

SURVIVE-AT-HOME ORDERS: COVID-19 POLICY THROUGH THE LENS OF INTIMATE PARTNER VIOLENCE

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ABSTRACT: Two years into the pandemic, the consequences of early United States COVID-19 policies on victims of intimate partner violence (IPV) remain largely hidden from view. I wanted to know how policies like stay-at-home orders and the stalled renewal of the Violence Against Women Act (VAWA), compounded by a lack of economic relief, may have influenced the risks associated with IPV in the United States. To do this, I performed a literature review of over 40 sources from the past ten years including data from previous natural disasters that have required stay-at-home orders and current social trends that have been altered due to COVID-19 such as unemployment, substance abuse, gun ownership, and mental health issues. I then compared these factors to screening instruments designed to assess fatality risks for victims of intimate partner violence. My findings highlight a dire, life-threatening crisis that was perpetuated and prolonged by our government's clumsy initial responses to the pandemic and reduced funding for victim services. In addition to renewing VAWA, rather than solely focusing efforts on crisis services, I recommend investing heavily in prevention programs. Due to the intergenerational nature of IPV, adopting this recommendation before the next disaster strikes may mitigate rippling impacts that could be seen for many years to come.

Author's note:

(Trigger warning: reflections on lived experience of domestic violence)

If there's one thing most of us have more of during quarantine, it's time. For the daydreamers among us, that means more time to think and reflect upon where one has been and where one would like to be. I count myself as one of those people more prone than usual to pass the hours lost in contemplation – more so than ever since the “Stay Home, Stay Safe” orders related to COVID-19 went into effect. For me, the past year at home has brought a sense of quiet peace. But, it wasn't always that way. For so long, home was anything but peaceful. It was a minefield I was forced to tiptoe my way through since childhood. When I was old enough to escape the violence of my parents, I ran straight into the arms of an abusive partner. Having not known anything else, I confused my partner's anger and control with love. It made it hard to recognize how much danger I was in. Such is the case with most victims of intimate partner violence – many of whom became trapped with their abusers as they waited out our nation's stay-at-home orders. I think of them often as I watch our country continue to struggle under the burdens of the pandemic.

Three years into the pandemic, the consequences of early United States COVID-19 policies on victims of Intimate Partner Violence (IPV) remain largely hidden from view. Widespread disease has slowed down data collection and scholarly research on a social phenomenon that was already believed to go underreported under more normal circumstances. But, synthesizing predictive factors with relevant data from previous natural

disasters while analyzing the limitations of domestic legislation can help us gain a high-level view of the dangers our nation's stay-at-home orders inflicted upon victims of IPV. In this paper, I argue that current legislation continues to fail victims of IPV because it reduces funding and focuses its efforts on crisis services rather than prevention. I believe the clumsy measures our government took to curb the spread of COVID-19, coupled with a lack of economic

relief, perpetuated and prolonged the dire, life-threatening escalation of family violence now known as “the shadow pandemic.”

Intimate Partner Violence falls under the broader umbrella of domestic violence. Whereas domestic violence can also refer to elder abuse and child abuse, IPV is defined as stalking, mental and sexual abuse, and/or physical violence occurring between current or former partners (Boserup, 2020). IPV affects people from all walks of life regardless of gender, sexuality, ethnicity, or economic status. According to the National Center for Health Research, 1 in 3 women and 1 in 10 men experience severe violence from an intimate partner each year. Emergent research suggests transgender individuals experience a dramatically higher prevalence of IPV (Pietzmier et al., 2020). A 2020 survey conducted by the Washington State Coalition Against Domestic Violence revealed that, of those who sought emergency shelter in Washington state, 97% of participants were female with an average age of 34.5. Seventy-four percent were responsible for children and of those with children, 89% reported perpetrators using their children against them in the 6 months prior to being surveyed. Both victims and perpetrators alike are linked to higher rates of mental illness (Collins, 2013). Research indicates that children who witness family violence in their homes and adults who experience it firsthand are more likely to suffer trauma-related disorders. Subsequently, those suffering from trauma-related disorders are more likely to become perpetrators themselves or fall into a pattern of victimhood. These predictive determinants result in an intergenerational cycle that can be difficult to escape (Kennedy, 2012). Leaving a dangerous situation is often further complicated by feelings of low self-worth, financial insecurity, and compassion for one’s abuser (Bancroft, 2003).

To varying degrees of success, the U.S. has tried to address the growing epidemic of Intimate Partner Violence. In 1994, Congress passed the

Violence Against Women Act (VAWA) which enabled harsher sentencing for perpetrators, for better or worse, created federal initiatives aimed at protecting victims of IPV, provided funding for shelters and crisis centers, and strengthened communication between criminal courts and social services (Harris, 2021). Prior to the 1980s, family violence was commonly viewed as a private matter that fell outside of police jurisdiction. VAWA was created to smooth the cracks of a legal system that had been largely failing to address victims’ needs (Bleiweis, 2020). From 1994 to 2019, the overall rate of Intimate Partner Violence had declined by 64% and many people attribute this to both the protective measures and awareness raised by VAWA’s passage (Harris, 2021). While VAWA itself never expires, its appropriations for grant programs must be reauthorized every five years. In the past, VAWA received noteworthy amounts of bipartisan support. However, in more recent years, perhaps exacerbated by the presidency of Donald Trump, a man facing multiple allegations of physical and sexual abuse, support for VAWA among Republicans has waned. As a result, its most recent renewal has been stalled since 2018. This lapse has created much uncertainty for providers who do not have the resources to keep up with an increased demand for victim services during the current pandemic.

The United States has never experienced a health crisis on the scale of COVID-19, but we can use our knowledge of similar natural disasters that have required citizens to shelter in place, such as Hurricane Katrina, to get a better understanding of IPV in the context of quarantine measures and economic insecurity. Evidence shows, during and after natural disasters, women are at an increased risk of experiencing domestic violence (Chew and Kavita, 2005). When outside dangers necessitate confinement to one’s home, victims are more likely to experience physical confrontations with their abusers due to an increase in daily stress and corollary mental health issues (Froimson, 2020). Victims also bear the brunt of economic instability in

the wake of natural disasters. In heterosexual, dual-income households with children, women are more likely to give up their employment to assume full-time caregiving responsibilities. For women especially, sheltering in place without a partner dramatically results in a disproportionate lack of resources that hinders the ability to mentally and financially recover once the disaster has passed (Chew and Kavita, 2005). For these reasons, many people experiencing an escalation of Intimate Partner Violence in the wake of a natural disaster such as the current pandemic are forced to stay in unsafe situations out of economic necessity.

National data on current rates of intimate partner violence is limited and it may take years to gain an understanding of the full toll of the pandemic on people experiencing Domestic Violence (DV). Even under normal conditions, cases of IPV are assumed to be underreported. But the localized statistics that began trickling in at the start of the pandemic were alarmingly grim. In 2020, DV shelters and support agencies across the country saw sharp increases in calls following lockdown orders. An analysis from the National Commission on COVID-19 and Criminal Justice estimates domestic violence spiked by more than 8% during that time (Piquero, 2021). The National Domestic Violence Hotline documented many calls in which victims reported their partners were using COVID-19-related scare tactics to prevent them from leaving the house or seeking medical attention (Ramaswamy, 2020). Gun purchases also increased – an ominous trend given the fact that women are five times more likely to be murdered in homes where a gun is present (Snyder, 2019).

We can combine our knowledge from past natural disasters with our knowledge of Intimate Partner Violence patterns to paint a clearer picture of victim safety during the current crisis. In 1986, Dr. Jacquelin Campbell developed The Danger Assessment: “an instrument that helps to determine the level of danger an abused woman

has of being killed by her intimate partner” (Danger Assessment). The instrument consists of 20 yes-or-no questions designed to identify risk factors for intimate partner homicide. According to the Danger Assessment, women already suffering from IPV are far more likely to be killed when their partner loses a job, becomes depressed, or abuses drugs or alcohol. Economic downturn and the closure of non-essential businesses during the start of the pandemic led to unusually high levels of unemployment. This brought financial distress to many families across the country and, with it, increased reports of depression and anxiety. While many abusers were unemployed or working from home, victims had little to no respite from a constant barrage of trauma. Female victims with school-aged children were disproportionately forced to leave the workforce to juggle the demands of their child’s remote education while shielding them from the increased risk of witnessing violence in their home. Victims who were once able to rely on the support of friends and family members or escape to their jobs and/or schools for significant portions of their day were under such vigilant surveillance from their abusers that they became unable to make calls for help (Sunita, 2020). Because of this, experts believe initial spikes in calls for domestic violence services during the pandemic significantly underestimated the actual increase in violence (Bastomski and Ervin, 2020). Additionally, the persistence of lockdown orders caused many people to increase alcohol consumption in an effort to escape their feelings of boredom or despair (Grossman, 2020). Drug use and overdoses also rose to record heights (Gold, 2020). For these reasons, the same stay-at-home orders put in place to protect us from COVID-19 ultimately exacerbated the lethal risk factors identified by the Danger Assessment and created a cocktail of catastrophic conditions for those living with IPV.

The consequences of our government’s insufficient response to the COVID crisis are two-fold. First, uneven enforcement of stay-at-

home orders forced those living in the U.S. to continue sheltering in place for two years until vaccinations became widespread while each additional day in quarantine had the potential to end in death for people trapped with their abusers. State-mandated social-distancing measures placed extra burdens on domestic violence services. Shelters were forced to reduce their capacity and social workers were unable to provide their clients with home visits (Colorado News Collaborative, 2020). Second, slow and scarce economic relief elevated the financial stress associated with greater risks of household violence and diverted funding for the organizations people rely upon when planning their escape. As a result, service providers frequently found themselves in the unpalatable position of having to turn away even the most lethal of cases (Peters, 2020).

At the federal level, Congress earmarked \$45 million for domestic violence services and \$2 million to further the funding of the National Domestic Violence Hotline in the Coronavirus Aid, Relief and Economic Security (CARES) Act. But, this was not nearly enough money to safeguard the operation of existing programs and shelters – especially under the extra strains of the pandemic. Republicans blocking the reauthorization of VAWA created a crisis of diminished funding for structural supports during a time when the demand for services was dramatically and, sadly, predictably high (Bleiweis and Ahmed, 2020).

With VAWA on hold, victims continue to be left out of policy conversations and the repercussions of this are already emerging. One noteworthy example was the federal eviction moratorium which prohibited landlords from initiating eviction proceedings against tenants for nonpayment of rent. However, in a University of Washington (UW) study that surveyed Washington state organizations offering shelter and support services to victims of Intimate Partner Violence, many social workers spoke up to explain why taking

advantage of the moratorium was impractical for their clients. They stated that survivors worried non-payment would impact future relationships with their landlords and be used against them by their abusers in custody cases. Advocates also reported an overwhelming number of requests from survivors for financial assistance. (Peters and Kanuha, 2020)

This lack of funding stems from a major flaw in the Victims of Crime Act (VOCA). Congress releases funds for VOCA from the Crime Victims Fund (CVF) annually. Instead of drawing from taxpayer funds, the CVF is funded by criminal fines from federal convictions. But, the last 10 years have seen greatly reduced deposits in the CVF due to shifting prosecutorial strategies. There has also been an increase in deferred and non-prosecution agreements. Because these agreements are not technically counted as criminal convictions, the large fines associated with them are not deposited into the CVF (National Network to End Domestic Violence, 2020).

Diminished funding wasn't the only practical challenge victim advocates faced during the pandemic. Working remotely increased burnout among advocates as they struggled to keep up with an unprecedented demand for services in the presence of additional burdens. One advocate from the UW study estimated advocacy sessions took them 4 times longer to facilitate online than in-person due to factors such as their clients not having access to a printer or communication difficulties over the phone. Advocates also reported feeling increasingly isolated as they have remained largely cut-off from co-workers whom they ordinarily relied upon for consulting and debriefing. In the absence of these debriefs, service providers had fewer opportunities to alleviate the effects of their own secondary trauma. (Peters and Kanuha, 2020)

While allocating more funding would go a long way toward helping people who remain in crisis, it's not a catch-all solution. Assistance is only given to those who seek it and, as evidenced

by the COVID-19 stay-at-home orders which put a high premium on privacy, not everyone is positioned to safely do that. Even before the pandemic, existing legislation like VAWA acted more like a Band-Aid meant to slow down the flow of blood rather than prevent it from being shed. To truly begin combating our country's epidemic of intimate partner violence, we need to nip the cycle in the bud. We need to address the systemic root causes of misogyny and toxic masculinity that inhibit the healthy development of empathy in a significant number of people. The good news is, we have the tools to do this: Independent studies of batterer intervention programs like Hamish Sinclair's ManAlive (Men Allied Nationally Against Living in Violent Environments), have shown a 92% reduction in recidivism for domestic violence crimes (Snyder, 2019). Although many attendees are court-ordered to complete the program, Sinclair says an increasing number of people are signing up voluntarily. Sinclair (2012) says he wants to "build a movement of folks who see that being intimate, empathic, and warm is a better way to raise our kids and get along with each other."

Our government's response to the pandemic created disastrous conditions for those living with Intimate Partner Violence. The inconsistent implementation of stay-at-home orders increased risks for the social determinants that have historically contributed to a higher prevalence of IPV. Social distancing mandates overburdened traditional sources of support by requiring organizations to downsize their number of on-site employees while existing legislation continued to siphon funding away from these agencies when they needed it most, and well-intentioned eviction moratoriums were of little use to survivors who feared future repercussions. Lastly, none of our government's efforts to curb domestic violence during the pandemic focused on prevention. Tragically, due to the intergenerational nature of IPV, this could result in rippling impacts that are seen for many years to come.

Concluding note:

As a survivor, I've often thought about how unfair life felt when I was fleeing my abusive partner. I was instructed to call all the domestic violence service providers in my area several times a day to check for an available bed at a confidential shelter. I filed a protection order – which felt absolutely meaningless given how promptly and frequently my ex violated it without consequences. When a bed finally opened up, I had to quit my job and cut-off in-person contact with anyone that could inadvertently lead my ex back to me. I was given a curfew and a handbook of rules that could get me kicked out of the shelter if broken. It was a group home, and at night, I could hear the sounds of women and children crying – no, not crying but sobbing – a Greek chorus of gut-wrenching anguished howls. In the mornings, we'd briefly make eye contact with each other in the halls. I remember feeling shocked by how visible our trauma was even in the absence of bruises or scars. We were all so different, yet we shared the same wild, shell-shocked expressions. All of us were starting over with nothing while most of our abusers were living life as usual. And even if our abusers ended up going to prison, like my ex eventually did, we wondered what kind of people they would be when they emerged.

I like to imagine a future where the impetus for creating safety doesn't lie so squarely on the shoulders of victims after they've been harmed; a world where VAWA becomes obsolete because misogyny and oppression are replaced with the emotional literacy, sensitivity, and positive self-esteem that programs like ManAlive seek to nurture.

This paper was first written before vaccination became widespread. I remember imagining that future while anxiously hearing my kitchen clock tick past another minute of quarantine. A year later, I'm still wondering, "For how many people will that ticking lead to the detonation of a timebomb?"

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