

# **PREPARING TO SUPPORT SURVIVORS OF INTIMATE PARTNER VIOLENCE AND THEIR CHILDREN DURING PUBLIC HEALTH EMERGENCIES:**

## **LESSONS LEARNED FROM THE COVID-19 PANDEMIC**

### **BACKGROUND**

Survivors of intimate partner violence (IPV) and their children are often overlooked when it comes to emergency preparedness planning. IPV is common – 41% of women and 26% of men have reported experiencing IPV during their lifetime.[i] Further, the health of and wellbeing of children is inextricably linked to the health and wellbeing of their caregivers. Witnessing IPV is traumatic and can have short- and long-term impacts on child health and development, including physical health problems, behavioral health problems, and emotional difficulties. [ii] It is important for child- and family-serving organizations to consider the unique needs of survivors of intimate partner violence (and their children) when preparing for disasters and/or emergencies.

### **USING THIS INFORMATION**

This resource is intended to inform emergency preparedness efforts for all child- and family-serving organizations and institutions, including non-profit organizations, hospitals and health care settings, early childhood education, hospitals, law enforcement agencies, and more. Organizations can utilize information within this resource to inform their own emergency plans, tailored to the needs of the unique populations that they serve.

### **OBSERVATIONS FROM THE COVID-19 PANDEMIC: SUPPORTING INTIMATE PARTNER VIOLENCE SURVIVORS AND THEIR FAMILIES**

- Intimate partner violence (IPV) and child abuse (CA) can worsen in times of disaster or extra stress. Those experiencing IPV and CA are further isolated and risk increased severity of IPV and CA especially when emergencies or disasters occur.
- Survivors of IPV and their children have unique safety needs that have not been historically or routinely addressed in preparedness planning.
- Access to resources and supports becomes more challenging. Some mitigation or support efforts focused on the disaster may inadvertently worsen situations for survivors. Families need safe spaces, places to thrive and heal, as a form of reprieve.

## OBSERVATIONS CONTINUED...

- Advocacy and service provision organizations will continue their work—they may need to adjust their approaches and communication strategies to address and support safety. Virtual service provision was often a key strategy to increase access to supports.
- There is a need for flexibility in the administration (and subsequent use) of disaster relief funds to adapt to the changing landscape and better support clients and staff. Additionally, culturally affirming partners/organizations often experienced compounding impacts on their time, without receiving equitable compensation.
- Staff and administrators are also impacted by the disaster. Internal supports, resources and processes for self-care and workplace resilience are important.
- During the pandemic, it became important for IPV agencies to partner with other community organizations (grocery stores, food banks, aid groups, etc.) to help share services and increase awareness around supports. At times, larger (or more connected/experienced) agencies would reach out to support smaller/less connected agencies and advocate on their behalf.
- It is important to spread messaging that amplifies resilience and community care, emphasizes love/thriving of neighbors, and is strengths-based.

## CONSIDERATIONS FOR EXPOSURE TO TRAUMA AND VIOLENCE WITHIN RESPONSE PLANNING

- **Remember:** Exposure to trauma and violence increases in the context of natural and man-made disasters due to pre-existing inequities, uneven distribution of resources, social isolation, and hazards associated with being frontline workers.
- **“Centering the Margins”:** Communities and individuals are not broken - the systems are not working for them. Create emergency preparedness plans that ‘center the margins’ – i.e., consider those who are made the most vulnerable due to marginalization and discrimination (e.g., those who are unstably housed, exposed to violence and exploitation, differently abled, non-English speaking, geographically isolated).
- **Enhancing Community Resilience:** Consider emergency preparedness planning that focuses on enhancing community resiliency and care for neighbors, with healing-centered approaches to service provision. Utilize language that is strengths-based. “We want everyone in the community to be supported and to be able to help others.”

## CONSIDERATIONS CONTINUED...

- **Leveraging Hidden Infrastructure:** The COVID-19 pandemic revealed a ‘hidden’ public health infrastructure that could be more intentionally and formally marshaled in preparedness planning for a range of hazards. Such planning should center the experiences of those already working in communities that are under-resourced and overburdened.
- **Supporting Advocates:** Victim service advocates and administrators need support (including staff support) that is immediate and flexible – and can be spent on a range of services and resources – to pivot to serving survivors and their children as needs emerge during a disaster or emergency.
- **Funding:** The long-term disruptions of a disaster or emergency are far reaching and unpredictable – disaster relief funding should continue for at least 1-2 years after emerging from the immediate aftermath of a disaster.
- **Creating Partnerships:** Cross-sector collaborations are critical for responding to needs during a public health emergency - partnership agreements between health centers, food resources, transportation, shelter and housing support (hotels, building owners, colleges), and access to telecommunication (phones, devices, internet), should be in place as part of preparedness planning.

## RESOURCES

[American Academy of Pediatrics \(AAP\) – Intimate Partner Violence \(IPV\)](#)

[AAP Voices Blog – Reimagining Child Protective Services Reports for Families Experiencing IPV](#)

[CDC Emergency Preparedness and Response – Resources for Emergency Health Professionals](#)

[Futures Without Violence](#)

[National Domestic Violence Hotline](#)

[Save The Children – Family Emergency Preparedness Plan](#)

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[1] <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

[1] <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects>