Research Article

Violence Against Women
2023, Vol. 29(3-4) 671–685

DOI: 10.1177/10778012221092469
journals.sagepub.com/home/vaw
SAGE

Online Guidance for Domestic Violence Survivors and Service Providers: A COVID-19 Content Analysis

Ruth Fleury-Steiner, PhD, Susan L. Miller, PhD, Lauren C. Camphausen, BA, Kaelyn F. Burns, MS, and Jennifer A. Horney PhD, MPH

Abstract

To assess COVID-19 information and services available to domestic violence service providers, survivors, and racially and culturally specific communities in the U.S., a content analysis of 80 national and state/territorial coalition websites was performed in June 2020. COVID-19 information was available on 84% of websites. National organizations provided more information for survivors related to safety and mental health and for racially and culturally specific communities. State/territorial coalitions provided more information for providers on COVID-19 and general disaster preparedness. COVID-19 and social distancing measures implemented to control it diminished help-seeking in unique ways. Greater online access to information and resources may be needed to address changing needs of survivors during disasters and emergencies.

Keywords

domestic violence, COVID-19, disaster, pandemic, content analysis

Introduction

Public health experts agreed the best approach to slowing the spread of COVID-19 in the U.S. was enacting social distancing measures, including community-level

University of Delaware, Newark, DE, USA

Corresponding Author:
Jennifer A. Horney, PhD, MPH, Epidemiology Program, University of Delaware, 100 Discovery Blvd, Room 731, Newark, DE 19713, USA.
Email: horney@udel.edu

nonpharmaceutical interventions such as stay-at-home or shelter-in-place orders, self-isolation and quarantine, and practicing personal physical distancing. However, there are vulnerable subpopulations, including victims of domestic violence (DV), for whom this approach is particularly problematic (Bouillon-Minois et al., 2020; Campbell, 2020). Data suggest rates of DV, which is rooted in patterns of coercive control, intimidation, and isolation (National Network to End Domestic Violence, n.d.; Stark, 2009), increased under social distancing and stay-at-home orders. Stay-at-home orders, whose purpose was to severely limit contact with and access to the outside world to control the spread of disease (Haynie, 2020; Kinkade, 2020; Mazza et al., 2020; Neil, 2020; Tolan, 2020), meant victims and survivors of DV were potentially isolated with their abusers and at risk for new (Leslie & Wilson, 2020) or escalating acts of violence (Kofman & Garfin, 2020).

The rising rates of DV since the implementation of stay-at-home orders globally (Bradbury-Jones & Isham, 2020) are consistent with hazards and disasters research more broadly. Positive associations and dose–response relationships between exposure to disasters or extreme events and rates of DV have been demonstrated following tsunamis, hurricanes, wildfires, earthquakes, and other types of disasters and emergencies (Fisher, 2010; Gearhart et al., 2018; Kofman & Garfin, 2020; Morrow, 1997; Parkinson & Zara, 2013) as well as after pandemics such as 2009 Novel Influenza A (H1N1) and outbreaks such as Ebola (Peterman et al., 2020). For example, following the Indian Ocean tsunami, qualitative interviews identified rape, sexual abuse, and molestation were a risk to women in camps for displaced people and temporary disaster shelters, and that these risks continued in the long term due to a lack of access to economic resources (Fisher, 2010). During the 2013 to 2015 Ebola outbreaks in West Africa, quarantines and school closures made women and girls vulnerable to DV, exploitation, and abuse, while limiting their ability to access community-based support (Schwartz et al., 2019). The increase in rates of DV observed during disasters and pandemics may be associated with isolation, unemployment, or economic- or disaster-associated stressors (Leslie & Wilson, 2020). It should be noted that natural disasters provide a different emergency context than does a pandemic; however, both pandemics such as COVID-19 and other disasters may have similar implications with regard to increasing rates of DV.

The provision of guidance and the continuity of service provision by DV organizations is one way to potentially reduce the impacts of disasters generally (Fothergill, 1996) and of COVID-19 (Bradbury-Jones & Isham, 2020) since DV agencies play a key role in providing support, referrals, and accompaniment in navigating other community resources for both DV service providers and victims. To ensure victims are able to get information (e.g., health information, general disaster preparedness, and response information) and services, DV organizations often rely on partnerships with and referrals from other organizations and care providers (e.g., Coulthard et al., 2020). However, the effectiveness of interventions for survivors depends on many factors that may be compromised due to COVID-19 and the response to it at both the individual and organizational levels (Massa et al., 2020). Specifically, in response to both natural disasters and the COVID-19 pandemic, key community resources may face closure due to public health emergency orders, limitations related to staff safety

and availability, and reduced funding (Usher et al., 2020). These disruptions emphasize the need for alternative approaches to the management of DV during the pandemic (Chandan et al., 2020).

The delivery of sensitive information, such as information related to DV services, through online platforms is becoming increasingly popular as an alternative to face-to-face communication (Hegarty et al., 2019; Tarzia et al., 2016). Therefore, due to the challenges COVID-19 has created in disseminating information, the delivery of information and guidance for individuals impacted by DV through national-level and state/territorial-level DV organizations' websites may be important. However, an analysis of the content made available to individuals impacted by DV on DV organizations' websites during a pandemic such as COVID-19 has not been conducted. The purpose of the current study was to examine the prevalence and type of information national and state/territorial DV organizations in the U.S. provided to direct service providers, to survivors, and to racially and culturally specific communities through their websites. This type of online information may have supported continued service provision during the initial 3 months of the COVID-19 response when stay-at-home orders, social distancing, and limitations on the provision of even essential in-person services for survivors were still in place, and maybe important in future post-disaster periods when services are interrupted.

Methods

A content analysis of a complete census of national DV resource center websites ($n = 24$) and state/territorial DV coalition websites ($n = 56$) was performed in June 2020 to identify what COVID-19-related information these websites were providing to service providers, survivors, and racially and culturally specific communities. Websites were identified for inclusion by reviewing the list of federally funded national resource centers and state/territorial coalitions maintained by the U.S. Department of Health and Human Services. In the U.S., national-level organizations receive funding from the U.S. Department of Health and Human Services and operate as part of a network of DV resource centers, working to strengthen population-level change through promoting culturally specific policies that support DV victims, supporting national-level programs such as the National DV Hotline, and sharing information on best practices, research, and victim services. State/territorial-level coalitions are also designated by the U.S. Department of Health and Human Services and work directly with local organizations and individuals to provide services such as safety planning and financial education directly to their community with the goal of supporting survivors and advocates. Lists of DV resource centers and state/territorial coalitions can be found on the U.S. Department of Health and Human Services' Family and Youth Services Bureau website and the U.S. Department of Justice's Office on Violence Against Women website.

The only inclusion criteria for the content analysis were that the federally funded DV resource centers or state/territorial DV coalitions had a website with COVID-19-related resources and information. A total of 80 websites, 24 national-level organization websites and 56 state/territorial-level organization websites, were initially reviewed. After

an initial screening, 13 websites were determined to lack any COVID-19-related information and were excluded from the analysis. Seventeen national-level organization websites and 50 state/territorial-level organizations met the inclusion criteria, for a total of 67 websites included in the content analysis.

Initial coding was conducted independently by two trained graduate students and 18% (12 of 67) of the websites were double coded to assess interrater reliability. Discrepancies in coding were resolved through further review until both coders agreed that the coding appropriately reflected the content and availability of data. Data available on the websites were categorized into three groups defined by the research team a priori based on their subject matter expertise and a review of the literature (White & Marsh, 2006): information and resources for DV service providers, information and resources for DV survivors, and information and resources for DV survivors of culturally and racially specific communities (Table 1). Prior research demonstrates culturally and racially specific communities are notably disadvantaged in regard to accessing DV-related resources in both normal times and during disasters and emergencies due to structural inequalities and, for that reason, this information was analyzed separately (Enarson, 1997; Rao, 2020). Data for the three groups were coded as present or absent only; no consideration was given to the extent or quality of the information (e.g., educational level of material, diversity of images, or cultural cues) beyond a basic assessment of its relevance due to the desire to rapidly collect potentially perishable data.

Inductive or open coding (i.e., codes were not predetermined) was used to identify codes in the information provided on the websites. Codes identified for DV service providers included COVID-19-specific information, COVID-19 health information, general disaster preparedness and response information, shelter-based service delivery information, technology-based service delivery information, funding information, and organizational policy information. Codes identified for individuals, including DV survivors, included safety and services information, firearm-related information, information on supporting children, and mental health information. Finally, codes identified for racially or culturally specific communities, including racially or culturally specific information for providers and survivors, were assessed.

Results

Information and Resources for DV Service Providers

Of 17 national-level organizations that had information available on their websites regarding COVID-19, 52.9% (9 of 17) had COVID-19 health-related information displayed specifically for DV service providers. Three of those nine websites (33.3%) provided a link to the Centers for Disease Control and Prevention (CDC) COVID-19 website to redirect their website visitors, instead of providing their own COVID-19 health information. Forty-seven percent (8 of 17) of organizations provided information about general disaster preparedness and response guidance for providers. Service delivery information was divided into two types, shelter-based and technology-based, with 14 of the 17 organizations (82.4%) providing shelter-based service delivery information

Table 1. Categories and Types of Information and Resources Available Online.

Information and resources for domestic violence service provider (yes/no/unclear)	Information and resources for domestic violence survivors (yes/no/unclear)	Information and resources for domestic violence survivors of culturally and racially specific communities (yes/no/unclear)
COVID-19 health information "Reach out to your local health department. Make contact with health officials in your county who can provide guidance as the situation changes. Review your agency's protocols for influenza or other infectious disease prevention. Following these guidelines will be helpful to preventing the spread of COVID-19."	Safety information for survivors "Staying home due to COVID-19 may be unsafe for people experiencing abuse. Resources are available 24/7 and domestic violence programs across Utah are working tirelessly to help people plan for their safety. Now is also an important time to actively reach out to friends, family, and community to help survivors and their children who may be feeling afraid and isolated. Simply reaching out can be incredibly helpful to break the isolation pattern. For tips and tools on how family, friends and others can stay connected during this time, call our 24-hour LINKLine: 1-800-897-LINK (5465)."	Racial and culturally specific information for providers "Experts from the Shriver Center, NILC, CLASP, NHeLP and FRAC will provide an overview of policy options that states can use to include the immigrant community in their COVID-19 relief. Learn about emergency Medicaid coverage of COVID-19 testing and treatment and Pandemic-EBT food support, with a deep dive into their public charge implications."
General disaster preparedness and response guidance "Coordinate with staff to make sure everyone knows how to implement your organization's disaster management and preparedness plan."	Firearm-related information for survivors "An abuser's access to firearms can determine a victim's chances of survival; domestic violence firearm prohibitions and removal laws save lives. A court issuing a final domestic violence protective order may prohibit the person subject to the order (respondent) from using or possessing a deadly weapon and may direct the respondent to surrender any firearms they own or	Racially and culturally specific information for survivors "Weekly Queer-Antine virtual gatherings: Share in community with other QTBIPOC (queer, trans, black indigenous, other people of color) and LGBTQ+ (lesbian, gay, bi, trans, queer+) folks in this time of COVID-19. All community members (regardless if you identify as a survivor or

(continued)

Table 1. (continued)

Information and resources for domestic violence service provider (yes/no/unclear)	Information and resources for domestic violence survivors (yes/no/unclear)	Information and resources for domestic violence survivors of culturally and racially specific communities (yes/no/unclear)
	possess if the court finds the respondent was in the actual possession of or used a weapon during the commission of domestic violence and may require the removal of firearms from the subject of the order.	not) are welcome to join in supporting each other and strengthening our social bonds."
Shelter-based service delivery information "At the current time, we do not recommend holding in-person support groups. Shelters can look into the possibility of holding groups using technologies such as zoom, that allow people to connect but be in separate spaces. We do not recommend starting to offer in person groups until we have either much wider spread testing such that we understand if people have COVID or until there is a vaccine or effective therapeutic available."	Protection order information "To date, Maine's courts have prioritized maintaining the availability of protection order hearings. However, there are significant additional barriers to seeking an order at this time. Many courts are operating on reduced hours. The lack of remote/electronic access for filing petitions and participating in hearings leaves survivors trapped between risking their health by going to the courthouse or risking their safety by not doing so. Accordingly, we have seen a steep decline in orders filed since the crisis began."	
Funding information "The COVID-19 pandemic has not only impacted our daily lives, but it has also caused a disruption to our economy and the income of many Iowans. The Emergency Relief Fund provides assistance with one-time, $500 grants to small business	Information for supporting children "…150+ enrichment activities for children while caregivers are working remotely, coded/categorized by age, screen or not, how much supervision, etc. (I love this and others have told me it's helpful to them as well)."	

(continued)

Table 1. (continued)

Information and resources for domestic violence service provider (yes/no/unclear)	Information and resources for domestic violence survivors (yes/no/unclear)	Information and resources for domestic violence survivors of culturally and racially specific communities (yes/no/unclear)
owners and individuals who are experiencing financial hardship due to the COVID-19 pandemic."		
Organization policy-related information "Families First Coronavirus Response Act: Employee Expanded Family and Medical Leave Rights – Impact on DV/SA Agencies"	Mental health-related information "Keeping up with kids mental health during coronavirus."	

and 15 of the 17 organizations (88.2%) providing technology-based service delivery information. Information regarding funding was provided on 11 of the 17 websites (64.7%). Lastly, organization policy-related information was provided on 47.1% of the websites (8 of 17).

While similar to national-level organizations, the number of state/territorial-level organizations that provided COVID-19 health-related information was slightly higher at 68.0% (34 of 50). The number of organizations that provided general disaster preparedness and response guidance was also higher at 56.0% (28 of 50). However, for the rest of the information available to DV service providers, the state/territorial-level organizations had less information available than those at the national level. The percentage of websites that provided shelter-based service delivery information and technology-based service delivery information was 40.0% (27 of 50) and 54.0% (27 of 50), respectively. Half of the organizations' websites provided funding information (25 of 50, 50.0%). Finally, organization policy-related information was provided by 44.0% or 22 of the 50 state/territorial-level organizations.

Information and Resources for DV Survivors

Information and resources provided on the reviewed organizations' websites were also designed for individuals who are survivors of DV. Of the national-level organizations that provided COVID-19-related information on their websites ($n = 17$), 14 websites (82.4%) provided safety and/or service information and 3 websites (17.7%) provided firearm-related information for DV survivors. Of 14 organizations that provided safety and/or service information, 5 (35.7%) provided legal and court systems information on their websites. Most websites (14 of 17, 82.4%) provided information and guidance for individuals concerning supporting their children. Mental health-related information was provided by 11 of the 17 organizations (64.7%). Four of 17 national-level organizations (23.5%) provided information regarding financial assistance during the pandemic, including one website that provided a guide to budgeting during COVID-19.

The state/territorial-level organizations' websites had slightly less COVID-19-related information created for DV survivors across most categories. Of the 50 state-level organizations that provided COVID-19-related information, 37, or 74.0%, provided safety and/or service information for survivors of DV, with 18 of those 37 (48.7%) providing legal and court-specific resources. Firearm-related information for survivors was provided by only 4% of the websites (2 of 50). Fifty-six percent of the websites (28 of 50) provided information for supporting children, and mental health-related information was provided on just under half of the websites (24 of 50, 48.0%). Of the state/territorial-level organizations, 22.0% (11 of 50) provided financial resources including information on COVID-19 stimulus checks, unemployment assistance, and information on how to use Supplemental Nutrition Assistance Program benefits.

Information and Resources for Racially and Culturally Specific Communities

The majority of reviewed national-level organizations, in addition to providing resources for all DV survivors during the COVID-19 pandemic, provided resources

for survivors within racially and culturally specific communities (12 of 17, 70.6%). All 12 organizations had information available for health care providers caring for DV survivors within racially and culturally specific communities as well. Five of the 12 websites (41.7%) provided resources for immigrant DV survivors, three (25.0%) provided resources for undocumented DV survivors, five (41.7%) provided resources specific to tribal communities, and seven (58.3%) provided resources translated into multiple languages including some endangered native languages. Additional resources have been created by the majority of organizations (9 of 12, 75.0%) for DV survivors of color, including resources for Black pregnant women and information about racial equity issues happening concurrently with COVID-19. Organizations also created resources specifically for the LGBTQ+ community, with five of the 12 organizations (41.7%) supporting LGBTQ+ survivors of DV during COVID-19.

State/territorial-level organizations provided less information across most categories specific to racially and culturally specific communities in comparison to national-level organizations. Of 50 state/territorial-level organizations that provided COVID-19 information, 24 (48.0%) provided racially and culturally specific information for DV service providers and 33 (66.0%) provided information to DV survivors within racially and culturally specific communities. Of 33 websites that provided information intended for survivors of DV, three (9.1%) provided information for undocumented survivors and three (9.1%) provided information for tribal communities. Slightly more state/territorial-level organizations provided information for immigrant DV survivors than the national-level organizations (15 of 33, 45.5%). Two-thirds of 33 total organizations ($n = 22$, 66.7%) stated that they translated their COVID-19-related resources for DV survivors into multiple languages. Thirteen of 33 organizations (39.4%) also created resources for individuals of color, fewer than the national-level organizations. Resources for DV survivors of color included how to address racism, stigma, and discrimination during COVID-19. Finally, six of 33 organizations (18.2%) created resources targeted to the needs of DV survivors in the LGBTQ+ community during COVID-19.

Discussion

Although DV systems and agencies have reported low levels of general emergency preparedness and planning in prior studies (Brown, 2009; True, 2013), they have indicated a strong interest in increasing disaster readiness (Enarson, 1999). With the COVID-19 pandemic, availability of and access to existing specialized DV services and related resources (e.g., legal/court services and social services) for victims and survivors may be diminished (Moreira & Pinto da Costa, 2020). Thus, timely dissemination of COVID-19-related information and guidance for DV service providers and survivors, including racially and culturally specific information, which can be accomplished through DV organization websites, is paramount. Overall, the majority of national and state/territorial DV organizations developed and disseminated timely COVID-specific information to support DV providers and DV survivors in responding to the public health crisis and navigating the unique challenges presented by public

health measures enacted. This study demonstrated that the network of websites at the national and state/territorial level exists to be leveraged in the future to disseminate information developed out of research and adapted into best practices implemented during COVID-19 and future disasters.

Factors that have previously been associated with increased risk of DV, including isolation, economic stress, disaster-associated stressors, and expanded access to firearms, may be magnified through COVID-19 and stay-at-home orders (Duncan et al., 2020; Leslie & Wilson, 2020). Additionally, the increase in rates of DV observed during disasters and pandemics has been proposed to be related to triggering dominant masculinity responses (Connell, 2005), sympathizing with traumatized men, and in turn excusing violence (Anastario et al., 2009; Parkinson & Zara, 2013), and changes in family and community dynamics that lead to violence and lessen access to advocates (Peterman et al., 2020). Further, communities of color and lower-income communities have been disproportionately impacted by the COVID-19 pandemic, with higher rates of infection, hospitalization, and death (CDC n.d.). The risks to DV victims are exacerbated for those facing immigration issues, structural racism, and anti-LGBTQ bias (Viveiros & Bonomi, 2020). However, after disasters and emergencies, the continuity of the provision of services in line with DV agencies' missions has been shown to improve outcomes (Enarson, & Chakrabarti, 2009; Roeder et al., 2014). Therefore, utilizing alternative approaches for making guidance available to those impacted by DV is especially important during COVID-19.

Prior studies have called for greater access to information and other resources that can increase safety and help-seeking options for DV survivors in disasters and emergencies (First et al., 2017; Fothergill, 1996), which led to the present study assessing the availability of online information and resources during the early COVID-19 pandemic. While the majority of websites developed COVID-19-related information for DV providers and survivors, state/territorial-level organizations' websites consistently provided less information for DV survivors and for racially and culturally specific communities than national-level organizations. State/territorial-level DV organizations exist to provide information directly to DV providers and survivors in their communities, while national-level organizations typically provide information more broadly. It would be beneficial for more state/territorial DV organizations to provide information to their local communities as victims and providers of DV look to these organizations for guidance and support. For example, locally relevant information about COVID-19 prevalence, access to testing sites, public health emergency regulations, or changes to procedural or statutory frameworks, among other topics, would be important for state/territorial websites to provide.

Increased demand for information and services continues well beyond the initial onset of a disaster. Therefore, it is important that national resource centers and state/territorial coalitions continue to provide updated COVID-19 information for their communities as the pandemic evolves and guidance changes. For example, information on the safety, efficacy, and availability of COVID-19 vaccines and how they will impact DV agencies and survivors needs to be provided. Recovery from disasters and emergencies is not linear and the continuity of the provision of information and services in line with DV

agencies' missions can improve long-term outcomes. After Hurricane Katrina, DV survivors reported heightened levels of violence and increased demand for information and services that continued well beyond the disaster response and initial recovery stages (Brown, 2009; Jenkins & Phillips, 2008). In a study of DV programs across the U.S. and Canada, agencies in areas most severely impacted by disasters had the largest increases in demand for services one year after the disaster, while at the same time having more limited organizational resources in the ongoing post-disaster period (Enarson, 1999).

This study has several important limitations. Although prior studies have called for greater access to information for DV survivors to increase safety or expand help-seeking options, greater access to online information alone cannot ensure this. The content analysis of websites revealed variation in the breadth and level of sophistication of organizations' overall websites, apart from COVID-19 information, meaning that the presence and scope of COVID-19 information were likely dependent on the quality of the organization's website and the role the coalitions played prior to the pandemic. The quality of the information and resources shared on the reviewed websites was not analyzed as part of this content analysis. The content analysis captured cross-sectional data at a single point in time and does not reflect changes or alterations that may have occurred given the rapidly changing local context of COVID-19 across several subsequent regional surges of infection across the U.S. As of this writing, some websites have already moved or removed information. The websites included in the review include only federally designated DV resource centers and state/territorial coalitions and are not exhaustive of all DV organizations that could provide information and resources. The utility of the information on websites may be particularly limited for some survivors as they may not have access to the internet or the ability to browse privately and safely. However, wider dissemination of online information related to DV and COVID-19 may reach friends and family of survivors, in addition to professionals.

Conclusion

While public health control measures such as stay-at-home orders and social distancing are crucial for combating the spread of COVID-19, DV risks increase as victims face isolation from support networks and sudden changes to existing community-based services (Taub, 2020). National DV resource centers and state/territorial coalitions' websites can be a useful source of accessible information for victims, service providers, and communities who are disproportionally impacted by the COVID-19 pandemic. While the current analysis demonstrates both the depth and breadth of information that was available in real-time, it also shows the wide variability of information available across organizations. Disaster preparedness and response requires effective and efficient system-level communication and coordination, which has been shown to positively affect preparedness and response through communication, education, and strengthened organizational relationships pre-disaster (Kapucu, 2008); organizational websites and networks of national DV organizations and state/territorial coalitions

can be a source of accurate and accessible information that can save lives. Future research should examine in more depth the utility of that information to both service providers and survivors as well as how the utilization of this information impacted outcomes during the COVID-19 pandemic.

Acknowledgments

The authors would like to acknowledge data collection assistance from Daniela Ben-Eliezer, Mollie Marine, and Gaston Casillas.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by the National Science Foundation-funded Social Science Extreme Events Research (SSEER) Network and the CONVERGE facility at the Natural Hazards Center at the University of Colorado Boulder (NSF Award #1841338).

ORCID iDs

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

References

Anastario, M., Shehab, N., & Lawry, L. (2009). Increased gender-based violence among women internally displaced in Mississippi 2 years post-hurricane Katrina. *Disaster Medicine and Public Health Preparedness*, *3*(1), 18–26. https://doi.org/10.1097/DMP.0b013e3181979c32

Bouillon-Minois, J.-B., Clinchamps, M., & Dutheil, F. (2020). Coronavirus and quarantine: Catalysts of domestic violence. *Violence Against Women*. https://doi.org/10.1177/1077801220935194

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, *29*(13–14), 2047–2049. https://doi.org/10.1111/jocn.15296

Brown, B. L. (2009). *Organizational response and recovery of domestic violence shelters in the aftermath of disaster*. University of Delaware.

Campbell, A. M. (2020). An increasing risk of family violence during the COVID-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International. Reports*, *2*, 100089. https://doi.org/10.1016/j.fsir.2020.100089

Centers for Disease Control and Prevention. (n.d.). *Risk for COVID-19 infection, hospitalization, and death by Race/Ethnicity*. Centers for Disease Control and Prevention. Retrieved March 29, 2022, from https://www.cdc.gov/coronavirus/2019- ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Chandan, J. S., Taylor, J., Bradbury-Jones, C., Nirantharakumar, K., Kane, E., & Bandyopadhyay, S. (2020). COVID-19: A public health approach to manage domestic violence is needed. *Lancet Public Health*, *5*(6), e309. https://doi.org/10.1016/S2468-2667(20)30112-2

Connell, R.W. (2005). *Masculinities*. University of California Press.

Coulthard, P., Hutchison, I., Bell, J. A., Coulthard, I. D., & Kennedy, H. (2020). COVID-19, domestic violence and abuse, and urgent dental and oral and maxillofacial surgery care. *British Dental Journal*, *228*(12), 923–926.

Duncan, T. K., Weaver, J. L., Zakrison, T. L., Bellal, J., Campbell, B. T., Christmas, A. B., Stewart, R. M., Kuhls, D. A., & Bulger, E. M. (2020). Domestic violence and safe storage of firearms in the COVID-19 era. *Annals of Surgery*, *272*(2), e55–e57. https://doi.org/10.1097/SLA.0000000000004088

Enarson, E. (1997). *Responding to domestic violence and disaster: Guidelines for women's services and disaster practitioners*. University of British Columbia, Disaster Preparedness Resource Centre.

Enarson, E. (1999). Violence against women in disasters: A study of domestic violence programs in the United States and Canada. *Violence Against Women*, *5*(7), 742–768. https://doi.org/10.1177/10778019922181464

Enarson, E., & Chakrabarti, P. D. (Eds.) (2009). *Women, gender and disaster: Global issues and initiatives*. SAGE Publications India.

First, J. M., First, N. L., & Houston, J. B. (2017). Intimate partner violence and disasters: A framework for empowering women experiencing violence in disaster settings. *Affilia*, *32*(3), 390–403. https://doi.org/10.1177/0886109917706338

Fisher, S. (2010). Violence against women and natural disasters: Findings from post-tsunami SriLanka. *Violence Against Women*, *16*(8), 902–918. https://doi.org/10.1177/1077801210377649

Fothergill, A. (1996). Gender, risk, and disaster. *International Journal of Mass Emergencies and Disasters*, *14*(1), 33–56.

Gearhart, S., Perez-Patron, M., Hammond, T. A., Goldberg, D. W., Klein, A., & Horney, J. A. (2018). The impact of natural disasters on domestic violence: An analysis of reports of simple assault in Florida (1999–2007). *Violence and Gender*, *5*(2), 87–92. http://doi.org/10.1089/vio.2017.0077

Haynie, D. (2020, March 30). *Crime hasn't spiked during COVID-19 outbreak – yet*. U.S. News. https://www.usnews.com/news/national-news/articles/2020-03-30/coronavirus-quarantines-spark-drop-in-crime-for-now

Hegarty, K., Tarzia, L., Valpied, J., Murray, E., Humphreys, C., Taft, A., Novy, K., Gold, L., & Glass, N. (2019). An online healthy relationship tool and safety decision aid for women experiencing intimate partner violence (I-DECIDE): A randomised controlled trial. *Lancet Public Health*, *4*(6), e301–e310. https://doi.org/10.1016/S2468-2667(19)30079-9

Jenkins, P., & Phillips, B. (2008). Battered women, catastrophe, and the context of safety after hurricane Katrina. *NWSA Journal*, *20*(3), 49–68. https://muse.jhu.edu/article/256898/pdf?casa_token=1BRKFwqhPTAAAAAA:fXegNCnsOd0aqj4IAm-hhgLPNNU1SkL8VKt3do69CBI1AgH2TIjPFXE-q-ZHn2LWmGpBaR2fIw

Kapucu, N. (2008). Collaborative emergency management: Better community organising, better public preparedness and response. *Disasters*, *32*(2), 239–262. https://doi.org/10.1111/j.1467-7717.2008.01037.x

Kinkade, T. (2020, April 5). Police see rise in domestic violence calls amid coronavirus lockdown. https://www.nbcnews.com/news/us-news/police-see-rise-domestic-violence-calls-amid-coronavirus-lockdown-n1176151

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

Leslie, E., & Wilson, R. (2020). Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. *Journal of Public Economics*, *189*, 104241.

Massa, A. A., Maloney, M. A., & Eckhardt, C. I. (2020). Interventions for perpetrators of intimate partner violence: an I3 model perspective. *Partner Abuse*, *11*(4), 437–446.

Mazza, M., Marano, G., Lai, C., Janiri, L., & Sani, G. (2020). Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Research*, *289*, 113046. https://doi.org/10.1016/j.psychres.2020.113046

Moreira, D. N., & Pinto da Costa, M. (2020). The impact of the Covid-19 pandemic in the precipitation of intimate partner violence. *International Journal of Law and Psychiatry*, *71*, 101606. https://doi.org/10.1016/j.ijlp.2020.101606

Morrow, B. H. (1997). Stretching the bonds: The families of Andrew. In W. G. Peacock, B. H. Morrow, & H. Gladwin (Eds.), *Hurricane Andrew: Ethnicity, gender, and the sociology of disasters* (pp. 141–170). Routledge.

National Network to End Domestic Violence. (n.d.). What is domestic violence? https://nnedv.org/content/frequently-asked-questions-about-domestic-violence/#whatisdv

Neil, J. (2020). Domestic violence and COVID-19: Our hidden epidemic. *Australian Journal of General Practice*, *49*.

Parkinson, D., & Zara, C. (2013). The hidden disaster: Domestic violence in the aftermath of natural disaster. *Australian Journal of Emergency Management*, *28*(2), 28.

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020). Pandemics and violence against women and children. https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/05/press/pandemics-and-violence-against-women-and-children/pandemics-and-vawg-april2.pdf

Rao, S. (2020). A natural disaster and intimate partner violence: Evidence over time. *Social Science & Medicine (1982)*. *247*, 112804. https://doi.org/10.1016/j.socscimed.2020.112804

Roeder, L. W. (2014). *Issues of gender and sexual orientation in humanitarian emergencies: Risks and risk reduction*. Springer.

Schwartz, D. A., & Anoko, J. N. (2019). *Pregnant in the time of ebola: Women and their children in the 2013-2015 West African epidemic*. Springer.

Stark, E. (2009). *Coercive control: The entrapment of women in personal life*. Oxford University Press.

Tarzia, L., Murray, E., Humphreys, C., Glass, N., Taft, A., Valpied, J., & Hegarty, K. (2016). I-DECIDE: An online intervention drawing on the psychosocial readiness model for women experiencing domestic violence. *Women's Health Issues*, *26*(2), 208–216. https://doi.org/10.1016/j.whi.2015.07.011

Taub, A (2020). *A new Covid-19 crisis: Domestic abuse rises worldwide. The New York Times*, *6*.

Tolan, C. (2020, April 4). Some cities see jumps in domestic violence during the pandemic. https://www.cnn.com/2020/04/04/us/domestic-violence-coronavirus-calls-cases-increase-invs/index.html

True, J. (2013). Gendered violence in natural disasters: Learning from New Orleans, Haiti and Christchurch. *Aotearoa New Zealand Social Work*, *25*(2), 78–89. https://doi.org/10.11157/anzswj-vol25iss2id83

Usher, K, Bhullar, N, Durkin, J, & Gyamfi, N (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*. doi: 10.1111/inm.12735

Viveiros, N., & Bonomi, A. E. (2020). Novel Coronavirus (COVID-19): Violence, reproductive rights and related health risks for women, opportunities for practice innovation. *Journal of Family Violence*, 1–5.

White, M. D., & Marsh, E. E. (2006). Content analysis: A flexible methodology. *Library Trends*, *55*(1), 22–45. https://doi.org/10.1353/lib.2006.0053

Author Biographies

Ruth Fleury-Steiner is an associate professor of human development and family science at the University of Delaware. Her research focuses on gender-based violence and has examined the ways in which civil, criminal, and healthcare system responses to intimate partner violence and abuse can be improved.

Susan L. Miller is a professor of sociology and criminal justice at the University of Delaware. Her research includes gender-based violence, justice-involved women, victims' rights, gender and criminal justice policy. Her most recent work is focused on resilience and self-efficacy among long-term survivors of intimate partner abuse and violence.

Lauren C. Camphausen is director of the Master of Public Health program at the University of Delaware. She previously served as the director of prevention, DELTA and prevention coordinator, and empowerment evaluator at the Delaware Coalition Against Domestic Violence.

Kaelyn F. Burns is a doctoral student in the department of epidemiology and environmental health at the University at Buffalo. Her research focuses on the pathways between poor diet and atherosclerosis among older women.

Jennifer A. Horney is 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 health impacts of disasters and public health emergencies.