balance the needs of survivors and agencies with their own family circumstances and mental health.

Takeaway

- Part of self-care is celebrating successes, but the constant crisis of the pandemic made it harder for organizations to acknowledge the ways in which they were doing good work under traumatizing circumstances. This acknowledgment of what was working could have, in turn, helped organizations to build on their strengths. Supporting DV workers by acknowledging creativity and celebrating success is crucial.

Meeting the needs of invisible groups. Coalitions mentioned that the pandemic spotlighted the needs of "invisible" populations who have historically been lost or trivialized by government services. Coalitions identified child abuse victims; indigenous populations, and elderly DV survivors—many of whom were uncomfortable with technology or did not have access to a computer as "invisible" communities. One Southwestern state Coalition commented that a DV shelter in "the Navajo nation had requested some type of [personal] protective equipment from the Federal Government, and, in turn, they were sent body bags, so it was really a pretty harrowing situation." But this was not unfamiliar when it comes to marginalized populations, as demonstrated by other Coalition leaders' statements regarding the invisibility of elderly DV victims, despite their increased vulnerability to COVID-19.

Because schools pivoted to remote learning, the traditional ways that child abuse is discovered disappeared because children no longer had in-person contact with teachers, classroom aides, nurses, or guidance counselors—all of whom are mandated reporters. Coalitions raised different and often contrasting points about how children were affected.

> Child welfare workers were very worried that child sexual abuse and other forms [of abuse] were going to increase, but … there wasn't mandated reporting because kids weren't in school. No one really asked the question, what if rates actually didn't increase because what if a lot of reports are done out of racism and classism? What if a lot of mandatory reporting is actually unfounded reporting and now there's less because those people are not in the lives of children; we have no way to gauge that. But we should not make these assumptions.

As other Coalitions explained, "The significantly decreased calls to DFS [Division of Family Services] … were probably because kids were out of school so no mandatory reporters, and a lot of those calls come in through the schools since after school programs were closed too." The Coalitions learned from their member programs that even though reporting to family services departments decreased, they saw significant increases in helpline calls about child abuse: "We knew that children were home, so the chances that children are being harmed increases as well" and working with family services to "make visible the danger" and continue providing "resources for people that are experiencing child abuse or

reminding people we are all mandatory reporters, making sure that message was visible at all governor's briefings."

Takeaway

- Reinforce ways to assess the extra steps that may be needed for underserved populations, such as elderly survivors, survivors with disabilities, child victims, and indigenous survivors. Historically, and during the pandemic, these communities had the highest needs but the fewest resources available to meet them.

Theme 3—Twin Pandemics: Racial Equity/Economic Justice and the Future of the DV Movement

During the COVID-19 pandemic, the U.S. simultaneously experienced a national reckoning over systemic racism instigated by police brutality and the murders of George Floyd and Breonna Taylor. The majority of Coalitions asserted that the COVID-19 pandemic exposed the failures of the country's infrastructure to adequately address racial injustice and inequities. They frequently referred to this as a 'twin pandemic,' and highlighted that the most vulnerable and marginalized people in our country were being inequitably exposed to, and dying of, COVID-19 and were also the people most likely to be victims of both intimate partner and police violence. For instance, one Coalition described: "We added a fair housing and economic justice manager as a result of how much advocacy we were doing … and in our state there was also a lot of visibility around how the pandemic was impacting Black Indigenous People of Color (BIPOC) communities and a lot of inequities in the access to testing, to PPEs, or having time off. It became important to bring someone on that could have that focus on racial equity, particularly in housing since there's just so much displacement and gentrification happening at the same time in communities and neighborhoods where communities of color traditionally have lived." Another Coalition explained:

> We very much work at the intersections of racial justice and gender-based violence and we have been doing a lot of work as a staff about white supremacy culture, how we operate and so these things kind of happened on parallel paths. We're in the early stages of strategic planning as well, but even going back two years it really had us questioning what is urgent, what is not urgent, how do we do our work. And you know, we had people who were sick, who had health issues, who had childcare issues, and so I really want to have a thriving workplace … [focusing on] what does our membership need primarily, what do they need and what really matters to them and what is the best way for us to do it, and so we did more based on intention. And our stuff really changed, we started doing things more on secondary trauma we had advocate circles … all this all started in March, but then George Floyd was murdered at the end of May, and so our work began to really also move in these parallel directions of being home or working remotely and virtually to addressing the ways in which how organizations—prior to COVID and through COVID—we're still reinforcing some really harmful social norms.

A number of Coalitions highlighted the precarious position of frontline workers, who are primarily people of color, recognizing the disproportionate impact and believing it was opportune to strategize differently, "whether it's around hazard pay or support for affinity group work or organizational consultants." Another Coalition spoke about their coalition's work on criminalized survivors and policy team focus on "mass incarceration and the school to prison pipeline and its connections to sexual and domestic violence … we're trying to apply a racial equity lens to everything. And it's been I think it's been really challenging for everyone." These sentiments were echoed throughout the interviews:

> The pandemic pushed everyone to reevaluate what are our priorities, what are our values, and how can we do things differently so that we live in a more equitable world … there's an opportunity that the pandemic has presented for domestic violence shelters and the domestic violence movement across the country to really look at how what how we've defined safety and look at our services to make sure that they are … really using both a gender justice and a racial justice lens in all of our work."

Fears were also present:

> I'm afraid that we're going to be in such a rush to reopen, that we are going to lose sight of our insight … like back to business as usual. But wait. We need a moment to reassess how our world is, to make it better and so I'm hopeful that that will happen that will take place here in the movement and we will start to see changes in how we respond, there's been so much talk about the police and police brutality … and how much we rely on the courts to provide safety.

Coalitions acknowledged that DV victims, COVID-19 victims, and victims of police violence were dying, and these deaths opened dialogue for changes to the DV movement.

> COVID-19 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 coalitions to not only address the pandemic but continue work around racial equity, which we have invested a good deal of time there too, … so we've put a good deal of energy and effort into doing more conversations with our executive leadership, our program directors, and BIPOC advocates and about moving through all of those impacts.

Some Coalitions linked concerns about racial equity to funding exigencies: "We want the legislature to know that we will not only need the money we asked you for, we will need much more [for] housing, mental health services, legal services" and address other equity issues raised during the pandemic.

The simultaneous combustion of the COVID-19 pandemic and the movement to address racial injustice paved the way for a reconsideration of the DV movement's goals. Coalitions frequently spoke of their hopes for the future of the movement and their desire to move forward with greater intentionality. At least one-third of the

Coalition leaders who participated expressed a strong desire to open conversations about the future of the DV movement. While many Coalitions now focus on prevention and are trauma informed, respondents questioned the over-reliance on the criminal justice system to respond to DV. Coalitions noted envisioning this as a time to step back, revamp, and create opportunities for victims that evade the criminalization of victimization. Several Coalitions felt that DV should have been treated as a public health issue during COVID-19, not a violent criminal justice issue, and should continue to be considered a public health issue going forward. One Coalition stated that we have to revamp the entire DV advocacy system and focus instead on what happens with folks who cause harm and what survivors want from people who harm them: "Instead we built entire systems that are based on this belief that accountability is equal to arrest and punishment." A number of coalitions embrace the act of storytelling, which they hope will lead to alternative responses, such as the use of restorative justice; they are organizing meetings around this idea and seek to include survivors' input about what kind of justice they desire that may not embrace a formal criminal justice response.

Housing innovations. Another future-direction shared by Coalitions challenged the continued reliance on shelters since they are not well-integrated into the community. The early goal of shelters was to keep victims safe, but Coalitions raised concerns about the fact that this separation from communities reinforced isolation and shame. Most Coalitions mentioned seeking new solutions that would extend shelters into the larger community, as these quotes indicate:

> The way that we do sheltering and service delivery is becoming more and more outdated. The effectiveness of it is diminishing and the numbers and kind of people that the services are actually helping … it's fewer and fewer. We know what kinds of survivors our services would be the most helpful for … so more and more people are getting less and less of what they need, and then COVID—it just really has brought that home.

> I'm 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. Because if we think about even access to the vaccine right away, when the vaccine rolled out, we knew that there were certain communities' populations that waited a really long time for access and the businesses that needed the vaccine the most, they weren't necessarily the ones that were targeted … the gender-based violence movement has had kind of a reckoning, and we have to look at some things within our own work, over the past several decades, but just really thinking about where the gaps were. What were the big issues that we're seeing. And what investments need to be made in case that happens again.

Several Coalitions mentioned getting the community more involved by bringing them into more contact with shelters: "it's not complicated—go out and buy a whole bunch of extension cords and some tables or have people donate tables. That's not a hard thing to do. It's not going to be fancy, but it'll work [for a hot spot]." This innovative method for bringing shelters closer to the community, to

normalize the situation of the residents to foster understanding and public support, was used in multiple states.

Prior to the pandemic, transitional and long-term housing options for survivors were extremely limited or nonexistent. Even short-term housing, such as battered women's shelters, faced critical shortages, with victims turned away when shelters were full and other options not viable. The Coalitions shared that the pandemic exacerbated this need given that social distancing requirements decreased occupancy numbers for shelters and other forms of short-term housing.

It was helpful to have an eviction moratorium for survivors living in transitional housing or ones who lost their jobs and faced hardship meeting their rents or mortgages. Since the country was shut down, hotels were almost empty. Hotel rooms, suites, and executive apartments were provided at lower costs (or costs covered by the CARES Act), with the suite-like hotels giving victims and their children a place to stay that had access to a kitchen. "We had a lot of hotel chains that came forward and gave incredible deals to folks because they were hurting also." There were also "companies that do executive apartments for people who are traveling … [and]they gave a really reduced rate to allow people to move their families into that that setting for months." At the same time, however, many city residents were fleeing expensive housing and moving across state lines to purchase or rent less expensive housing. This would decrease the availability of transitional housing, and out-of-towners with deeper financial pockets looked more attractive to landlords than victims with Section 8 housing vouchers.

Coalitions acknowledged that hotel living did not meet all the survivors' needs that traditional shelters provide, since shelters have ways of keeping people safe (e.g., confidential location and elaborate ways to access the shelter), and providing services such as designated areas like a fenced-in yard for children to play in, groceries, on-site counseling, and laundry facilities. Providing these amenities for victims in hotels was a notable challenge, but the staff did their best to fulfill these needs. For example, staff dropped off food or had it delivered, connected victims with telehealth for medical or mental health appointments, and handled laundry. Some challenges could not be navigated; hotels were not typically in the safest locations and did not have any ways of ensuring victim safety and well-being. Wi-Fi and other computer access needs for school-aged children and for remote work were not established in many alternative locations. Coalitions reported additional issues with finding alternative housing for victims living in rural areas or resort towns as it was either not available or not offered.

> The most critical unmet need was for more shelter options … We have some families that have been in the shelter for like nine months with nowhere for them to go or even blocked from some of the transitional units in the state because of the fears some landlords were not willing to let go. Even if someone had a voucher or were ready to take on that apartment, landlords just they didn't want to meet with people to sign a lease or to show it. So funding cuts also made it so that, when it was time to sign leases, the programs didn't have the money to be able to help, so we lost some transitional units in some parts of the city. It

just takes such a toll on the advocates that they hear on the help line when listening to people saying, I have to sleep in my car again, so what can you do for me, and they just don't know what to do since nothing is open … You can't have safety if you don't have a safe place to lay your head at night.

It seems appropriate to let one of the Coalitions have the final word:

I think it showed us that our programs are very resilient and victims and survivors are very resilient. In the hardest circumstances we learned that our local programs are very, very capable and they're very resourceful and they are very dedicated, and they made it work, and so we know that nobody ever thought that this would never happen, nobody was prepared for this, and they all felt that they really knocked it out of the park.

Takeaways

- The COVID-19 pandemic laid bare structural inequalities in service systems. Moving forward, the movement to end domestic violence needs to re-focus on addressing racial and economic inequality, which will likely require radical changes in services and partnerships.
- The movement away from an over-reliance on police and other criminal justice system efforts to address DV and development of additional strategies, in tandem with survivors, about what justice could look like, with the goal of securing alternatives before any future pandemics.

Discussion and Conclusion

State-, territorial-, and tribal-level DV Coalitions in the United States are ideally situated to identify the macro-level factors affecting DV communities and service agencies that emerged during the COVID-19 pandemic. Their insight about what did or did not work, as well as system-level innovations implemented during the pandemic can improve workforce efficiency, worker satisfaction, and empowerment for both survivors and advocates moving forward.

When the battered women's movement began in the 1970s, private problems were made public to raise awareness of the scope of the DV problem and how best to promote the well-being and safety of victims of abuse (Schechter, 1982). Much of the focus was on building an infrastructure of shelters, creating a network of victim advocates, and addressing how the police and courts respond to DV incidents. This foundation was critically needed to expose the neglected needs of DV victims, but it has also been criticized for its emphasis on white heterosexual victims and its failure to address the disproportionate impact of DV on communities of color, LGBTQ + survivors, and other marginalized individuals (Richie et al., 2021). The pandemic exposed the disproportionate impact of COVID-19 on people from marginalized groups, who not coincidentally were also the people most disproportionately affected by DV (Jones, 2021). The shadow or twin pandemic of racial injustice exacerbated the detrimental impacts on the health and well-being of these same communities, leading to a crisis in system legitimacy.

Coalitions not only understood the need to integrate racial equity and action more explicitly into their jurisdictional agendas, but also felt there was a space to step back and assess what was no longer working in these changing times. Many pledged to develop alternative responses to over-relying on police and a justice system that fails to promote fairness, dignity, and safety for those most disenfranchised.

The DV movement and its infrastructure for funding and policy were strained during the pandemic. While it was imperative for DV coalitions to receive financial assistance during the pandemic for their basic operations and to meet pandemic-related needs, funding often came with strings attached. Meeting the requirements to use funds for specific items, filing reports on how the money was spent by certain dates, and documenting decisions in the midst of the pandemic was infeasible. Coalitions and their member programs lacked control over much of the funding decisions, even though they were the experts on essential needs. Greater elasticity in funding and reporting requirements is critical. The existing literature reveals that often victims experience economic abuse or dependency, making it even harder to disentangle from abusive relationships (Miller, 2019), and their housing and safety needs were affected by COVID-19 restrictions. These financial barriers were exacerbated during the pandemic. Similarly, the DV workforce experienced their own economic hardships.

Workplace innovation flourished during the pandemic and efforts designed to respond to Coalition workers' secondary trauma associated with remote work, hybrid work schedules, and proactive support are here to stay. Coalitions have traditionally worked to empower their staff, advocates, and in turn, survivors. However, the Coalition leaders who participated in this study revealed the Catch-22 nature of pandemic-related funding streams: state, territorial, and tribal Coalitions needed the money, but it came at a price since the detail required and associated accounting severely restricted their distribution and took considerable time to manage. It is incumbent upon policy makers to decrease red tape and traditional disbursement procedures during a pandemic, being cognizant of Coalitions' expertise in understanding survivor and DV workers' needs best. Increased salaries, more rapid approvals for hazard pay, and being identified immediately as essential workers are critical minimum goals to meet. Coalitions recognize the passion and dedication of workers involved with the DV movement and we should not relax our vigilance in achieving salary equity because of workers' dedication.

It is also incumbent for policymakers and organizations to be cognizant of the emotional and physical toll incurred by DV workers. Burnout and increased stress at home and work affect the mental health and sustainability of the victim service workforce. Coalitions in our study and victim service agencies elsewhere (Garcia et al., 2022) understood these challenges and developed strategies to maintain collegial interactions, create flexible work hours, and provide self-care opportunities that facilitated worker perseverance and resilience. These efforts should be part-and-parcel of worker-centered care.

The COVID-19 pandemic response inspired Coalitions to respond creatively and highlighted the resources needed to support survivors of DV and the DV workforce going forward. Coalitions' experience with the lack of emergency infrastructure in a large public health emergency disrupted the ability of shelter staff to provide face-to-face

service provision and shifted their focus from community outreach collaboration essential to building a new infrastructure to accommodate public health mandates. Some of the needs identified by Coalitions contradicted what funding agencies or policy makers deemed most appropriate. The timing of these interviews, which were conducted in late 2021 and early 2022 in the latter part of the pandemic, allowed coalition leaders to pause and reflect on what "tried and true" procedures no longer worked in this challenging new landscape. The takeaways identified in this article highlight the critical need to respond with greater resilience and preparedness for a future pandemic or disaster.

Authors' Note

Declaration of Conflicting Interests

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ORCID iDs

Susan L. Miller https://orcid.org/0000-0002-7886-2079
Ruth Fleury-Steiner https://orcid.org/0000-0003-4493-5951
Jennifer A. Horney https://orcid.org/0000-0003-3060-0894

Note

1. In accordance with our assurances to respondents, we do not identify individual Coalitions because leaders wanted to be able to speak freely during the interviews. As stated, the respondents represent all eight of the nationally designated DV regions. In addition, when comparing the states that completed an interview to those that did not, 13 of 25 (52%) of participants were from so called "blue" states won by President Biden in the 2020 U.S. Presidential election.

References

Burd, C., MacGregor, J. C. D., Ford-Gilboe, M., Mantler, T., McLean, I., Veenendaal, J., & Wathen, N. (2022). The impact of the COVID-19 pandemic on staff in violence against women services. *Violence Against Women*, *29*(9). https://doi.org/10.1177/10778012221117595

Carrington, K., Morley, C., Warren, S., Ryan, V., Ball, M., Clarke, J., & Vitis, L. (2021). The impact of COVID-19 pandemic on Australian domestic and family vioence services and their clients. *Australian Journal of Social Issues*, *56*(4), 539–558.

Dlamini, N. J. (2021). Gender-based violence, twin pandemic to COVID-19. *Critical Sociology*, *47*(4–5), 583–590. https://doi.org/10.1177/0896920520975465

Elliott, S. A., Bardwell, E. S., Kamke, K., Mullin, T. M., & Goodman, K. L. (2023). Survivors' concerns during the COVID-19 pandemic: Qualitative insights from the National Sexual Assault Online Hotline. *Journal of Interpersonal Violence*, *38*(1–2), NP84–NP107. https://doi.org/10.1177/08862605221080936

Garcia, R., Henderson, C., Randell, K., et al. (2022). The impact of the COVID-19 pandemic on intimate partner violence advocates and agencies. *Journal of Family Violence*, *37*(6), 893–906. https://doi.org/10.1007/s10896-021-00337-7

Horney, J. A., Fleury-Steiner, R., Camphausen, L. C., Wells, S. A., & Miller, S. (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), 1721–1728. https://doi.org/10.1186/s12889-023-16471-4

Jones, J. M. (2021). The dual pandemics of COVID-19 and systemic racism: Navigating our path forward. *School Psychology (Washington, D.C.)*, *36*(5), 427–431. https://doi.org/10.1037/spq0000472

Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma*, *12*(S1), S199–S201. https://doi.org/10.1037/tra0000866

Miller, S. L. (2019). *Journeys: Resilience, resistance, and growth for long-term survivors of intimate partner abuse*. University of California Press.

Moyer, R. A., Beck, C. J., Van Atter, N., & McLane, A. (2022). Advocacy services for survivors of intimate partner violence: Pivots and lessons learned during the COVID-19 quarantine in Tacoma, Washington. *Family Court Review*, *60*(2), 288–302. https://doi.org/10.1111/fcre.12642

Proudman, C., & Lloyd, F. (2023). The impact of COVID-19 on women and children in the UK who were victims of domestic abuse: A practitioner perspective. *Journal of Aggression, Conflict and Peace Research*, *15*(3), 234–241. https://doi.org/10.1108/JACPR-07-2022-0734

Ragavan, M. I., Risser, L., Duplessis, V., DeGue, S., Villaveces, A., Hurley, T. P., Change, J., Miller, E., & Randel, K. A. (2022). The impact of the COVID-19 pandemic on the needs and lived experiences of intimate partner violence survivors in the United States: Advocate perspectives. *Violence Against Women*, *28*(12-13), 3114–3134. https://doi.org/10.1177/10778012211054869

Richie, B. E., Kanuha, V. K., & Martensen, K. M. (2021). Colluding with and resisting the state: Organizing against gender violence in the U.S. *Feminist Criminology*, *16*(3), 1–9.

Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement*. South End Press.

UN Women (2020). *COVID-19 and violence against women and girls: Addressing the shadow pandemic*. Policy Brief 17. https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-violence-against-women.

Warren, S., Morley, C., Clarke, J., Vitis, L., Ryan, V., Carrigton, K., & Ball, M. (2022). Weaponizing COVID-19: How the pandemic influences the behavior of those who use violence in domestic and family relationships. *Violence Against Women*, *28*(14), 3415–3437. https://doi.org/10.1177/10778012211054871

Wells, S. A., Fleury-Steiner, R., Miller, S. L., Camphausen, L. C., & Horney, J. A. (2023). Impacts of COVID-19 response on the domestic violence workforce. *Journal of Interpersonal Violence*. https://doi.org/10.1177/08862605231203

Wood, L., Wachter, K., Wang, A., Kammer-Kerwick, M., & Busch-Armendariz, N. (2017). Technical Report. VOICE: Victim Services Occupation, Information, and Compensation Experiences Survey. https://sites.utexas.edu/idvsa/files/2019/03/VOICE-Technical-Report.pdf.

Author Biographies

Susan L. Miller is a professor in the Department of Sociology and Criminal Justice at the University of Delaware. Her research interests include gender-based violence, justice-involved women, victims' rights, gender and criminal justice policy.

Ruth Fleury-Steiner is an associate professor in the Department of Human Development and Family Sciences at the University of Delaware. Her research focuses on gender-based violence, with an emphasis on understanding interactions between individuals and service systems in order to improve system responses.

Lauren C. Camphausen is the academic program manager of the Master of Public Health Program at the University of Delaware. She has nearly a decade of experience working in a state domestic violence coalition.

Sarah A. Wells is a graduate research assistant in the Master of Public Health Program in Epidemiology at the University of Delaware.

Jennifer A. Horney is a professor and founding director of the Epidemiology Program and Core Faculty of the Disaster Research Center at the University of Delaware. Her research focuses on measuring the direct and indirect health impacts of disasters.