

Improving services for violence against children and women during a pandemic: COVID-19 and Violence Prevention Activities

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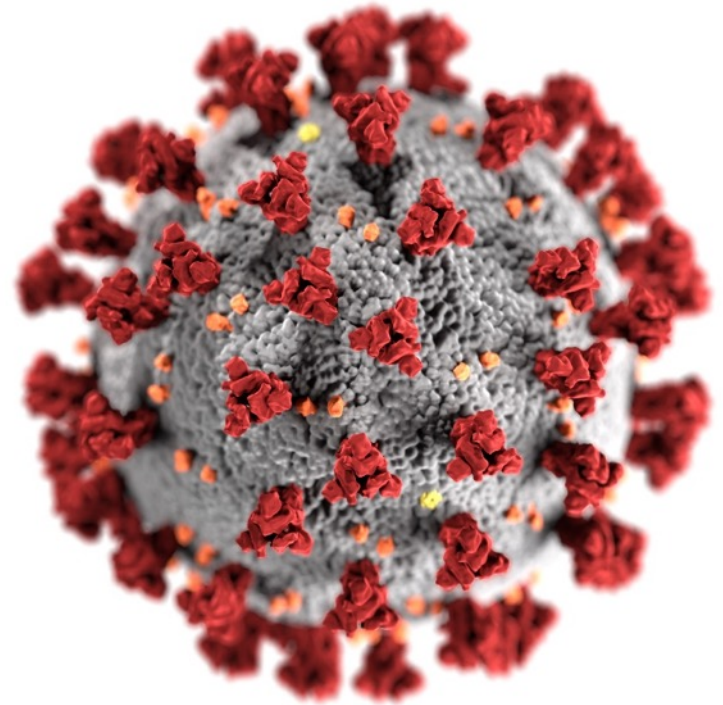
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On behalf of Maya Ragavan, Lauren Risser, Virginia Duplessis, Tammy Hurley, Dr. Judy Chang, Dr. Elizabeth Miller, Kimberly Randell, Cynterria Henderson, Kelley Premo, Janine Talis, Anna Patterson, Stephanie Hartos, Rebecca Garcia, Rachel Berger, Veronica Renov, Phoebe Balascio

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention (CDC).

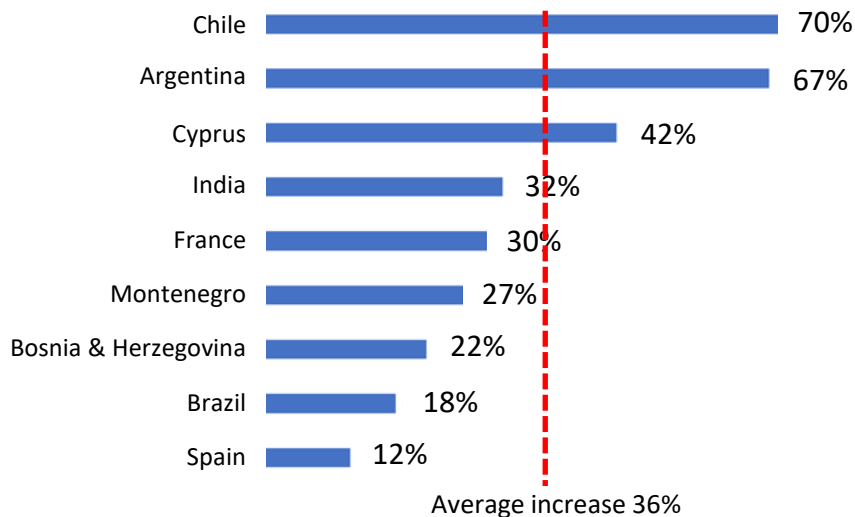


cdc.gov/coronavirus

[Global cdc.gov/coronavirus/2019-ncov/global-covid-19/index.html](https://global.cdc.gov/coronavirus/2019-ncov/global-covid-19/index.html)

Global impact of COVID-19 on domestic violence

Reported percent increase in calls to crisis hotlines for domestic violence due to COVID-19 during an initial three-month period of quarantine of each country*



* The time periods of quarantine initiation and data collection vary by country.
Source: World Vision. A perfect storm: Millions more children at risk of violence under lock down and into the 'new normal'. COVID-19 Aftershocks, 2020.
(Estimates based on data reported by the media from several sources)



Impact of COVID-19 on domestic violence in the USA

Early trends from selected areas in the USA

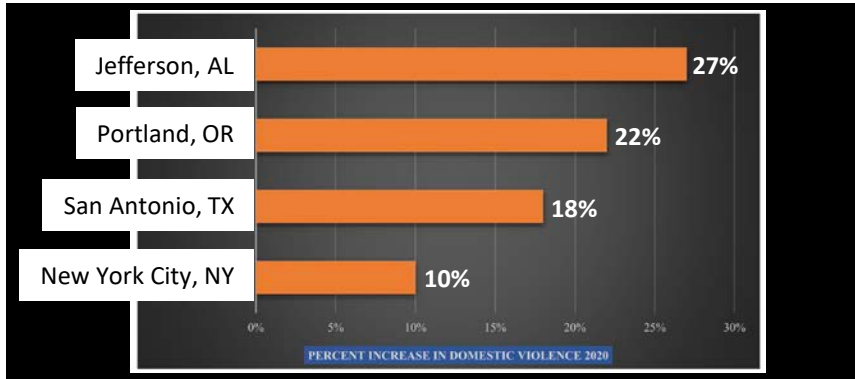
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Alarming trends in US domestic violence during the COVID-19 pandemic



* Data from U.S. police departments reports from selected cities

Source: Boserup B, McKenney M, Elkbuli A. Alarming trends in US domestic violence during the COVID-19 pandemic. Am J Emerg Med. 2020 Dec;38(12):2753-2755.

COVID-19 related Public health measures and the risk of violence and suicide



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COVID-19

Actions like avoiding large and small gatherings in private places and public spaces, working remotely, and closing schools may increase risk factors like:

- Social isolation or lack of social support
- Financial, emotional, or physical stress
- Lack of time alone or lack of physical and mental space
- Lack of childcare
- Loss of job or income
- Depression or anxiety
- Substance misuse
- Reduced access to mental health or substance use services and supports

Source: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/abuse.html>



Aims

Main question: How are services addressing domestic violence coping, responding, and adapting during the pandemic?

Assessment

1. Interviews with frontline providers and state leadership
2. Review of findings with a diverse group of key stakeholders
3. Generation of reports of key findings
4. Development and dissemination of guidance/capacity building for practice



Methods

- **Interviews related to sample of respondents:**
 - Covered urban/rural, geographic, and special populations
 - 70 total interviews:
 - 53 Advocates of victims of domestic violence and violence against children from 25 states (Jun – Nov 2020)
 - 17 Child Protective Services (CPS) workers & 15 administrators from 10 states (Dec 2020 – Jan 2021)
- **Qualitative interviews (virtual)**
 - 12 open ended questions
 - Aimed at understanding services
 - Challenges and experiences with services
 - Perceptions of the problem of violence in the current context
- **Analysis:**
 - ID of key findings using inductive thematic analysis
 - Discussions with stakeholders



Preliminary findings

Victim advocates reports

- 49 respondents identified as female
- Different ethnic/racial/population backgrounds

Themes identified in advocates interviews

1. COVID-19 compounds challenges of intimate partner violence (IPV) survivors meeting basic needs
 - Shared housing and stress, access to cell phones/computers, and transportation
2. COVID-19 is being used to control IPV survivors
 - Increasing isolation of victims, financial abuse, intentional exposure to Covid-19 or limiting access to protective equipment
3. COVID-19 mitigation strategies need to be balanced with trauma-informed practices
 - LGBT communities experiencing more isolation
 - Perception of “going from one jail to another jail” due to restrictions (Triggers: Mask wearing)



Preliminary findings

▪ Thematic areas identified by advocates

4. Harm reduction and safety planning requires adaptation during the COVID-19 pandemic
 - Evidence of strength, creativity and resilience
 - Avoiding risky places (bathroom or kitchen)
 - Behavioral changes (“Not rocking the boat”)
 - Reduced contact time with services
5. COVID-19 impacts survivor mental health, stress, and resilience
 - Anxiety due to competing risks (violence, COVID, job)
 - Use of social media as outlet
6. Structural inequalities and discrimination impact marginalized IPV survivors during the COVID-19 pandemic.
 - Racism and police brutality affect minorities more
 - Xenophobia with immigrants (coercion with threats of deportation)
 - Increased resilience at community level with indigenous populations



Preliminary findings

■ CPS frontline workers & administrators

- Thresholds for investigations and reporting remain the same
- Agencies continuing regular visits also using virtual options
- Frontline workers and administrators working from home
- Field visits conducted outside or virtually when possible (technical support has been key)
- Initial decrease in reporting documented
- Uptick when children returned to school



Preliminary findings

- **CPS frontline workers & administrators**

- Concerns about severity of cases
- Stress from finances & childcare
- Discussions about in-home safety planning
- Concerns about COVID-19 in shelters
- How to support parents who take care of children?
- Funds for services are still insufficient
- Services are siloed



Strengths and Limitations

▪ Strengths

- In depth interviews allow to understand context and links to services
- Efforts to address concerns of minority populations
- Use of information for capacity building or guidance to professionals dealing with victims

▪ Limitations in respondent recruitment process

- CPS was less responsive
- Interval to make decisions about responses can take months
- Possible differences between respondents and non-respondents
- Not all areas of US were covered

▪ Limitations on the nature of the information

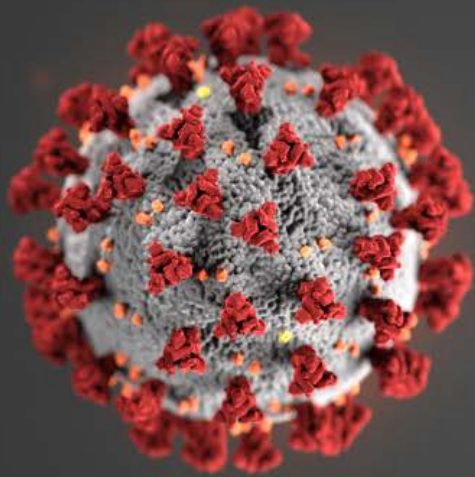
- Not directly obtained from victims



Next steps

- Complete analyses, publish manuscripts
- Begin dissemination strategy
- Exploring additional resources for healthcare providers
- Strengthening connections between agencies addressing IPV and healthcare providers





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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