

SUPPORTING INTIMATE PARTNER VIOLENCE SURVIVORS DURING THE COVID-19 PANDEMIC

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I have no conflicts of interest or financial disclosures



THE CORONAVIRUS CRISIS

- Facebook icon, Twitter icon, Email icon

Domestic Abuse Can Escalate In Pandemic And Continue Even If You Get Away

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THE INTERPRETER

A New Covid-19 Crisis: Domestic Abuse Rises Worldwide

Movement restrictions aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe and more dangerous.

Domestic violence victims, stuck at home, are at risk during coronavirus pandemic

By Scottie Andrew, CNN

Updated 2:40 PM ET, Fri March 27, 2020

Lay press discussion of IPV

EPIDEMIOLOGICAL TRENDS DURING COVID-19

- Using police reports from **Los Angeles and Indianapolis**, a study found an increase in IPV reports during shelter-in-place (Mohler et al.; regression coefficients +13 in both cities)
- Police reports in **China's Hubei province** showed that IPV tripled in February 2020 compared to February 2019 (Boserup, 2020; Fraser, 2020)
- In **Ethiopia**, a cross-sectional study found that 13.3% experienced psychological abuse, 8.3% physical violence, and 5.3% sexual violence (24% total) (Gebrewahd, 2020).

EPIDEMIOLOGICAL TRENDS DURING COVID-19

A meta-analysis of 18 empirical studies showed that most study estimates **were indicative of an increase in IPV during the pandemic** (mean effect size 0.66, CI: 0.08-1.24; Piquero et al.)

A recent study examining IPV police **reports showed an overall decrease in IPV-related police reports during the pandemic. However, when stratified by race, showed to only be in majority Black communities.** Also showed a decrease in IPV-related resource availability (Baidoo et al., 2021)

IPV is rooted in power and control: COVID-19 being used to control and manipulate survivors and their children

Less work has considered the experiences, needs, and challenges of IPV survivors, their children, and IPV advocates that have been supporting them during the pandemic





Futures Without Violence: Virginia Duplessis, Lisa James

Children's Hospital of Pittsburgh/University of Pittsburgh

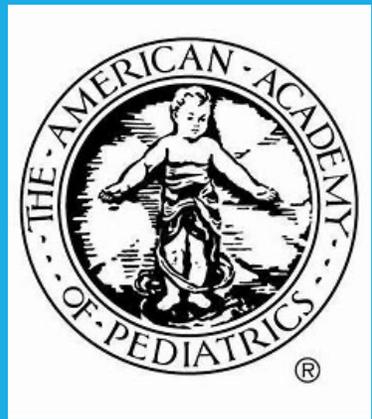
Elizabeth Miller, Rachel Berger, Judy Chang, Maya Ragavan, Lauren Risser, Cynterria Henderson, Phoebe Balascio, Kelley Promo, Rebecca Garcia, Veronica Renov



TEAM

Children's Mercy Kansas City

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Funded by the **Centers for Disease Control and Prevention**

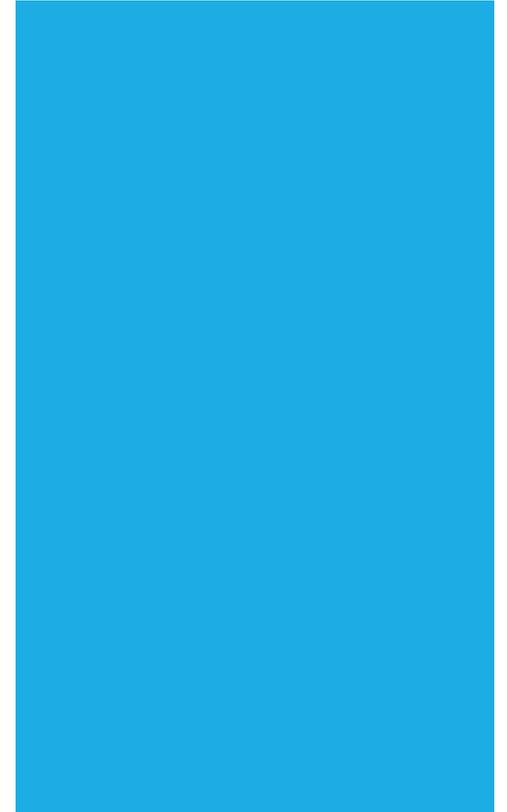
MULTI-SECTOR PARTICIPATION

- 30 organizations
- Local, state, tribal, national
- Culturally specific organizations
- Federal partners



STUDY OBJECTIVES

- 1) Understand the impact of the COVID-19 pandemic on IPV survivors and their children, as well as children experiencing abuse or neglect
- 2) Examine how IPV agencies and Child Protective Services have adapted to the COVID-19 pandemic and the impact of the COVID-19 pandemic on front-line workers at victim services agencies
- 3) Learn emerging practices happening around the country



METHODS

Participants: 1) identify as IPV advocates who work directly with IPV survivors and/or their children; 2) work at a US-based agency; 3) understand and speak English

Recruitment: Emails to national and regional IPV advocate listservs, personal invitations from Futures Without Violence

METHODS

Interview guide: Developed by the research team to focus on the impact of COVID-19 on survivors, children, IPV agencies, as well as emerging practices/innovations

Data collection: Sixty-minute interviews conducted on Zoom, audio-recorded, and transcribed verbatim

Data analysis: Inductive thematic analysis approach

Socio-demographic characteristic	N (%; total n=53)
Populations served Black Disabled Immigrant LGBT+ Non-English speaking Indigenous	 11 (21%) 2 (4%) 15 (28%) 8 (15%) 11 (21%) 8 (15%)
Race and Ethnicity Asian Black/African Latinx Indigenous White Other	 5 (6%) 6 (11%) 7 (13%) 4 (8%) 30 (57%) 3 (6%)
Gender Female Male Transgender, gender queer, binary	 49 (92%) 1 (2%) 3 (6%)



IMPACT ON IPV SURVIVORS

*“There’s been a lot of emotional impact on the survivors that I’ve worked with who are—were already **experiencing isolation due to abuse, and that only increased because of the shelter in place orders**, or—and/or I would say their own concerns of getting COVID for a lot of them who are either older or immunocompromised or both, so a lot of isolation impacts.”*

COERCIVE CONTROL

“When COVID hit as hard as it did, the abuser was saying that they weren’t comfortable exchanging the children on the weekends anymore. . . so she wasn’t able to see her children, except by Facetime. She has started seeing her children now, but for longer—at least for a couple months, she wasn’t able to see her children at all.”

INTERSECTIONAL INEQUITIES

*“It was hard to really manage and find resources for undocumented survivors in the beginning . . . was by far the hardest because there was nothing. When you lose your job, you go to unemployment. You get unemployment. You get food stamps. You get all that when you’re documented. **When you’re undocumented, there is nothing. Nothing at all.**”*

INTERSECTIONAL INEQUITIES

“I think especially when talking about the black trans women that we serve, in combination with COVID and DV and what's going on in the US right now, we just—we don't want someone to call our hotline and our first response to be call the police. I think, especially with COVID, when their other resources aren't around as much, it just really limits their access to be safe.”

BALANCING SAFETY AND TRAUMA-INFORMED APPROACHES

“Our mask-wearing policy, we have found that wearing a mask can be really triggering for someone who has experienced suffocation, or maybe someone who has had their nose broken. That’s something that we’ve worked with individuals to—what can we do to loosen it a little bit, make it a little bit more comfortable, make it a little bit more breathable, while still adhering to those policies, because we have to keep everyone safe.”

PRIVACY AND VIRTUAL VISITS

Ideas used: code words, texting, being careful with when conversations are taking place

*“Some folks still want to speak with us, **but we are fully aware they are cohabitating with an abusive person, and so we've needed to be a little more careful in that.** Either reducing the amount of time that we're speaking to people or speaking in code or trying to find different times to support them.”*

EXPERIENCE OF FRONTLINE WORKERS

*"I picked up [my daughter] at daycare and her babysitter has eczema. She had an outbreak on her neck. My daughter, who doesn't even know her shapes, sat in this woman's lap and said, 'Is your boyfriend hitting you?' My three-year-old is now screening people for intimate partner violence in actually a very empathetic and correct type of way. I was super proud of her, but as soon as that happened, **I knew that she was hearing me talk about this stuff too much.**"*

DISCUSSION

Survivor loneliness and trauma

COVID-19 being used as a way to control and manipulate IPV survivors

Challenges and opportunities related to virtual service provision

Syndemic framework to understand how structural inequities, COVID-19, and IPV compound upon each other



IMPLICATIONS AND NEXT STEPS

Need to continue to develop cross-sector collaboration to support IPV survivors

Including IPV in disaster preparedness and emergency response plans

Developing technology that allows for safe, confidential, and private conversations

Funding and support for IPV agencies serving IPV survivors from communities experiencing marginalized

Supporting IPV advocates and prioritizing them as front-line workers for PPE and vaccinations



THANK YOU!

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