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Lessons Learned About Survivor-Centered Support During The Covid-19 Pandemic:

Recommendations for Intimate Partner Violence Advocates

Project Overview

The **Improving Services for Violence Against Children and Women** project explores the state of intimate partner violence (IPV), child abuse and neglect, and community-based support agencies working to address the needs of IPV survivors in the midst of the COVID-19 pandemic. The project aims to identify unique needs, gaps, barriers, and potential improvements to service provisions within the context of a public health emergency. This brief focuses on best practices and innovative strategies that IPV advocates can implement to form stronger support networks for survivors of violence and abuse that continue to function in emergency conditions. This brief was developed through a collaborative effort by Futures Without Violence, the American Academy of Pediatrics, and from research by the University of Pittsburgh Medical Center Children's Hospital of Pittsburgh, which includes a series of interviews with survivors, IPV advocates and administrators, and Child Protective Services (CPS) advocates.





Introduction

Intimate partner violence¹ directly impacts more than 1 in 4 women^{2,3} in the United States, as well as their children and families. IPV is a national public health issue with many negative impacts on the health and wellbeing of survivors and is a critical social determinant of health.

The frequency and severity of IPV during the COVID-19 crisis has become exceedingly concerning. The pandemic created unique opportunities for partners who cause harm to assert power and control—a cornerstone of IPV—through isolation, threats, manipulation and violence. Survivors are experiencing compounded levels of stress,

economic strain and restricted opportunities for connection with social networks, hindering their ability to reach out for support. Additionally, while the field's focus is predominantly centered around how to best support IPV survivors, the pandemic has also exposed the need to recognize frontline IPV advocates as essential members of the healthcare workforce. Solutions that better support their safety, health and wellbeing are critical during the public health emergency.

There are definitive links between IPV, structural racism and health inequities that disproportionately affect survivors' wellbeing and access to healthcare and critical support services. Survivors,

“Survivors do an incredible job of protecting their children to the best of their ability, and a lot of safeguards have been taken from survivors...kids can’t go to camp or school anymore. They’re more likely to hear and to witness the abuse that one parent is engaging in with the safe parent.”*

particularly those from communities that have been historically marginalized and under-resourced, are facing unprecedented intersectional challenges. Pre-pandemic disparities have been exacerbated and more deeply exposed. The syndemic⁴ nature of the pandemic has created staggering challenges for survivors. For example, stay-at-home orders can exacerbate isolation, and economic hardships can create new opportunities for financial abuse. These factors are increasing the barriers survivors face in meeting basic needs like housing, employment, childcare and access to technology. Since IPV does not occur in a silo but rather within the broader context of political, social, and environmental factors, it is imperative that IPV, the nation's structural inequities, and COVID-19 be addressed concurrently.

Practices and systems rooted in structural racism and inequity restrict survivors—

especially Black, Native, immigrant, gender and sexual minorities, and those who are low income and uninsured/underinsured—from accessing the resources, services and vital support they need, when they need it most. This brief aims to:

- Identify organizational policy and practice recommendations for IPV service agencies;
- Highlight systems-level improvements to promote equity across the service landscape and address disparity gaps and underlying root causes of IPV during and post-pandemic; and
- Inform institutional preparedness and response for future public health emergencies and/or natural disasters to ensure IPV advocates' continuity of effective service provision and capacity to meet an inevitable growing demand.

Prevention and Upstream Approaches

IPV is associated with significant health consequences for survivors and their families. IPV advocates are critical supporters, as they are able to intervene and respond to violence that has already occurred. Advocates can advance their support by ensuring they also address social determinants of health in their work.

Social determinants of health are environmental conditions that play a significant role in one's health, functioning, and quality of life, such as economic security, safe housing, access to quality food, and healthy relationships. Strategies addressing social determinants of health work to stop violence from occurring by promoting conditions that support healthy families and communities. By prioritizing prevention, addressing social determinants of health, and providing broad universal education about healthy and safe relationships, advocates can be key partners in reducing the stressful conditions that make violence more likely. IPV agencies can also partner with culturally-specific, community-based agencies to close the disparity gap for minority groups and help link survivors to essential wrap-around services.



Practice and Systems Change Recommendations

1. Address root causes of IPV and social determinants of health as primary prevention strategies. IPV advocates have the opportunity to support survivor health and safety by working to ensure that essential needs are met—especially during a national crisis—to help reduce the stress conditions that are linked to IPV. This includes supporting survivors to find affordable, secure housing; steady employment and a livable wage; accessible childcare; universal health and mental health care; and food access. IPV agencies can implement strategies that improve access to core supports (i.e. housing, employment, childcare), promote protective factors⁵ and address root causes of violence and abuse. Creating collaborative relationships with community-based organizations and local businesses, such as gas stations,

grocery stores and childcare agencies, can expand available resources for survivors and their families to meet essential needs. For example, work with local grocery stores to provide gift cards or special discounts for survivors. This is especially important in the event of a future national emergency when access to resources are limited.

Recognize those with lived experience as valuable contributors and invite them to the table to strategize practice change in a survivor-centered way. Build on survivor-centered solutions established during the pandemic to address the disparity gap and build resilience for survivors and their families. For example, many agencies provide financial support and alternative housing options, like hotel stays, to offer immediate solutions for survivors. Many of these solutions may be feasible post-pandemic allowing for a more survivor-centered approach. Additionally, at the systems level, IPV service providers can advocate for

approaches that address underlying inequities, foster community resilience, and promote prevention.

2. Prioritize the health, safety and wellbeing of IPV advocates. To adequately sustain IPV support services during a public health emergency, IPV advocates must be recognized as essential workers. Attention has been heavily focused on first responders in healthcare, excluding the needs of survivor-serving advocates. With the pandemic, the need for IPV support is increasing and advocates are adjusting to drastic changes in their work environments with limited resources.

While IPV agency staff have created innovative ways to safely connect and share information with survivors at a distance through the use of technology, they also face unprecedented challenges. Virtual advocacy raises unique considerations for delivering services safely, building trust and engaging survivors. Advocates are working tirelessly to provide remote survivor-centered, trauma-informed care with minimal training. Public health emergencies also require agencies to prioritize health and safety protocols for

staff, accommodate advocates' increased need for sick time to care for themselves or family members, schedule time for self-care and emotional support, and be flexible as they navigate competing demands working from home while caring for their children and homeschooling. Moreover, advocates must also navigate violent and traumatic stories from their own homes in the presence of their family members.

It is imperative that IPV advocates are adequately supported to ensure their health, safety and wellbeing. There is a need for increased allocation of resources to support early and ongoing access to personal protective equipment (PPE), testing, vaccines, a steady livable wage, employee assistance programs, and flexible work schedules to accommodate those working from home without childcare. With so many advocates being survivors themselves, IPV agencies must also establish policies for workplace response to violence and vicarious trauma. Collectively, IPV agencies have demonstrated resilience, allowing them to pivot quickly and effectively through unprecedented times. Survivor-centered care has incorporated new approaches that may be here to stay,

"It's really challenging for me because I had a routine and now I'm physically in a different place, doing this work and hearing the things that I hear all day long.... Yeah, I can go into a different room, but it's like my clients are here in my home with me."

including methods for remote advocacy. By leveraging these adaptations and improving organizational policies that support staff, agencies can help combat advocate stress and burnout beyond the pandemic and ensure sustainability of IPV support in the event of a future public health crisis.

3. Prioritize partnerships with healthcare providers and community-based organizations to develop systems for transformative collaboration.

IPV agencies can reduce silos and build collaborative services that leverage the collective capacity of a network of resources and ensure comprehensive, whole-person care for survivors and their families through strategies that include:

- Centering racial equity in initiatives to develop partnerships with essential service providers who continue operations during a pandemic, such as healthcare organizations and hospitals, adult and pediatric mental and behavioral health organizations, schools, childcare agencies and grassroots culturally specific organizations. The context of the pandemic has underscored the need for organizations to proactively develop strong partnerships that directly tackle racial disparities in access to services and outcomes.
- Formalizing mutually beneficial partnerships with Memorandums of Understanding (MOUs). Through these

agreements, partners can delineate methods for survivor-centered care and response, establish procedures for coordinated systems of care, and facilitate warm referrals.

- Embedding health advocacy⁶ into ongoing services to better respond to survivors' health needs and make warm handoffs to trusted partners streamlining survivor access to services. For example, partnerships can implement co-location, placing advocates within healthcare settings to make warm handoffs seamless and embed IPV support as part of ongoing medical care.

Developing these networks allows organizations to ensure access to and continuity of services for all survivors in the midst of a crisis and represents an opportunity to improve community support networks for survivors post-pandemic. Lift up survivors' voices by involving them in the collaborative process to identify their needs and help define core trauma-informed practices and services. Ensuring language access across service delivery and collaborations for survivors with limited English proficiency is also critical.

Partnerships require continual engagement, ongoing communication, evaluation of outcomes and implementation, and cross training between partners to ensure seamless service provision. Engage advocates

in professional development to build greater capacity for equitable, culturally responsive and inclusive services. Provide ongoing training on health advocacy; adverse childhood experiences (ACEs); the health impacts of IPV; practices that anchor prevention, universal education and trauma-informed intervention; and involvement of child welfare organizations.

IPV agencies can adopt resources from existing collaboration frameworks to develop partnerships, such as www.ipvhealthpartners.org.

4. Creatively allocate new and existing funds to better meet the needs of survivors and support program sustainability.

Adapted services and innovative practices launched during the pandemic have proven beneficial for survivors. Telehealth services and virtual operations have, in some ways, enhanced equity by eliminating barriers such as the need for transportation, extra time for transportation, and childcare. Consider ways to allocate funding to ensure successful services adapted during the pandemic continue and even expand. For example, advocates are implementing innovative communication solutions

(i.e. texting, email, use of code words) to address confidentiality concerns for survivors living with abusive partners, as well as immediate safety needs.

IPV agencies can leverage new and existing funding to help cover costs associated with health advocacy, including routine health assessments, co-location of advocates, shelter-based health services and health education, and healthcare partnership development. Finally, project research suggests that increasing mental health resources for survivors and children would increase access and equity; for example, expanding Medicaid to cover parent-child therapeutic interventions, improving language access to care, and increasing availability of services and sliding fee scale for survivors who are uninsured or underinsured.

5. Educate on broader policy and systems change. IPV advocates and administrators are key players in the service landscape and need to be included as important stakeholders when strategizing policy and systems change. Ultimately, systems change requires that IPV support services are identified as key partners within the health and social

"I feel like normally, all of our agencies throughout the community, we help each other but we also stay in our lanes. Now...we're all coming together to help each other because there's so much going on."

services network, including emergency, primary and pediatric healthcare; mental and behavioral health; housing; child welfare; and community safety.

Advocates have a role not only in IPV support but also in wide scale health advocacy and health policy development. Advocates can be instrumental in centering prevention, anti-racist approaches, anti-poverty work, and strategies that address root causes of violence and inequity. Additionally, advocates must be categorized and treated as frontline workers given their unique roles. Advocates need to have a role in creating transformative systems change using their direct experience in collaboration with survivors, health and mental health providers, and social service agencies to shape policy and practice. Within their own organizations, advocates are positioned to identify the infrastructure that promotes multi-sector collaboration and partnerships as an ongoing part of operations which can benefit survivors' holistic needs.

Conclusion

The negative health impacts of IPV are well documented. IPV advocates can play an important role in creating access to much needed health and social services. By committing to practice, program, and systems level changes that promote prevention and increase access to integrated care, the health and safety of survivors and their children will ultimately be improved.

Resources

- [Futures Without Violence Improving Services for Women and Children During COVID-19 project page and links to other issue briefs](#)
- [Futures Without Violence, Resources for Safety and Support during COVID-19](#)
- [The Praxis Project, Social Determinants of Health](#)
- [The Shadow Pandemic: Violence against women during COVID-19](#)
- [Levels of Racism: A Theoretic Framework and a Gardener's Tale](#)
- [Guiding Principle 1: An Intersectional Feminist Approach](#)

Endnotes

- 1 Intimate partner violence, also referred to as domestic violence, is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain power and control over the other. Learn more about the dynamics, signs, and prevalence of domestic violence at the National Coalition Against Domestic Violence: <http://www.ncadv.org/learn-more/what-is-domestic-violence>.
- 2 *National Intimate Partner and Sexual Violence Survey* (2015). Center for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- 3 IPV affects more than 1 in 10 men in their lifetimes and impacts LGBTQ populations at even higher rates. *National Intimate Partner and Sexual Violence Survey* (2015). Center for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- 4 Syndemics have been used to describe the interaction between diseases and the social, environmental, and economic factors that worsen and amplify intersecting conditions such as IPV, COVID-19, and health. Mendenhall, E. (2017). Syndemics: a new path for global health research. *The Lancet*, 389(10072), 889–891. doi:10.1016/S0140-6736(17)30602-5
- 5 *Issue brief on Protective Factors for Survivors of Domestic Violence* (2019). Quality Improvement Center on Domestic Violence in Child Welfare. <https://dvchildwelfare.org/resources/issue-brief-on-the-protective-factors-for-survivors-of-domestic-violence/>
- 6 Health advocacy addresses and responds to survivor health needs within IPV programs. For more information visit <http://bit.ly/healthadvocacy>.

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