The impact of COVID-19 on domestic violence agency functioning: A case study

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Abstract
Initial evidence suggests that rates of intimate partner violence (IPV) increased at the beginning of the COVID-19 pandemic. However, much of the prevalence research has focused on survivors’ experiences of IPV during the initial lockdown period from March to June 2020. The current study adds to this initial research by centering the experience of a domestic violence agency located in the United States, 3-months prior to, during, and after the COVID-19 lockdown. The results suggest a similar pattern across service utilization (e.g., total clients served, calls, safe house capacity) and survivor demographics (e.g., race/ethnicity, cisgender women and men), with an initial decrease in service utilization from pre-lockdown to lockdown and an increase, surpassing pre-lockdown, post-lockdown. The only deviations from this pattern of service utilization were for sexual minority individuals, whose service utilization continued to decline post-lockdown and Asian American/Pacific Islander and trans/gender-nonbinary survivors who rarely utilized services across the time period. Additionally, the domestic violence agency relied heavily on their existing finances, well-rounded staff training, and staff wellbeing throughout the pandemic. The unique challenges that COVID-19 provided demanded flexibility, increased technological utilization, and additional funding particularly for safe housing. Implications for future research, intervention, and policy change are provided below.
INTRODUCTION

Intimate partner violence (IPV) is one of the most common forms of violence against women globally (WHO, 2021). It is estimated that one in three women in the United States experience rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011). These numbers are disproportionately higher among racial, ethnic, gender, and sexual minorities, as well as people living in poverty (Black et al., 2011; Decker et al., 2018; Rodriguez et al., 2009). IPV is associated with a number of negative consequences including economic burden (estimated population economic burden of $3.6 trillion; Peterson et al., 2018), and poor mental and physical health, including early mortality (1 in 6 homicides are committed by an intimate partner [CDC, 2019]).

Initial evidence suggests that rates of IPV increased at the beginning of the COVID-19 pandemic. In the spring of 2020, US police records indicated a 10%–27% increase in IPV-related calls compared to the previous year (Boserup et al., 2020). Similar patterns were found globally, such as in Hubei, China, France, Argentina, Cyprus, and Singapore, where police reports and helpline calls increased from 25% to 33% (Boserup et al., 2020). Since the time of these initial reports, numerous studies have empirically examined the changes in IPV prevalence, risk, severity, and reporting as a result of the pandemic.

IPV prevalence during the initial lockdown period (March 2020 to June 2020) is empirically supported. A meta-analysis of studies that analyzed police records, domestic violence hotline calls, and health records found an overall trend toward increased rates of reported IPV during the lockdown (Piquero et al., 2021). Peitzmeier et al. (2021) found that one in 10 respondents in their sample experienced new, or increased, IPV during the first 3 months of the COVID stay-at-home orders. Of the overall sample, rates of IPV did not increase as some reported that abuse had lessened, and some reported no harm overall. However, 9.7% of the sample reported that their experience of IPV had either started during the pandemic or had increased in severity since the pandemic. Further, certain subsets of the sample were at higher risk than others. For example, those who had experienced severe physical abuse were likely to experience worsened (40.8% of severe physical abuse survivors) or similar (30.6% of severe physical abuse survivors) instances of physical abuse. A similar finding was reflected in a study of medical patients, where medical records indicated that the number of patients reporting physical IPV had lessened in 2020 compared to years prior, but of the existing abuse survivors, incidents of physical IPV were 1.8 times greater and the number of deep injuries was higher (Gosangi et al., 2020). Evidently, cross-cutting rates of IPV are difficult to determine given that while increased helpline calls or police reports might reflect higher rates of IPV, some victims’ lack of agency, ability, or desire to report might complicate these findings (Li & Schwartzapfel, 2020; Southall, 2020). What is supported, so far, is that those who are already experiencing physical IPV were at risk for increased IPV (in severity and frequency) during the initial lockdown period (Gosangi et al., 2020; Peitzmeier et al., 2021). Further, some survivors are at even higher risk for increased IPV due to situational and identity-based factors.

While existing research clearly points to overall increased rates of IPV during the COVID-19 pandemic, it is important to examine the specific risk factors that might make some individuals particularly vulnerable to new or heightened abuse. There are many explanations for the increase in severity and frequency of IPV, such as the measures in place to manage the COVID-19 outbreak further distancing victims from needed support (e.g., quarantine, social distancing), widespread economic insecurity, substance abuse, and racial trauma (Capaldi et al., 2012; Polland et al., 2020). Economic challenges have been identified as significant contributors to IPV in numerous studies. Peitzmeier et al. (2021) found that those with work-related challenges (e.g., essential workers,
unemployment), financial hardship (e.g., trouble paying rent), and restricted access to resources (e.g., reduced access to the phone, internet, or prescription medication) were more likely to experience IPV during the pandemic. Similarly, Cannon et al. (2021) found that IPV survivors, compared to non-survivors, were more likely to have financial stressors such as loss of income during the pandemic and reported concerns about adequate nutrition. Further, those who reported higher perceived stress were more likely to experience IPV during the first 10 weeks of the pandemic, which is likely related to limited resources (Cannon et al., 2021).

Financial and career-related hardship might be exacerbated by additional barriers for people with marginalized identities, who are at higher risk for IPV and less likely to access needed resources (Ragavan et al., 2021; Tarshis, 2020). Interviews of domestic violence agency staff about the experiences of survivors found that lesbian, gay, bisexual, trans, and queer (LGBTQ) survivors often hold jobs that are either essential or require in-person work (e.g., drag, the food industry, and sex work), which puts them at higher risk for contracting COVID-19 (Ragavan et al., 2021). Further, some abusers used the risk of infection for in-person work as a tactic for isolation, telling their partners not to go to work to avoid COVID-19 infection. Some immigrant survivors reported struggling with job loss, especially for those who were waiting for authorization or were undocumented. Undocumented survivors also struggled to acquire medical care or were threatened by partners that they might be deported if they were to visit the hospital (Ragavan et al., 2021). These challenges of gaining medical care, existing risks of infection, and COVID-19 as a manipulation tactic, represent the unique victimization experiences of at the intersection of identity-based marginalization amidst a global pandemic.

In general, studies have found that gender and sexual minorities were more likely to experience IPV during the pandemic. Further, while respondents differed in prevalence on racial/ethnic identity, white people reported the lowest rates of IPV while Native American people reported the highest (Peitzmeier et al., 2021). Further, those with transgender and non-binary (TGNB) identities, people who had toddlers, and individuals living in urban areas were more likely to experience IPV for the first time during the pandemic, indicating the emergence of COVID-19 as a risk factor for these groups (Peitzmeier et al., 2021). While rates of TGNB IPV were already higher than those of their cisgender counterparts (James et al., 2016), trans people also face increased barriers to accessing shelters, a challenge that has heightened during the pandemic (Ragavan et al., 2021). For Black, Indigenous, and People of Color (BIPOC), especially Black trans women, the rise in racism and police brutality has complicated IPV safety planning and intervention. Black survivors, many of whom already refrained from seeking police intervention, have reported hesitation to call domestic violence agencies for fear of police brutality and retraumatization (Ragavan et al., 2021). These challenges create barriers to IPV-related support, making it more likely for IPV to continue without intervention.

Domestic violence agencies play an important role in supporting marginalized survivors of IPV. To date, two studies have focused on the experience of service providers for survivors of gender-based violence. One study surveyed survivors and staff of agencies that work with victims of IPV and sexual violence (Lynch & Logan, 2021). This research identified themes that hindered access to services such as being isolated by an abuser, hesitation to leave the home for health reasons, reduced access to safe housing, lack of awareness of services, and distrust of public information about COVID-19. In addition, researchers found that agencies struggled with institutional closures, reduced capacity for housing, and financial strains. García et al. (2021) interviewed domestic violence agency staff on the impact of COVID-19 on themselves, survivors, and their agencies, revealing themes related to personal advocate experiences, the development of methods to address client and advocate needs, and the transition to virtual service provision: how working as an
advocate during the pandemic impacted them personally, the development of new methods to address advocates’ needs, development of new methods to address client needs, the challenges and opportunities that arose from the transition to virtual service provision.

The current study builds on these anecdotal patterns by providing quantitative data on the patterns of service provision, needs, and demands of one shelter, with an interview to contextualize these data. The following paper reviews the findings from a case study with a director of a domestic violence agency in a Mid-Atlantic, urban region of the United States. The purpose of this review is to synthesize the patterns of service utilization and delivery over a nine-month period, covering 3 months before, 3 months during, and 3 months after the COVID-19 lockdown in the United States. This study adds to the existing research on the prevalence and risk of IPV by providing the perspective of the service providers. Further, a nuanced analysis of the patterns in service demands throughout the pandemic reveals important recommendations for domestic violence agencies, as well as other systems of support, in order to better prepare for future crises.

METHOD

Data were collected from a domestic violence agency in a Mid-Atlantic, urban region of the United States as a part of a larger study examining the impacts of COVID-19 on domestic violence agency functioning. The staff at the agency provide the following services: hotline, safe housing, legal advocacy, counseling, children’s advocacy, and case management to survivors of all identities and ages. A case study methodology was used to assess “a contemporary phenomenon within its real life context” (Noor, 2008, p. 1602). For a fuller picture of the staff’s experiences, techniques for eliciting data included descriptive agency data and a semi-structured interview with the agency’s director.

Prior to the initiation of data collection, institutional review board approval was received. An email was sent to the domestic violence agency asking for their participation in a research study to investigate the impacts of COVID-19 on domestic violence agencies. An informed consent outlining what was involved in the study including participants’ rights, risk, and benefits was provided within the email. Informed consent was received from the agency’s director prior to data collection.

Agency data was collected via a survey created by the authors for the purposes of examining the utilization of domestic violence agency services (e.g., total client’s served, calls received, safe house capacity) the 3-months prior to the COVID-19 lockdown in the United States (i.e., January 1, 2020 to March 31, 2020), the 3-months during the COVID-19 lockdown (i.e., April 1, 2020 to June 30, 2020), and the 3-months after the COVID-19 lockdown (i.e., July 1, 2020 to September 30, 2020). The survey was completed by the domestic violence agency director utilizing agency records. Survey items also examined total clients served based on demographics (i.e., race/ethnicity, gender identity, sexuality) at each of the time points. In addition to agency data, the shelter director’s perceptions of changes in services provided to undocumented immigrants and demands on staff were also investigated. Finally, the survey investigated changes in services provided as a result of COVID-19. Sample survey questions include: From January 1, 2020 through March 31, 2020 (BEFORE COVID-19 lockdown), how many clients did your agency serve? From April 1, 2020 through June 30, 2020 (DURING COVID-19 lockdown), how many clients of each racial/ethnic group did your shelter serve? From July 1, 2020 through September 30, 2020 (AFTER COVID-19 lockdown), did your calls increase, decrease, or remain stable in comparison to 3 months prior (i.e., DURING COVID-19 lockdown; April 1, 2020 through June 30, 2020).
Following completion of the survey, a semi-structured interview was scheduled with the director of the domestic violence agency and the second author. The interview was conducted and recorded via Zoom and transcribed for analysis. An interview protocol was created to focus the interview. The protocol included four sections: 1) informed consent, 2) introductions/ground rules, 3) semi-structured interview questions, and 4) closing of the interview. The semi-structured interview questions examined the impact of the COVID-19 pandemic on agency services, and agency needs amidst the COVID-19 pandemic. Sample interview questions include: What kind of services does your organization provide? Of these services, have you noticed that any of your ability to provide services has changed during the pandemic? Have your shelter services been impacted by the pandemic? Have you noticed any changes in the population that has been utilizing your services during the pandemic?

Following completion and transcription of the interview, the two authors utilized content analysis (Elo & Kyngas, 2008) to identify themes across the interview. First, the two authors independently read the transcription and made a list of themes that reflected the data. The authors then met to discuss discrepancies in their codes and then came to consensus regarding each theme. The final list of themes are outlined below.

RESULTS

Consistent with recommendations for single-case study designs (Lobo et al., 2017), visual inspection of the agency data comparing the 3 months prior to the COVID-19 lockdown in the United States, the 3 months of the COVID-19 lockdown, and the 3 months after the COVID-19 lockdown demonstrated a similar trend across services (e.g., total clients served, calls, safe house capacity) and demographics (e.g., race/ethnicity, cisgender women, and men). Data demonstrate a decrease in service utilization from pre-lockdown (e.g., total new clients served = 595) to lockdown (e.g., total new clients served = 473) and an increase, surpassing pre-lockdown, post-lockdown (e.g., total new clients served = 959). The only variation from this pattern was based on sexuality, with the number of sexual minority clients continuing to decline in service utilization from pre-lockdown (n = 20) to lockdown (n = 11) to post-lockdown (n = 7). Additionally, across time points there was almost no services utilization among individuals holding the following identities: Asian American/Pacific Islander (n = 1–5), trans women (n = 0–5), trans men (n = 0), and gender non-binary (n = 0–1). Regarding perceptions of changes as a result of COVID-19, the director perceived an increase in services provided to undocumented immigrants since the beginning of the COVID-19 lockdown (i.e., April 1, 2020) and that staff hours remained stable. Finally, the agency was able to maintain all their services (i.e., hotline, safe housing, legal advocacy, counseling) across the time points.

The interview with the agency’s director contextualized these results and was coded by the researchers into five themes: COVID-19’s Impact on Agency Services, COVID-19’s Impact on Agency Staff, COVID-19’s Impact on Agency Clients, Agency Strengths, and Agency Needs.

COVID-19’s impact on agency services

This theme outlines both reductions in services as well as the addition of new services within the agency as a result of COVID-19. Although the agency stayed fully open throughout the time period investigated (January 1, 2020 to September 30, 2020) as it was deemed an “essential life
sustaining business”, their safe housing was forced to reduce their capacity “by a quarter” due to social distancing guidelines. Therefore, their shelter space decreased, and hotels were utilized to house clients. In addition, other institutions such as schools and courts were closed during the COVID-19 lockdown, resulting in a reduced ability to utilize or provide support to these services (e.g., school-based programming, legal advocacy). For example, the director stated,

What I have noticed is, you know, our legal advocacy numbers have gone down by about 25% this year and that seems to correspond to the 3 months when we were sort of trying to figure out how do you serve people when they are not coming in to be served.

In part to address the concern highlighted above, the director described an increase in, and creation of, virtual services including online therapy, court hearings, and meetings. The shelter director believes this change will continue past the COVID-19 pandemic as it has increased accessibility to services stating, “I can’t imagine that we will do a whole lot in person, compared to the virtual going forward.” Finally, the shelter director stated that hotline calls “doubled over our normal demand” following the COVID-19 lockdown, in comparison to calls before the lockdown.

COVID-19’s impact on agency staff

Staff responsibilities shifted and the agency made changes to accommodate the new working conditions. For example, given the changes in services highlighted above, staff took on additional/alternative roles as needed (e.g., school-based staff took on hotline shifts given the closure of schools and the increase in calls). The director reported that while other agencies were struggling to get their employees to come in during the COVID-19 lockdown, she was struggling to get her employees to stay home. The director stated, “They all said, you know, I want to keep working.” Finally, staff members struggled with the isolation of remote work and experienced sadness from the inability to provide needed services. Given the shared trauma of the pandemic atop the vicarious trauma of working within a domestic violence shelter, the director reported that centering staff well-being was critical. The domestic violence shelter supported their staff by providing “one day off a week with pay” during the COVID-19 lockdown and the creation of wellbeing programming for staff (e.g., vicarious trauma support group, mindfulness program).

COVID-19’s impact on agency clients

The director described the ways that the shifting service provision highlighted above impacted clients, demographic changes in who was receiving services, and the impact of multiple traumas on the individuals they served. Although legal clients had previously been the largest client population that the agency served, this number decreased “by 25%” due to court closures and meant that fewer clients were able to receive legal protections such as emergency protection orders and criminal proceedings in a timely manner. Further, increased virtual services resulted in increased group participation (e.g., adult English and Spanish speaking groups, and youth groups) with the director stating, “Suddenly, we’ve had a lot more participation…we are seeing a much greater utilization”. This was in contrast to in-person group engagement, which they experienced “an ongoing challenge for programs to get people to participate.” However, the virtual nature of these services also yielded new challenges for clients who struggled to access a confidential space to receive counseling. Additionally, changes in client demographics were reported by the director, with specific acknowledgment of an increase in non-cis women client (particularly cisgender
men), immigrant clients, and clients with disabilities. Consistent with agency records, the director also noted that the agency served more clients, an increase of 25%, in general than they had before the COVID-19 pandemic. It was unclear to the director whether these client changes were related to the increase in clients served, the COVID-19 pandemic, their increased outreach, or to a combination of factors. For example, the shelter director stated, “It’s just interesting, people with disabilities. I mean, those are numbers that went up significantly enough compared to the prior year that it made us kind of question, I guess we don’t have an answer for it.” Finally, the director discussed the compounding impact on clients of pandemic-related trauma on top of the already traumatic experience of intimate partner abuse.

**Agency strengths**

The director identified multiple strengths that allowed her agency to continue supporting clients throughout the unexpected challenges of the COVID-19 pandemic. She reported that her team’s overall approach to navigating COVID-19 was adaptable and flexible, allowing them to make quick and needed changes. In addition, they were intentional about maintaining the aspects of their program that worked well prior to the COVID-19 pandemic while willingly changing methods if they seemed to be no longer working in the new context. The agency also received funding from the government, donations from community partners, and loan forgiveness that allowed them to make quick changes such as purchasing additional computers and increasing ventilation in their safe house. The director reported that their community partnerships were particularly strong, which assisted with resources such as “Meals on Wheels,” and emotional support through their local LGBTQ+ center. The director believed that her agency fared well during the COVID-19 pandemic as a result of their “program model where everyone was trained to do advocacy,” their collaboration with other agencies, strong and supported staff, and financial support from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The advocacy training model consists of a minimum of 45 hours of training in domestic violence including courses, exams, and practicum. This training is required for all employees, volunteers, and interns resulting in an organization of trauma-informed staff able to fill multiple roles within the agency, which assisted when staff needed to take time off and when various programs’ needs changed (e.g., schools and courts closed).

**Agency needs**

As a result of COVID-19 precautions, safe house capacity was significantly decreased, and the CARES act allowed the organization to continue providing emergency housing through the use of hotels. Providing emergency housing in hotels increased in cost during the COVID-19 pandemic from approximately $20,000 a year prior to the COVID-19 lockdown to nearly $200,000 “through the end of June”, 2020. The director acknowledged that funding was consistently a necessary ingredient to the endless need for adaptation in service provision. She stated, “You know you can’t expect nonprofits to do good work and do the type of service people deserve. If you’re always undercutting them and underfunding them. You need to invest in the service.” The director also identified that increased room for safe housing, as opposed to relying on hotels, as well as the creation of additional resources, like childcare and community services within the agency, would significantly improve the staff’s ability to provide trauma-informed, safe, and comprehensive care to survivors. Allowing the agency to become “a one stop shop” for survivors.
DISCUSSION

The current study adds to and extends the initial research examining the impact of COVID-19 on IPV by centering the experience of a domestic violence agency team. The results suggest an initial decrease in service utilization (e.g., total clients served, calls, safe house capacity) across survivor demographics (e.g., race/ethnicity, cisgender women & men) during the COVID-19 lockdown. This decrease is particularly concerning given the increased rates of IPV amidst the COVID-19 pandemic (Boserup et al., 2020; Piquero et al., 2021). Furthermore, the decrease in service utilization did not appear to be a result of service closures or staff vacancies, but rather an inability for survivors to access services during the COVID-19 lockdown. This assumption is further supported by the increase in service utilization, surpassing utilization rates prior to the COVID-19 lockdown in the United States, following the lockdown indicative of increased accessibility of domestic violence agency services post-lockdown. The only deviations from this pattern of service utilization were for sexual minority individuals, whose service utilization continued to decline post-lockdown and Asian American/Pacific Islander (AAPI) and trans/gender-nonbinary (TGNB) survivors who rarely utilized services across the time period.

LIMITATIONS

It is important to understand these results in light of their limitations. Although case studies are not intended to be generalized, it should be acknowledged that the findings of the current study may be unique to the domestic violence agency included. Future research is needed to examine the impact of COVID-19 on domestic violence agencies across the United State and around the world. Furthermore, our investigation into demographic differences was limited to the information collected by the agency and provided by the survivors and does not illuminate reasons for the identified disparities. Consistently, the contextualization of these results was based on an interview with the director of the domestic violence agency, which represents a singular perspective. Thus, future research would benefit from conducting interviews with various stakeholders including domestic violence agency staff, funders, and survivors themselves.

IMPLICATIONS AND FUTURE DIRECTIONS

This study’s findings present important implications for future research, intervention, and policy change. First, the shelter’s successes were largely facilitated by financial resources. Their support from the CARES act, and their ability to compensate for increasing hotel costs reflect the need for adequate funding in order to properly support shelters, especially as they make adjustments to compensate for pandemic-related challenges. However, the CARES Act only accounted for emergency shelter and additional housing resources, while funding for Violence Against Women Act (VAWA) programs, compensation for the transition to technology-facilitated support, and other financial needs remain unserved (National Network to End Domestic Violence, 2020). In 2020, the National Network to End Domestic Violence, along with over 100 other organizations, petitioned the United States’ Congress to address the needs of domestic violence survivors through policies such as paid safe leave, unemployment insurance, medical eligibility for immigrant survivors, and medical services for survivors of sexual assault. They specifically requested that service providers receive funding for things like, “digital support, cleaning supplies, on-demand language access… cash assistance, rental assistance, and temporary accommodation in hotels and motels”
(DV-SA COVID-19, p. 2) by increasing various funding sources, including funding through VAWA, the Family Violence Prevention and Services Act, and the US Department of Housing and Urban Development (HUD) Emergency Solutions Grants (ESG). Luckily, the VAWA was reinstated in 2022 with amendments to expand the definition of homelessness to include individuals who are not safe in their homes, to establish a gender-based violence prevention office within the HUD, and to continue the existing transitional housing assistance grants from 2023 to 2027 (A Bill to Reauthorize the Violence Against Women Act of 1994, 2022). In addition, training and technical assistance grants were added for, “…assisting survivors of sexual assault and domestic violence or providing culturally specific services to victims…” (p. 131). These changes reflect progress toward the needed support of domestic violence shelters but only point to the continuation of support rather than needed funding increases. This study’s findings support the requested funding, as shelters’ need for housing-related funding and unique prevention office within the additional demands (e.g., cleaning, testing, and technology) have increased substantially.

Second, transitioning to online services proved useful for the shelter of focus. Virtual services assisted with access to resources such as legal, counseling, and case management, while also allowing for staff to communicate outside of the office. Ongoing research should investigate further the challenges and opportunities presented through virtual services. García et al. (2021) found that, while virtual services increased accessibility for appointments and attendance for support groups, advocates thought that their relationship to survivors was weakened through virtual connection and presented challenges for survivors living with their abuser. Training and intervention can focus on building rapport and connection with survivors online while keeping them safe from abusers who might be in the vicinity. Funding to provide shelters with the technology and programming changes, as well as to provide survivors with cell phones and computers, is likely needed as well.

Another area of focus in this research was on the sexual, gender, and racial/ethnic identities of the survivors served in this shelter. It was particularly notable that almost no gender minorities were served, and the sexual minority utilization decreased throughout the pandemic. This trend may reflect a need for additional, targeted outreach toward LGBTQ+ individuals. For example, not all shelters are welcome to individuals of any gender; thus, people with diverse gender identities might not consider the possibility of adequate services through a domestic violence shelter. Further, shelters should examine whether their service provision aligns with the potential unique needs of the LGBTQ+ community. For example, it is possible that virtual service provision to LGBTQ+ youth presents barriers of not having their own confidential space (Silliman Cohen & Bosk, 2020). Overall, this gap in service provision calls for additional research and funding to better support LGBTQ+ survivors.

Similarly, almost no AAPI survivors utilized shelter services across timepoints. Future research should examine culturally specific barriers to help-seeking (e.g., Li et al., 2022), particularly for contacting domestic violence agencies. It is possible that these low rates of support reflect the lower percentage of AAPI individuals in the region of focus (United States Census Bureau, 2021) as well as lower rates of IPV experienced by Asian individuals when compared to white, Black, and Latinx individuals (Cho, 2011). Regardless, AAPI survivors might face additional barriers to utilization of shelter services which warrant further examination. For example, calling national or local hotlines might not feel like a viable option to AAPI individuals who do not speak English and/or are monolingual in one Asian language, have needs that they fear won’t be met through the resource (e.g., childcare), and have experiences of racism from hotline staff (Warrier, n.d.). This gap, and the potential barriers to explain it, provide support for increased training and intervention for shelter staff to better support AAPI survivors.
Finally, this study’s findings highlight the importance of staff well-being. The shelter of focus supported their staff through one paid day off per week and programming to support their mental health. Specifically, shelter staff were offered support and psychoeducation groups that focused on issues such as burnout, vicarious trauma, and mindfulness. Another area for future funding and research might be an evaluation of the efficacy of these types of groups for survivors, which allow staff to join together over common experiences and learn more about how to cope with their current conditions. Given the increasing demands on the shelter, the adaptations needed to continue supporting survivors, and the likely impact of COVID-19 on advocates themselves, protecting staff from issues such as burnout and compassion fatigue should be prioritized. García et al. (2021) found that shelter advocates’ own mental health was impacted given the uncertainty and fear that the pandemic instigated. Participants described that working from home limited their valued interactions and camaraderie with the other staff (Garia et al., 2021). Additional research on the impact of the pandemic on shelter staff should be conducted to better understand the impact of increased work demands. In particular, as the current study examined the potential disparities in support of racial, ethnic, gender, and sexual minorities, the impact of the pandemic on staff with marginalized identities should be explored as well. It is likely that, in the context of the additional challenges the pandemic provided (e.g., childcare, unemployment, rises in racist police brutality) shelter staff with existing challenges were plagued with emotionally and physically draining work-related demands. Supporting the wellbeing of diverse shelter staff is important both for survivors and staff members and should be explored further.

CONCLUSION

This study contributes to the burgeoning literature on the increase of IPV during COVID-19 by reflecting the experiences of one domestic violence agency team. These findings illuminate important patterns in service utilization, as well as the needs and demands of domestic violence shelters, throughout various stages of the pandemic. Notably, the agency relied heavily on their existing finances, well-rounded staff training, and staff wellbeing throughout the pandemic. The unique challenges that arose during COVID-19 demanded flexibility, increased technological utilization, and additional funding particularly for safe housing. Shelter staff should pay special attention to the populations they are, and have been, serving throughout the pandemic, as certain groups declined in service utilization (i.e., sexual minorities) while others were rarely served in the first place (i.e., gender minorities, AAPI individuals). The patterns that this study revealed provide guidance for additional research, training, and funding to support the current pandemic’s challenges and to prepare for future crises.

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REFERENCES

A Bill to Reauthorize the Violence Against Women Act of 1994. H.R. 1620, 117th Cong. (2022). https://www.judiciary.senate.gov/imo/media/doc/E0B849C39D8A38B26A503509BD6824E8.vawa-reauthorization-act-of-2022.pdf
Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. & Stevens, M.R. (2011) The National Intimate Partner and Sexual Violence Survey NISVS): 2010 summary report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Boserup, B., McKenney, M. & Elkbuli, A. (2020) Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine*, 38(12), P2753-2755. https://doi.org/10.1016/j.ajem.2020.04.077

U.S. Census Bureau (2021) Race and ethnicity in the United States: 2010 census and 2020 census. https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.html

Cannon, C.E.B., Ferreira, R., Buttell, F. & First, J. (2021) COVID-19, intimate partner violence, and communication ecologies. *American Behavioral Scientist*, 65(7), 992–1013. https://doi.org/10.1177/0002764221992826

Capaldi, D.M., Knoble, N.B., Shortt, J.W. & Kim, H. K. (2012) A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231–280. https://doi.org/10.1891/1946-6560.3.2.231

Centers for Disease Control and Prevention (CDC) (2019) Preventing intimate partner violence. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/ipv-factsheet508.pdf

Cho, H. (2011) Racial differences in the prevalence of intimate partner violence against women and associated factors. *Journal of Interpersonal Violence*, 27(2), 344–363. https://doi.org/10.1080/0886260511416469

Decker, M., Littleton, H.L. & Edwards, K.M. (2018) An updated review of the literature on LGBTQ+ intimate partner violence. *Current Sexual Health Reports*, 10, 265–272.

Elo, S. & Kyngas, H. (2008) The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

Garcia, R., Henderson, C., Randell, K., Villaveces, A., Katz, A., Abiyo, F., DeGue, S., Premo, K., Miller-Wallfish, S., Chang, J.C., Miller, E. & Ragavan, M.I. (2021) The impact of the COVID-19 pandemic on intimate partner violence advocates and agencies. *Journal of Family Violence*, 37, 893–906. https://doi.org/10.1007/s10896-021-00337-7

Gosangi, B., Park, H., Thomas, R., Gujralthi, R., Bay, C.P., Raja, A.S., Seltzer, S.E., Balcom, M.C., McDonald, M.L., Orgill, D.P., Harris, M.B., Boland, G.W., Rexrod, K. & Khurana, B. (2020) Exacerbation of physical intimate partner violence during COVID-19 pandemic. *Emergency Radiology*, 298(1), E38-E45. https://doi.org/10.1016/j.ijradol.2020.02.066

James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L. & Anafi, M.A. (2016) The report of the 2015 US transgender survey. Retrieved from http://hdl.handle.net/20.500.11990/1299.

Li, W. & Schwartzapfel, B. (2020) Is domestic violence rising during the coronavirus shutdown? Here’s what the data shows. The Marshall Project. https://www.themarshallproject.org/2020/04/22/is-domestic-violence-rising-during-the-coronavirus-shutdown-here-s-what-the-data-shows

Li, Y., Dong, F., Bullock, L.F.C. & Bloom, T. (2022) Exploring help-seeking experiences of Chinese immigrant survivors of intimate partner violence in the U.S. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(1), 91–98. https://doi.org/10.1037/tra0001209

Lobo, M.A., Moeyaert, M., Cunha, A.B. & Babik, I. (2017) Single-case design, analysis, and quality assessment for intervention research. *Journal of Neuropsychological Physical Therapy*, 41(3), 187–197. https://doi.org/10.1097/NPT.0000000000000187

Lynch, K. & Logan, T. (2021) Assessing challenges, needs, and innovations of gender-based violence services during the covid-19 pandemic: results summary report. Gender-Based Violence Services. https://assets.speakcdn.com/assets/2497/covid_gender_based_violence_final_report.pdf

National Network to End Domestic Violence. (2020) NNEDV Welcomes Passage of the CARES Act, additional relief still needed for survivors of domestic and sexual violence. https://nnedv.org/latest_update/nnedv-welcomes-passage-cares-act-additional-relief-still-needed-survivors-domestic-sexual-violence/#:~:text=The%20National%20Network%20to%20End,and%20Services%20Act%20(FVPSA)

Noor, K.B.M. (2008) Case study: a strategic research methodology. *American Journal of Applied Sciences*, 5(11), 1602–1604. https://doi.org/10.3844/ajassp.2008.1602.1604

Peitzmeier, S.M., Fedina, L., Ashwell, L., Herrenkohl, T.I. & Tolman, R. (2021) Increases in intimate partner violence during COVID-19: prevalence and correlates. *Journal of Interpersonal Violence*, 0(0), 1–31. https://doi.org/10.1177/0886260521052586
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