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COVID-19 Pandemic Impact on United States Intimate Partner Violence Organizations: Administrator Perspectives

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Abstract

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Declarations

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Purpose—The COVID-19 pandemic has increased challenges to intimate partner violence (IPV) service provision. This study aimed to explore administrative perspectives on the impacts of the COVID-19 pandemic on United States regional and national IPV service organizations.

Methods—We interviewed 35 administrators working within state, regional, or national organizations addressing IPV. Interview domains included (1) organizational response to COVID-19, including communication and supporting employees and partner agencies, (2) impact on marginalized communities, and (3) resource needs. We used a hybrid deductive-inductive approach and thematic analysis for coding and analysis.

Results—We identified four key themes: (1) COVID-19 worsened pre-existing challenges and created new challenges at multiple levels within IPV service organizations; (2) IPV service organizations initiated multi-level initiatives to support IPV survivors, their staff, their organization, and their member/partner agencies; (3) Organizations identified changes that should continue beyond the pandemic; and (4) Systemic racism compounded the impact of COVID-19 on IPV survivors and IPV service agencies.

Conclusions—Findings suggest that (1) multi-level responses are needed for robust support of IPV survivors during and beyond the pandemic and (2) a syndemic model that addresses underlying structural inequities may strengthen efforts to support IPV survivors during a pandemic or other large-scale disaster.

Keywords

Intimate partner violence; COVID-19 pandemic; Policy; Qualitative

Introduction

Intimate partner violence (IPV) is a global public health challenge that was compounded by the COVID-19 pandemic. IPV may include multiple types of abuse, such as physical, sexual, and psychological abuse, reproductive coercion, and stalking (ACOG 2013; Breiding et al., 2015). Pre-pandemic estimates suggest that one in three women and one in five men globally experience IPV during their lifetime (World Health Organization, 2010; Kolbe & Buttner, 2020). Evidence suggesting increased prevalence and severity of IPV during the COVID-19 pandemic prompted the United Nations (UN) to call for national governments to incorporate mechanisms to support IPV survivors into pandemic response plans (Vaeza, 2020). Subsequently, evidence demonstrated increasing incidence and severity of IPV during the pandemic, particularly when shelter-in-place-orders were in effect and, at times, persisting beyond termination of such orders (Bullinger et al., 2020; Leslie & Wilson, 2020; Mohler et al., 2020; Piquero et al., 2021; Ravindran & Shah, 2020; Sharma & Borah, 2020). Evidence also suggests that the pandemic facilitated new forms of abuse, such as stealing or withholding COVID-19 relief payments, preventing use of personal protective equipment, or refusing to allow survivors who are healthcare or other essential workers to see their children (Bergman et al., 2021; Lyons & Brewer, 2021; Ragavan et al., 2021). The observed changes in IPV patterns during the pandemic were likely the result of multiple factors, including increased time at home with abusive partners, isolation from social supports, and increased economic and social stressors due to both COVID-19 and

stay-at-home measures implemented to mitigate impact of the pandemic (Sharma & Borah, 2020).

The impact of the COVID-19 pandemic on IPV mirrors the increase in IPV seen in the wake of large-scale natural disasters (Sety et al., 2014). Schumacher et al. (2010) saw increased reports of psychological IPV among men and women and increased physical IPV among women after Hurricane Katrina. A nine-year period of data from the Florida Department of Law Enforcement and the Federal Emergency Management Agency revealed that longer-lasting exposure to natural disaster was associated with increased reports of IPV assault (Gearhart et al. 2018). Victim services agencies face challenges meeting survivor needs during such times (Sety et al., 2014).

Unsurprisingly, as the needs of IPV survivors increased during the pandemic, so did demands on IPV service providers and agencies, with increased challenges to service provision. Housing availability, for example, decreased as shelters closed or capacity decreased to accommodate COVID-19 mitigation measures (Nnawulezi & Hacksaylo, 2021). IPV agencies had to adopt new mechanisms for resource provision and added new tasks such as dissemination of COVID-related health information for IPV survivors (Bergman et al., 2021; Garcia et al., 2021; Nnawulezi & Hacksaylo, 2021; Wood et al., 2020). Simultaneously, agencies were confronted with the impact of the pandemic on IPV advocates. Evidence suggests COVID-19 resulted in increased advocate stress and burnout, particularly among advocates belonging to historically marginalized groups (Garcia et al., 2021; Vives-Casas et la., 2021, Wood et al., 2020).

Studies suggest disproportionate impacts of the COVID-19 pandemic on IPV survivors in structurally marginalized communities, driven by multiple intersecting factors including racism, xenophobia, sexism, transphobia, ableism, and poverty (Finell et al., 2020, Khanlou et al., 2021; Lund, 2020; Ragavan et al., 2021, Sabri et al., 2020, Williams et al., 2021). An emerging body of literature reflects intersectionality in the context of the COVID-19 pandemic by describing COVID-19 as a syndemic (Khanlou et al., 2022; Poteat et al., 2020; Williams & Vermund, 2021). Initially coined in the context of substance abuse, violence, and HIV/AIDS, the term syndemic describes overlap between an epidemic and societal conditions creating disproportionate negative outcomes among certain populations. Pre-pandemic literature has described the syndemic nature of an increasing number of issues such as IPV and racism, and obesity, undernutrition, and climate change (Brennan et al., 2012; Hatcher et al., 2019; Swinburn et al., 2019; Wilson et al., 2014).

Current studies on IPV service provision during the COVID-19 pandemic focus largely on direct client service providers. Although this population offers critical and unique insights on IPV service provision during the pandemic, our understanding of the issues, challenges, and strategies used by IPV agencies in response to this global crisis may be augmented by the perspectives of IPV agency administrators, whose jobs focus on organizational operations and indirect rather than direct services. In a survey-based study, Nnawulezi and Hacskaylo (2021) found that primary pandemic-related concerns among a sample that included executive directors of IPV programs, IPV advocates and IPV program managers were residential program management, resource provision, keeping program staff safe and

well, and maintaining organizational operations. Administrators' perspectives on systems-level barriers and facilitators for supporting advocates and survivors during the COVID-19 pandemic are critical for informing policies and practices related to the pandemic and other emergency preparedness efforts. Thus, the aim of this study was to explore the perspectives of administrators at regional and national IPV organizations on the impacts of the COVID-19 pandemic on their work.

Methods

This study was part of a larger qualitative project exploring the impact of the COVID-19 pandemic on service provision for IPV and child maltreatment through the narratives, reflections, and perspectives of experts in victim services and advocacy (Garcia et al., 2021; Ragavan et al., 2021). We chose qualitative methods to elicit in-depth understanding through the words and experiences of these experts without imposed limitations on their responses (Giacomini & Cook, 2000; Sofaer, 1999). This paper focuses on semi-structured, individual interviews with administrators working within state, regional (i.e., areas within a state comprised of multiple cities or counties), or national organizations addressing IPV and their experiences and thoughts on COVID-19 and IPV service provision. We included organizations that provided no direct client services and those that did. Our study team included individuals from academic medical institutions, the American Academy of Pediatrics, Futures Without Violence, and the Division of Violence Prevention at the Centers for Disease Control and Prevention. Study team composition was intended to ensure diverse perspectives in design, recruitment, data collection, and analysis for this project. The University of Pittsburgh's Institutional Review Board approved this study.

Study Participants and Recruitment

Participation criteria were: (1) self-identified as an administrator (i.e., has leadership role and does not work directly with IPV survivors) at a U.S. organization addressing IPV at a regional, state, or national level, (2) 18 or more years of age, and (3) English-speaking. We identified potential participants initially using the study team's connections, relying in particular on Futures Without Violence, a national advocacy organization with extensive connections with state, regional, and national organizations addressing IPV. Snowball recruiting identified additional participants (Patton, 2015). We emailed potential participants to briefly introduce the study. Interested individuals contacted the study team for additional information and to schedule an interview. To obtain diverse perspectives, we invited participation from organizations known to serve high proportions of IPV survivors from communities that have been marginalized.

Data Collection

One trained team member conducted all interviews using a semi-structured interview guide developed by the study team. We iteratively revised the guide during data collection to facilitate exploration of emerging topics. Interview domains relevant to this study were: (1) organizational response to COVID-19, e.g., communication and supporting employees/partner agencies, (2) impact on marginalized communities, and 4) resource needs. We conducted audio-recorded interviews via Zoom®. Interviews were transcribed verbatim;

potentially identifying information was redacted. Interviews lasted up to 60 min (average 45–60 min). We obtained verbal consent before the interview and provided a $30 gift card afterward.

During interview completion (October 2020-March 2021), pandemic mitigation efforts centered on social distancing/isolation, masking, and vaccination; increasing numbers of schools and other institutions returned to in-person activities in 2021. Concurrently, the U.S. experienced growing public awareness of the ongoing impacts of systemic racism, linked to COVID-19 health disparities and events such as police shootings and immigrant detention practices.

Data Analysis

We used a hybrid deductive-inductive approach and thematic analysis for analysis (Braun & Clarke 2008, Patton, 2015). Transcripts were uploaded to DeDoose (version 7.5.16) to facilitate an organized approach to coding and analysis. The coding team began with a codebook from analysis of IPV advocate interviews conducted as part of the larger project, to aid in identification of similarities and differences between advocate and administrative perspectives (Garcia et al., 2021; Ragavan et al., 2021). The codebook was iteratively refined throughout the analysis process. Each transcript was independently coded line by line by two trained coders. A third team member reviewed coding to identify discrepancies, which were resolved through discussion and transcript review during weekly full coding team meetings that included the two coders, discrepancy reviewer, and the lead investigator for this part of the study. Themes and subthemes were identified iteratively by the coding team as coding proceeded, then refined by the lead investigator after further review of the coding and transcripts upon coding completion. We used triangulation to ensure a comprehensive perspective of our data (Patton, 2015). Triangulation occurred through reflection and feedback on exemplar quotes and emerging themes at weekly multidisciplinary study team meetings. Additionally, we presented emerging themes and subthemes at shareholder meetings with 25 violence prevention and social service agency representatives after which participants provided feedback verbally or via the virtual meeting chat function in both full-group discussions and small-group breakout sessions.

We attended to four criteria for rigor in qualitative research (Forero et al., 2018). To establish credibility, we ensured that study team members had the requisite knowledge and skills, obtained feedback on the interview guide from violence prevention experts and victims service agency representatives, and maintained interview field notes. To ensure dependability, we had a clearly defined study protocol and maintained detailed data collection records and a coding audit trail. To ensure confirmability, our team collectively brought multiple personal and professional perspectives to this work and used investigator triangulation (i.e., consensus decision making, memos, field notes), data source triangulation (i.e., geographic variability among participants), and member checking around emerging themes and subthemes. To address transferability, we achieved data saturation and recruited from a national sample.

Results

We interviewed 35 administrators representing 31 organizations (state coalitions and regional organizations in 24 U.S. states and territories; 4 national organizations). Six participants self-identified as working at a culturally-specific organization (i.e., organizations serving a specific population with culturally responsive, tailored services); an additional six described that their organizations did not focus on any particular cultural group but offered specifically designed programs and services for IPV survivors belonging to structurally marginalized communities, recognizing that many aspects of identity (i.e., immigration status, limited-English proficiency, race) may be the target of systemic oppression. See Table 1 for additional detail.

We identified four key themes: (1) COVID-19 worsened pre-existing challenges and created new challenges at multiple levels within IPV organizations; (2) IPV organizations initiated multi-level initiatives to support IPV survivors, their staff, their organization, and their member/partner agencies; (3) Organizations identified changes to continue beyond the pandemic; and (4) Systemic racism compounded the impact of COVID-19 on IPV survivors and IPV service agencies.

Theme 1: COVID-19 Worsened Pre-Existing Challenges and Created New Challenges at Multiple Levels Within IPV Organizations

Participants shared that the COVID-19 pandemic both exacerbated challenges pre-dating the pandemic and created new challenges at multiple levels within their organizations. We identified five areas in which these challenges clustered, including direct service provision for IPV survivors, supporting their direct employees, supporting their member and partner agencies, navigating organizational finances, and shifting to virtual work.

Sub-Theme 1a: Challenges to Direct IPV Service Provision for Survivors—Pre-existing challenges such as communication barriers, supporting rural clients, and housing availability were compounded by the pandemic while new challenges, such as rapid transition to virtual services, arose concurrently. Supporting survivors through safe housing became increasingly challenging for multiple reasons. A participant shared, “Demand for shelter is through the roof. We have a lot of shelters with more than 100% increases in the request for shelter across the state.” (Participant 26 [P26]) Another participant described increasing difficulties due to public health practices needed during the pandemic, “Communal living was really challenging. . [Agencies] were having to place people in hotels and then provide wrap-around service. . placing people in hotels is a lot more expensive than sheltering them.“ (P30) Housing provision was difficult for some agencies even when funding was available to support housing options other than communal shelter: “There’s not a lot of turnover happening in rental housing in communities. . We’ve got two agencies that haven’t been able to spend a dime since July because they can’t find a landlord to work with. . They have the money.” (P26) The pandemic resulted in multiple additional barriers to housing survivors.

Participants also shared about added work required to continue in-person services: “Putting in a lot of safety precautions for those that do need to do the face-to-face services and

reducing the amount of people, having cleaning practices, the social distancing, all of that." (P24) The transition to remote service provision added additional challenges. For example, an administrator shared about the challenge of working remotely when "trying to figure out how to help [survivors who do not speak English] apply for unemployment over the phone in a different language when there's no interpreter available." (P3). Although strategies such as virtual platforms and personal protective measures addressed some pandemic-related barriers to supporting survivors, they also at times resulted in new barriers to overcome.

Sub-Theme 1b: Challenges to Supporting Direct Employees—Administrators also noted that the pandemic exacerbated challenges to employee wellbeing. For example, an administrator highlighted that although supporting employees was critical to the mission of her organization, she herself was experiencing pandemic stressors:

> We have to have that equilibrium where we are balancing all of it so that our employees have what they need so that they can provide to direct services because if not, direct services will be neglected because we have neglected our employees. . They are depleted. They are overwhelmed. . People are dying every day. . I have so many friends and family members that I know who have had COVID, who have succumbed, too, to COVID. That's overwhelming itself, coupled with the fact that I have to get up every morning and get on this laptop and work as if nothing affects me. (P18)

As the pandemic progressed, usual staff routines and supports were disrupted at that new pandemic-related stressors that impacted both frontline and administrative staff.

Sub-Theme 1c: Challenges to Supporting Member and Partner Agencies— Many participants' organizations provided technical assistance and other support to member and partner victim services agencies. Participants described new difficulties maintaining collaborative relationships with these agencies as the pandemic progressed. One shared the increasing challenges of maintaining connections with rural member agencies, noting the loss of connection that came from no longer spending time on the road to provide in-person support: "Rural Western [State] is not the same as [City, State]. It helps us to stay grounded, when we're traveling those farm roads for hours, of what this is like for programs. . You miss. . staying grounded in the reality of what programs and survivors are up against" (P24). Another participant described how role-related differences in COVID-19 risk created new issues between their organization that provided technical support and their member agencies that provided direct client services: "The tensions before didn't exist. The difference was not, if you work in the member agencies on the ground, you're putting your life at risk. If you work at the coalition, you get to stay home and do your job there. . it's not a gap you can bridge very easily. It showed up and it continues to show up in a lot of different ways" (P26). The pandemic resulted in harm to the connections and relationships that facilitate the work of supporting survivors.

Participants noted that information gaps and frequently changing recommendations made their work to support direct service agencies more difficult. One participant responsible for writing policy for IPV service agencies noted, "I don't think we ever felt like we got great information, honestly, I have to say, on how to keep our shelters open and keep

them safe. We're still not getting great information about how to deal with. . vaccinated versus non-vaccinated, and masks, and survivors of trauma who are triggered by wearing masks" (P34). Frequent policy and public health changes resulted in ongoing challenges. A participant shared the cumulative impact of these changes, "We've got the new policies in place. Then, positivity rates go up or someone gets COVID. . whatever the latest piece is. It's that whiplash of continually adjusting, being flexible, changing, and. . the cumulative effects, over time, of isolation, of shifts, and sacrifices that people have had to make that are in the workforce" (P11). As this participant noted, each individual challenge to their work was experienced within the context of the multiple challenges created by the pandemic.

Sub-Theme 1d: Navigating Organizational Finances—Participants also noted new financial challenges as the pandemic progressed. Although funding such as the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a U.S. federal economic stimulus package, was beneficial, navigating access to such funding was difficult for some agencies. One participant shared, "There were certain programs that they just slipped through the cracks. . At first, they didn't even know they qualified, then they realized that they did, but it was too late. I don't know, it seems like it was a little bit of a mess." (P34) Another noted that pandemic-related stressors magnified issues in the existing system: "The states, if you did not have a well-operating bureaucratic structure, this just crashed it. That's our experience in < State>. We still do not have funds from the first CARES Act awarded. . Nothing like a crisis to [show] weaknesses in any system." (P20) This was another aspect of the work that pandemic created new and exacerbated existing challenges around.

The pandemic highlighted the often-narrow parameters stipulated by funding agencies. A participant noted that funding tied to shelter occupancy was at risk when COVID-19 restrictions limited shelter occupancy "because we have a per diem structure right now, which means that the programs can only stay open if they have occupancy." (P33) Another participant shared:

> There's been a lot of COVID funding lately that has come to us with a very short time frame in which to spend the funds. In the meantime, we're waiting for VAWA [Violence Against Women Act; U.S. federal funding for response to domestic and dating violence, sexual assault, stalking] to be re-authorized, and we're waiting for a VOCA [Victims of Crime Act; U.S. federal law funding state and local programs to assist crime victims] fix. Those are the foundational funding sources for IPV work. It's like saying, 'Well, here; have another piece of cheesecake. . but the main course isn't coming.'. . Organizations are trying to find a way to make the extra funding meet their basic needs as an organization, and it's not designed for that. When you have to [spend it] all within three months, you can't hire staff. You can't pay salaries. (P22)

Sub-Theme 1e: Shift to Virtual work—New challenges to accomplishing the organizations' work arose across multiple levels due to the need to rapidly shift to virtual platforms to enable continuity of service provision. This shift was more challenging when providing services for marginalized communities. A participant from an organization serving survivors with hearing impairment shared, "We had a big learning curve. . like

how are we making sure we're …[using] auto captioning or pinning our interpreters [when providing virtual services]" (P23) Another participant noted that pre-existing communication challenges related to rural location, technology inaccessibility, and language barriers were more significant barriers when services could only be provided virtually:

> I think that the communities out in the rural areas, particularly the communities where there are non-English speakers who work in big industries that, oftentimes, have people who are undocumented, I think that that has been really difficult to get [COVID-19] information out. . There are populations out there who don't have access to the Internet, don't have access to social media, may see things on their phone. . I don't think we have reached near the people that we need to. (P24)

Additionally, participants noted that virtual platforms at times made connecting with colleagues and partners challenging:

> The thing that I miss most is that physical contact and lookin' them right in the eye. We can say, 'Yes, I'm lookin' on virtual.' However, it's not the same when you have someone sitting next to you, and they begin to tear up. Just like yesterday, I wanted so bad to just hug her just to say, "Hey, I get it. I understand,' [pause] I'm getting all emotional. I am chokin' up. (P18)

Theme 2: IPV Organizations Initiated Multi-Level Initiatives to Support IPV Survivors, their Staff, their Organization, and their Member/Partner Agencies

Participants recognized that impacts of the pandemic and various mitigation policies were felt broadly at multiple levels across their organizations. As one shared, "[COVID-19] impacted every level of what we do. I can't think of anything that it hasn't changed either the form or the substance of what we are doing or both." (P26) No aspect of their work was untouched.

Sub-Theme 2a: Virtual Work was Used Across All Levels of Organizational Response to COVID-19—Virtual work was a key component of organizational response to the pandemic at multiple levels. This shift presented new challenges (see Theme 1e) but also opportunities. A participant shared the increased sense of connection facilitated by virtual platforms:

> Some of the ways in which we've been able to help is to continue to create connection points. . We were hosting just-drop-in meetings like virtual spaces like this where somebody can just drop in and be able to have a conversation with somebody else about something you were struggling with, or just to build connection. . we've been able to provide even more access to people who typically would not even have access to a training. . That has been a really fun thing to do and also has really expanded the way in which people relate to us as a coalition. (P21)

Another participant shared how remote work increased staff diversity: "We need to make remote work a standard. . so that when we hire, we can hire a more diverse pool of applications. Our organization is based in [location]. . I've never been there myself. That's what made this opportunity possible for me, was that it was a remote position." (P1) Over

time, organizations identified increasing opportunities to use virtual platforms intentionally to promote positive outcomes at multiple levels within their work.

Sub-Theme 2b: Organizations Found Multiple Avenues to Increase Support for their Employees—Participants described the necessity of supporting employees at multiple levels, given the broad impacts of the pandemic. Organizations implemented new financial support mechanisms, such as staff mutual aid funds and hazard pay. Organizations also facilitated remote work by providing staff stipends for home work spaces and internet access. Organizations encouraged self-care through flexible leave policies and adjusted productivity expectations. A CEO emphasized, "really recognizing the fact that productivity was not going to be the same. . It was a nice balance of making sure we were meeting the [survivor] needs, but also making sure that the team was doing the self-care component." (P19) Another participant shared, "We were planning a conference before the pandemic, and one of our sponsors for the conference – when we knew we were not even gonna do it virtually 'cause we didn't have enough time to shift gears – asked them if they would be willing to convert it to a donation for self-care for the staff. Every staff member was given an allowance to purchase whatever self-care looked like for them." (P22) Organizations at times focused employee support on staff belonging to marginalized communities, for example, "We instituted last summer, and we've kept in place, for our staff who are African-American, that if the national conversation, the [State] conversation, or just life around race relations is just too much, here's how you check out and just put in a status thing that lets all of us know that you're takin' some time." However, this same participant also noted, "All that said, it still feels really overwhelming a lot of the time." (P26) Providing multilevel, intentional efforts to robustly support employees was yet another challenge of the pandemic.

Sub-Theme 2c: Organizations Expanded Services to Support Member and Partner Agencies—At another level, organizations shifted their focus to provide their member and other partner agencies with targeted support around pandemic-related concerns, instead of or in addition to their usual technical assistance focused more narrowly on IPV:

> We [state coalition] did two learning exchanges a week for the [local] domestic violence programs where either we had information that we were communicating or training them on, or they learned from each other, and sometimes it was a hybrid of both. We did keep up with some of our regular scheduled programming. . that were part of our grant deliverables but, honestly, it was all-hands-on-deck for a little while just responding to the pandemic and the needs of these. . 100 plus programs. (P33)

State-level coalitions also helped smaller member agencies navigate new funding opportunities and workplace practices resulting from COVID-19 policy decisions. One coalition, for example, "had an attorney come in and do a piece on. . the CARES Act. . and how people could [implement] that into their own [local agency] policies." (P24) Participants' organizations faced the challenge of maintaining usual supports with adding those needed for the pandemic.

Participants also shared that advocating for pandemic-related needs of their member and/or partner agencies was a key part of their role during the pandemic. A state coalition leader

explained, “Our role was to try and work with our governor and those at our state level to be able to be sure that we’re in the conversations about any of the CARES Act or any of the pandemic money that was coming in through the state, to be able to lift the needs of survivors.” (P31) Participants noted the need to advocate for frontline staff at IPV service agencies to be recognized as essential workers during the pandemic: “There are a lot of essential workers that people recognized, our first responders that people talk about, but those aren’t necessarily your domestic violence shelter workers or the person who’s meeting someone at the hospital or trying to navigate court situations that have changed completely.” (P26).

Theme 3: Organizations Identified Changes to Continue Beyond the Pandemic

Participants recommended that some changes be continued beyond the pandemic, such as opportunities for virtual work, maintaining organizational culture changes to address underlying system challenges, and increased flexibility of funding parameters.

Sub-Theme 3a: Benefits of Virtual work—Participants noted many benefits of virtual work. One shared, “We’ve been talking about remote work for years. . When we had to do it, I’m like, ‘Oh, my God. This is great.’ People are working in a way that is fantastic and getting stuff done and being creative. . We’re never going back to the same kind of office type that we had.” (P2) Virtual platforms created opportunities to expand opportunities and relationships:

> We’ve been able to move [trainings] to a virtual platform that allows people to still have some semblance of connection and connecting new people who otherwise wouldn’t have actually even been at a conference with us. That’s the other thing I think has been a really fun thing to do and also has really expanded the way in which people related to us as a coalition, whereas before, there’s quite a bit of gate-keeping that occurs at a local program. (P21)

One organization used virtual meetings to facilitate survivor engagement with legislators:

> Every year we travel to Washington. . This year we were able to have more people attend these meetings because they were being handled remotely. . and we were able to have [IPV] survivors. . share their experiences with certain legislation and certain bills and funding. . We found that to be very exciting and, I think, certainly impactful for the congressmen and for the senators on the phone because there were able to have those experiences with a survivor. (P31)

Hybrid models of service provision were also beneficial: “[Some families] say, like, ‘If you told me I could come to the hospital tomorrow, I’ll be there at 7:30 in the morning with my kid. We. . just need to come in person.’ Then we have others on the other end of the continuum. They’re like, ‘I’m never coming back to the hospital. . [Virtual services are] actually ideal for us.’” (P19) Overall, the benefits were felt to outweigh the challenges of virtual work.

Sub-Theme 3b: Maintain an Organizational Culture that Readily Recognizes and Addresses Systemic Racism—Participants also noted that the pandemic and

concurrent events that highlighted systemic racism (e.g., murder of George Floyd by a police officer; national protests to end systemic racism) drove shifts in organizational culture to better serve survivors. One participant shared,

> It's not a new pandemic, but sort of, like, the elevation of the pandemic – epidemic – of racism in our country. . our staff as a whole and our leadership, have been more open to. . how we are genuinely attending to these issues, doing more reflective work and more intentional work on these issues. Which I know are 'separate' from COVID-19, but then they're also in a lot of ways not. (P15)

Organizational culture change around systemic racism was recognized by some as overdue: "Because we've been part of the problem. . not intentionally maybe. . We did not show up enough around welfare reform [in the 1990s]. We didn't stop some of that from happening, and mandatory arrest laws are part of what contributed to the incarceration of Brown and Black people. We accept responsibility for that." (P23) Participants felt it was imperative to continue the work of addressing systemic racism as an integral part of domestic violence efforts.

Sub-Theme 3c: Increase Flexibility of Funding Parameters—Participants also discussed changes in funding structures that would be beneficial beyond the pandemic, such as increased flexibility for agencies to allocate funds toward resource provision and program development beyond the narrow parameters stipulated by funders. An executive director described shifting away from using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPADT), a standardized pre-screening, intake, and case-management tool that is used by community agencies to determine and prioritize an individual's or family's needs and risks. This shift began pre-pandemic and accelerated in response to pandemic-related needs. The director noted that this work helped one of their funders recognize the limitations of using the VI-SPADT to coordinate resource allocation. As she shared:

> This system [of using the VI-SPADT score sheet] has long not served survivors well, it has long not served people of color well. . We got direct communication from one of our funders that they really like what we're doing around coordinated entry. That they recognized how they might have participated in some of the myths that people have around this VI-SPADT being the best tool or they understand that we need help dispelling the myth that you can in any way quantify someone's life in a number and then figure out where to put people." (P1).

Another described an agency's efforts to increase survivors' access to financial support: "They had a survivor safety fund that any survivor could apply to, and there were no stipulations. There was no type of proof you had to submit. . assistance without stipulation – we need to find more. . ways to do that." (P15) Overall, participants noted that funding parameters needed to continue to emphasize flexible support to readily meet the needs of organizations and survivors.

Theme 4: Systemic Racism Compounded the Impact of COVID-19 on IPV Survivors and IPV Service Agencies

Many participants noted that the pandemic magnified longstanding inequities related to systemic racism. They expressed that focusing services on only IPV and COVID-19 is not sufficient; rather, a robust response to support IPV survivors requires attention to underlying systems and policies that perpetuate structural inequities.

Sub-theme 4a: Services Addressing IPV and COVID-19 Directly are not Enough—Participants commented on the need to look beyond resources specifically focused on IPV and COVID-19 to address systemic racism as well:

> It means really taking a more careful look at the systems that domestic violence survivors and their families' interface with, and looking at ongoing racism, oppression, and discrimination and how that impacts their lives and dismantling those practices that are harmful in addition to the violence that families are experiencing. When we look at a broader social context, those are so significant and important. (P11)

Another participant noted, "We don't need any more services because services have not equaled more safety. We need systemic, institutional change. Transformation, that's what we need." (P7) This participant also shared that,

> As we are experiencing COVID, we're also experiencing this racial reckoning, right, and the two are not disparate. There are intersecting issues with both and looking at intimate partner violence as a structural issue. . looking at systemic violence, systemic racism, systemic and institutionalized oppression, all of those things have to be examined, especially when we're thinking about COVID. . This is a multi-issue moment and a multi-issue movement. (P7)

Many participants shared their organizations' increased efforts to address systemic racism in the context of the pandemic. One noted, "We've certainly always had an anti-oppression lens, but our focus in that area has absolutely increased. . we have a number of staff in various kinds of task forces and groups just trying to make sure that the DV and racism lens are. . side by side." (P27) Another participant shared, "I was talking to one of our staff who's a member of the [-] tribe. She said their tribal council is no longer having regular meetings, but they're having what's the equivalent of a war council. . for reasons of everything: the white nationalists, white supremacy, COVID, everything." (P6) Participants noted their organizations' growing awareness of the impact of racism and the importance of addressing it within the contest of IPV.

Sub-theme 4b: Specific System and Policy Changes Desired—Participant responses to questions about desired new IPV resources often reflected the need for system and policy changes. These policy changes reflected the need to address underlying structures and processes that contribute to IPV. For example, a reimagined criminal-legal system was called out by many participants. One shared:

> I would like to create a restorative justice, transformative justice program. . and not just with domestic violence program. . we've seen over the years how we've

> become so criminal justice-focused, and we've also seen how damaging that's been to communities and to families. . Instead of the violence stopping, the partners are incarcerated, they come out of incarceration, they can't find jobs. It's a worse mess then than it was before. Let's start listening to survivors and let's create this system of accountability that's a different kind of accountability. (P4)

Another participant described the impact of minimum wage standards on survivor safety:

> People are always quick to say, 'Well, why didn't she leave'. . If we don't even have a living wage, and we don't have access to affordable housing, leaving isn't always an option. . The focus should be, are we creating communities that are healthy and whole and sustainable. When a community is healthy and whole and people have jobs and people have housing, violence goes down across the board. (P7)

Participants described rethinking the role of law enforcement in addressing IPV. One noted, "We're also looking collectively at alternatives to policing. I don't care how many more police officers we add to the police rolls and how many more officers we add to communities, it has not helped decrease the amount of [IPV] that we're experiencing in this country." (P1) As seen in these examples, desired policy changes addressed broad supports for individual survivors and communities as key components of efforts to address IPV.

Additionally, some participants highlighted the need for internal organizational change to better center structurally marginalized communities in positions of leadership. One shared,

> Leadership within the domestic violence field is very white, cis-white; white middle-aged ladies are really the leaders in our field. There are very few executive directors of color, Black, indigenous, people of color, LGBTQ folks. So few administrators out there who look like us and talk like us who have our lived experience. . Challenging White supremacy within these structures is part of the challenge. (P21)

Such comments suggest structural change is needed within the organizations and agencies that support survivors, as well as broader systems.

Sub-theme 4c: Systemic Racism Makes it Hard to do the Work—Participants expressed that systemic racism decreased their organizations' capacity to support IPV survivors during the pandemic. One participant shared how racism and COVID-19 impacted the Asian and Pacific Islander community: "Because of the last few years of. . anti-immigrant rhetoric and policies. . the level of fear and concern that many API immigrant survivors have in getting help has been enormous." (P3) Participants noted that racism impacts IPV survivors and the people and organizations serving survivors. Staff from marginalized communities faced challenges created by the intersection of COVID-19 and racism across their personal and professional lives. One said, "We did see in the last few months some increased hostility, racism towards Black staff on our [phone] lines." (P10). Another noted:

> The biggest thing we noticed in < State > is that folks, Latino, Latinx folks as well as Black folks had such. . disproportionately high rates of fatality with COVID,

> which really impacted our communities, both in losing people at higher rates, but also being hit by this profound grief. . That's leading to more burnout. We're losing advocates of color at such a higher rate than any other advocate. They are just leaving the field. They're expressing explicitly that they are burned out, they're over-supervised. You know, there's a way that people's implicit bias around race shows up in how they manage people, and we're hearing from advocates of color that they're over-managed, over-supervised, first to be cut when the budget cuts happen because of the changes because of COVID. (P34)

Participants shared challenges that occurred when their organizations or member agencies intentionally and publicly work to address systemic racism:

> What does it look like when you live in a community where you post something on your social media about supporting Black Lives Matter? Or even saying, 'defund the police,' and have your local sheriffs call your employer and say that person needs to [be] fired. . There's been quite a huge backlash, both overt and covert backlash, because at the partnership level we've been very clear about our support for racial justice and Black Lives Matter. . the amount of backlash. . has gotten really, like, scary. Scary where people of color are being followed by [police] officers and it's really creating a lot of fear out there. (P21)

Together, participants' perspectives suggest that systemic racism harms both IPV survivors and the individuals and organizations that work to support survivors.

Discussion

This study describes the challenges experienced and responses implemented by U.S. regional and national organizations supporting IPV services during the COVID-19 pandemic. Participants described broad, multi-level impacts of the pandemic across their organizational mission, noting that the pandemic both exacerbated pre-existing challenges and created new challenges to their work. This study confirms and expands on findings in previous work about the impact of the COVID-19 pandemic on IPV survivors and IPV advocates (Bergman et al., 2021; Garcia et al., 2021; Lyons & Brewer, 2021; Nnawulezi & Hacskaylo, 2021; Ragavan et al., 2021 L; Vives-Casas et la., 2021, Wood et al., 2020). Much of the emerging literature on this topic has focused on the perspectives of IPV survivors and frontline service providers. Our sample of administrators with high-level leadership roles within regional and national organizations provides additional insights that can inform ongoing COVID-19 pandemic response, planning for future pandemics and other large-scale crises, and structural work to prevent and mitigate the impact of IPV. Key insights included the role of these larger organizations in supporting smaller, local victim services agencies during the pandemic, how narrow funding parameters and complex funding access mechanisms created barriers to pandemic financial relief, particularly for smaller agencies, and the need to support wellbeing and mitigate burnout for both frontline direct service providers and the administrative staff who support their work.

Our findings align with previous work examining the impact of the pandemic from the perspectives of IPV advocates and other client-facing providers regarding challenges

faced by IPV service organizations during the COVID-19 pandemic (Bergman et al., 2021; Garcia et al., 2021; Nnawulezi & Hacskaylo, 2021; Vives-Casas et la., 2021, Wood et al., 2020). Like these studies, we found that regional, state, and national IPV organizations have been challenged to navigate evolving public health recommendations, maintain and expand partnerships necessary to meet survivor needs, and transition to virtual service provision while concurrently supporting staff wellness and resilience. These findings also align with past work noting public health communication challenges during previous pandemics and natural disasters (Rebmann et al., 2008). Our findings expand this previous work by describing additional challenges, including financial challenges related to the restrictions set forth by funders. Participants noted that funding parameters at times limited use of pandemic-related funds such that organizations could not use them to meet their most pressing needs. Further, some smaller victim service agencies struggled to navigate the complexities of pandemic relief funding mechanisms concurrently with increased survivor needs, shifting service capacity, and increasingly stressed staff. Additionally, in contrast to previous studies describing additional work needed to support IPV survivors during the pandemic, our participants described additional work needed to support the organizations that comprised their member and partner agencies. National, state, and regional organizations represented supported smaller, local victim services agencies by helping them navigate the logistics of pandemic mitigation measures and accessing pandemic relief funding. Studies with IPV advocate participants describe the use of virtual platforms to support individual IPV survivors; our participants noted the used such platforms to support other organizations.

Our findings support an emerging body of work framing COVID-19 as a syndemic, overlapping with the impact of structural racism and IPV to disproportionately affect structurally marginalized populations (Khanlou et al., 2022; Poteat et al., 2020; Williams & Vermund, 2021). This is parallels pre-pandemic literature describing the syndemic nature of issues such as IPV, HIV, and racism (Brennan et al., 2012; Hatcher et al., 2019; Wilson et al., 2014). Participants noted a confluence of negative impacts resulting from the overlap of IPV, racism, and COVID-19 that were felt by both IPV survivors and service providers. Reflecting this understanding of the synergistic negative impacts of IPV, racism, and COVID-19, our participants suggested that policy and practices to address IPV or the pandemic in isolation are not sufficient to fully address either issue. Rather, an intersectional approach that considers IPV and the COVID-19 pandemic within a broader context of structural inequities resulting from systemic racism may result in more robust and effective outcomes. This aligns with prior work suggesting that a syndemic perspective may enable policy, structures, and processes that more effectively address public health issues (Harish, 2021; Tsai et al., 2017; Willen et al., 2017). Many participants iterated this perspective, viewing the pandemic and concurrent national attention to systemic racism as an opportunity to further conversation around broad system changes, such as a shift away from carceral responses to IPV and toward a transformative justice approach that centers community strengths and resilience. Importantly, some participants also noted that their own organizations and the IPV service sector in general must examine their practices to address racism within.

This study suggests benefits of a well-coordinated pandemic response that includes victim services agencies as essential service providers may extend beyond direct impacts such as mitigating disease transmission. Our findings add to the literature by suggesting that state coalitions and regional/national IPV organizations play a key role in ensuring continuity of IPV services during large-scale natural disasters such as a pandemic. Such organizations can serve as key members of disaster response teams to provide resources and information to frontline agencies, as well as obtain information from the frontlines that can help guide effective resource allocation. This may result in more effective efforts to address secondary impacts of large-scale disasters, such as increased IPV prevalence. This mirrors lessons learned from an Ebola outbreak highlighting the need to incorporate gender-based violence services into acute crisis and recovery planning (Stark et al., 2020). Further, this study expands our understanding of the impacts of public health communication challenges during times of disaster. Previous work found multiple communication gaps and inequities during the past crises such as the H1N1 influenza and other pandemics (Hou et al., 2018; Lin et al., 2014; Rebmann et al., 2008). Our study highlights the negative impacts of incomplete guidance provided for COVID-19 mitigation in communal living settings such as IPV shelters. Participants highlighted how suboptimal communication resulted in staff focusing on navigating the rapidly changing, and at times conflicting, recommendations from multiple sources about COVID-19 mitigation, such that staff effort was focused on more general pandemic response rather than specific IPV services. Additionally, participants noted that complex and/or narrowly prescribed parameters for IPV prevention funding and pandemic relief funding created barriers to access to and use of funding at a time when continued provision of services was crucial and more costly. These findings support those by Bergman et al. (2021) who found that Norwegian IPV agencies also experienced significant financial challenge during the pandemic. These challenges for IPV services agencies may result in a cascade of service failures that compounds the impact of the pandemic on IPV survivors.

Our study has several limitations. We interviewed administrators of regional, state, and national agencies. Administrators of smaller, local agencies could provide additional perspectives on program and system-level challenges. We recruited participants solely from the U.S. and this was also a convenience sample which limits the generalizability of our findings. Additionally, research that revisits this study topic as the pandemic advances may provide further insight into solutions to the issues noted. Research that further examines the impact of policy to address issues such systemic racism in relation to IPV and receipt of services is needed.

Our findings have several implications for policy and practices that may improve IPV service provision during COVID-19 surges, as well as response to future large-scale disasters. Notably, many of the challenges highlighted by our participants, such as funding issues, suboptimal public health communication, and inequities due to systemic racism, are not new. The pandemic, however, magnified the consequences of these pre-existing system shortcomings. Considering implications broadly, perhaps the most important may be to apply a syndemic framework to the issues of IPV and COVID-19 that incorporates factors such as systemic racism. Solutions derived from such an approach may include shifting toward transformative justice and other strengths-based frameworks. Additionally,

routine inclusion of IPV agencies in emergency response planning, with agency staff supported as essential workers, is critical to ensure both staff and survivors have continued access to necessary resources and protections. This is in line with calls from the UN to include IPV prevention in national COVID-19 response plans (Vaeza, 2020). Further, increased flexibility and decreased administrative burden around funding may enable IPV service agencies to more nimbly and effective meet survivor needs during large-scale crises. Additional recommendations are summarized in Table 2.

Conclusion

The COVID-19 pandemic resulted in multi-level challenges for regional, state, and national organizations supporting IPV survivors. These organizations have demonstrated resilience in the face of these challenges, in the process identifying changes in practice that may be of benefit to continue beyond the pandemic. However, the challenges experienced have also highlighted those efforts to address IPV both during the pandemic and as we transition to a return to “normal” may be aided by policy and practices that are conceptualized and implemented within a syndemic framework that considers the broader structural inequities created by systemic racism.

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Table 1

Participant and organization characteristics

Participants (n = 35):	**n (%)**
Female	35 (100)
Historically marginalized racial/ethnic population served *	12 (34)
Black	4 (11)
Latinx	2 (6)
Asian American, Pacific Islander	4 (11)
Native American, Alaskan Native	2 (6)
Role	
Executive director/chief executive officer	16 (46)
Policy administrator	4 (11)
Prevention and programs administrator	13 (37)
Other	2 (6)
Organizations (n = 31):	
Geographical region served	
National	6 (19)
Northeast	7 (23)
Midwest	5 (16)
South	7 (23)
West	5 (16)
US Territories	1 (3)
Type *	
State/US territory IPV coalition	22 (63)
Regional service organization	4 (13)
National service organization	4 (13)
Federal agency	1 (3)
Culturally specific	5 (16)

* Categories not mutually exclusive, numbers represent both culturally specific organizations and culturally specific services within general victim services organizations

Table 2

Policy and practice to support services for IPV survivors during pandemic and other large-scale disaster planning

Incorporate victim service agencies into standard disaster planning, to include:
Prioritize safety and wellbeing of IPV advocates as essential/frontline workers
Clear, consistent messaging on public health measures, e.g., mitigation strategies for communal living shelters
Flexible options for virtual access to services and support
Establish flexible funding parameters at times that enable individual, local agencies to determine and address areas of greatest need for their clients and communities
Establish and maintain collaborations between victim service agencies and community partners (e.g., healthcare organizations) during non-disaster periods
Establish memorandums of understanding
Establish regularly cadenced opportunities for co-learning and communication
Anticipate increased needs related to IPV in the pandemic/disaster recovery period
Synthesize data and lessons learned from the COVID-19 pandemic and apply to going disaster planning
Increase capacity of and support for culturally specific agencies
Financial compensation for trainings and other work supporting partner organizations and community efforts toward addressing racial disparities
Targeted funding mechanisms for these organizations
Address systemic racism as a means of primary, secondary, and tertiary prevention for IPV
Center the experiences and needs of structurally marginalized communities when designing, implementing and evaluation programs, systems, and structures
Ensure diverse leadership within IPV agencies and other organizations that support IPV survivors
Identify and address structures, policies, and practices that underlie health, education, and economic disparities
Use strengths-based approaches for system change, e.g., transformative justice, healing-centered engagement