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## The Silent Suffering of Survivors: The COVID-19 Pandemic's Impact on Domestic Violence Resources

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## The Silent Suffering of Survivors: The COVID-19 Pandemic's Impact on Domestic Violence Resources

### Cover Page Footnote

Thank you to XULA Exponential Honors Program, my faculty advisor Dr. Shearon Roberts, and Mrs. Krystle Hilliard-Mitchell and the executive board of the Louisiana Alliance of Children's Advocacy Centers. Finally, thank you Mama for supporting me, being a sounding board, editor, and source of comfort through this process.

The Silent Suffering of Survivors:

The COVID-19 Pandemic's Impact on Domestic Violence Resources

## **Introduction**

The World Health Organization (2020) declared an outbreak of a novel coronavirus SARS-CoV-2, the causative agent of Coronavirus disease 2019 (COVID-19) inducing a global pandemic. The rapid spread of COVID-19 completely upturned societal norms and routines. For many people, public health measures such as social distancing, remote work, and stay-in-place mandates were opportunities to reprioritize their lives or simply adjust to a new daily routine. However, these shelter-in-place mandates and periods of social isolation created worse living situations for many others. Because the pandemic caused people to be in proximity for long periods of time, recently published studies and anecdotal evidence suggest an increased occurrence and intensity of domestic violence. In a study by Leslie and Wilson (2020) from March 9, 2020 to the end of May 2020, open police report data from 15 cities suggested that domestic violence calls increased by 7.5% with approximately 10% in the first five weeks. Another study by Hsu and Henke (2021) analyzing the incidence of domestic violence in the United States (U.S.) showed an increase to over 5% from a study of 36 cities and their police departments. Calvano (2021) noted a higher incidence of pandemic-related stress compared to pre-pandemic, correlates with a higher incidence of Adverse Childhood Experiences.

Domestic violence (also known as Intimate Partner Violence - IPV) is the verbal, emotional, physical, or sexual violence of one's partner or ex-partner. Prior to the pandemic, the CDC reported that an estimated 25% of women and 10% of men have experienced domestic violence or stalking by an intimate partner/ex-partner in their lifetime. In 2021, a study by the World Health Organization (2021) concluded 31% of women and girls between

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15 and 49 years of age have experienced domestic violence. IPV occurrence before the pandemic was already high and increasing, so early anecdotal evidence of pandemic-related domestic violence was not unexpected. Community efforts to help reduce domestic violence and give support to victims were not immune to shelter-in-place orders and financial turmoil due to the shutdown of many social events. The United Nation Population Fund (2019) claims that creating safe spaces and having an active outreach team during humanitarian crises can help fight against gender-based violence and promote overall health and well-being, so the removal of this safe space during the COVID-19 pandemic is the removal of a support system for many individuals.

Beyond the police department, the criminal justice system and the way domestic violence cases were handled was also a pandemic in and of itself. Bishop (2016) states that the legal system measures domestic violence in terms of degree of physical harm, ignoring other forms of abuse such as financial and psychological abuse. Even before the pandemic, many victims cited fear of losing their case or retaliation for pursuing their case. As the COVID-19 pandemic worsened, the Organization for Economic Cooperation and Development (2020) issued a call to action for legal systems around the world to ensure a complete range of access for all their citizens because of worsening legal barriers. Ultimately, this unique situation of one critically alarming global issue coinciding with another could have an unprecedented long-term impact that is still to be studied. The availability and utilization of these legal domestic violence services in communities is very important in ensuring the safety of survivors; enabling them to separate themselves from their abusers. A reduction in services, or increased barriers to accessing these services is expected to negatively impact the mental, physical, and financial wellbeing of survivors.

## Literature Review

### Domestic violence During Humanitarian Crises

During times of national and international unrest, a stark increase in the occurrence of IPV often occurs. Sardinha et. al (2020) concluded that IPV was highly prevalent across the globe, especially in Middle Eastern, North African, and Central sub-Saharan countries experiencing war, conflict, and civil unrest. The United Nation Population Fund (2016) states that young women and girls often face the brunt of outlashes and violence during political, unrest, economic unrest, natural disasters, and more, often being isolated from their community and support systems. A study by Roure (2019) found that for immigrant women during Hurricane Irma and María in Puerto Rico, they faced many social and political barriers, such as distrust in their police department and fear of deportation. In addition, Puerto Rico faced lack of water and power for several days on end, hindering law enforcement to be able to work and cutting off communication for the general population to contact them in emergencies (2019).

Another study by Onyango et. al (2019) of IPV during the Ebola outbreak of 2013-2015 saw an increase of IPV throughout West African countries, with pregnant women and girls facing the most victimization and social barriers. Because women and girls are positioned in society as the central person who keeps the household together, they are often the most isolated during these crises, unable to seek out safe spaces and community events (2019). Without these community events or going to school, many women and young girls do not have the support system they need to feel safe and are more vulnerable to IPV during periods of shelter-in-place (2019).

**Financial Effects on Domestic Violence during National and International Crises**

The sudden shutdown of schools and jobs during the pandemic caused many to experience financial stress. The U.S. unemployment rate reached as high as 14.7% in April 2020 according to reports conducted by the U.S. Bureau of Labor and Statistics (2022). More of the U.S. population being unemployed and being at home more frequently could have served as an impact in the increase of IPV cases. Fahmy (2016) found a strong correlation between poverty and domestic violence, supported by an analysis of a 2012 UK Poverty and Social Exclusion Survey where women living in low-income households have 3.5 times higher risk of experiencing domestic violence. Because financial stress can evoke feelings of depression and hopelessness, some people externalize their stress in the form of IPV. A study by Medel-Herrero (2020) of IPV-related emergency room admissions of the pre-Great Recession years (Jan. 2000-Nov. 2007) and recession and post-recession years (Dec. 2007-Sept. 2015) showed that IPV-related admissions tripled from pre-recession to post-recession, with African-American and Native-Americans the most impacted.

Although there is insufficient data that proves the correlation between COVID-19-related domestic violence and financial stress, a study by Leslie and Wilson (2020) found that U.S. domestic violence calls reduced in week 15 of the pandemic, the same week that the CARES Act stimulus checks were disbursed. This could have provided momentary financial relief for U.S. residents and hope in the U.S. economy (2020). A study by Coleman-Jensen (2021) found that 10.5% of U.S. households were food insecure in 2020, predominately affecting households with children and Black households.

**A Multicultural, Non-Western Perspective of Domestic Violence**

Cultural norms of femininity and patriarchy differ from the United States and European countries to Arab and African countries. In the global south, religion and the

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culture within it have a more overt influence on politics and society, making it difficult for victims to report in fear of being othered in collectivist societies, the ostracization being worse in a pandemic. During the COVID-19 pandemic, Sediri (2020) conducted a study of 751 Tunisian women about the acute impact of their mental health and prevalence of pandemic-related domestic violence. Although only 14.5% of women reported experiencing domestic violence during the pandemic compared to 96% reporting pre-pandemic, almost 90% that did experience domestic violence did not report (2020). This gender-based violence was influenced by the religious norms in Islam and Christianity, the two predominant religions in Tunisia respectively. Additionally, Frade (2019) noted that 13% of surveyed South African women of reproductive age have experienced domestic violence, but almost all stay due to sociological, economic, and religious factors that discourage them from being socially alone and financially independent

This fear of being othered also affects women of color, notably African and Caribbean American women. As noted by Lacey et. al (2020), when African and Caribbean American women of IPV were offered resources, they are more likely to not utilize them. This is because they believe that they can solve it on their own due to cultural norms, seek help from family, turn to religion, or believe the resources are overall futile (2020). This is a factor that most scientific researchers and studies miss when analyzing minority groups and various cultures within these groups, revealing a growing need for more culturally sensitive and comprehensive studies.

Given the scholarly areas of research on domestic violence in a global context, this study aims to ask the following research questions:

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RQ1: Has the availability of domestic violence services in the United States increased, decreased, or stayed the same during the COVID-19 pandemic?

RQ2: Has the utilization of domestic violence services in the United States changed during the COVID-19 pandemic?

RQ3: Has the COVID-19 pandemic affected the ability of domestic violence relief providers in the United States to meet service requests?

RQ4: Has access to domestic violence services for underserved and marginalized survivors in the United States changed during the COVID-19 pandemic?

### **Methodology**

#### *Data Source*

Since 2006, the National Network to End Domestic Violence (NNEDV) has conducted a one-day, unduplicated count of adults and children seeking domestic violence services in the United States (NNED, n.d.). The NNEDV annual survey documents the number of individuals who sought services in a single 24-hour period, as well as the types of services requested, the number of service requests that went unmet due to a lack of resources, and the issues and barriers that domestic violence programs face as they strive to provide services to victims of domestic violence.

This is a noninvasive survey that protects victim safety and confidentiality and an aggregate nationwide and statewide count of services and programs. The primary goal of the



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NNEDV survey is to count the number of individuals who contact domestic violence programs in search of assistance. The last available report is for 2021 with the counts conducted on September 12, 2019, September 10, 2020, and September 9, 2021. Program services, requests, and calls that had data from 2019, 2020, and 2021 were included in this pandemic-focused comparative analysis. In 2019 (pre-pandemic year), 88% (1669 of 1887) of identified domestic violence programs participated in the NNEDV survey. During the pandemic years, participation in 2020 was similar to 2019 [87% (1665 of 1921)] but was 8% lower in 2021 [80% (1536 out of 1914)].

### *Procedure*

The NNEDV survey data served as the source of secondary data comparative analysis for this study of pandemic years domestic violence resources across the country. The reports are often produced yearly, but rarely studied or contrasted as comparative, year-on-year data, which this study aimed to conduct. The data was used to determine the availability of services provided in 2019 [pre-pandemic year (i.e., year prior to COVID-19 pandemic)], 2020 [pandemic Year 1 (i.e., the first year of COVID-19 pandemic)] and 2021 [pandemic Year 2 (i.e., the second year of COVID-19 pandemic)]. In addition to services provided by the programs, services provided to survivors, unmet requests for services, and availability of services to underserved survivors were also evaluated.

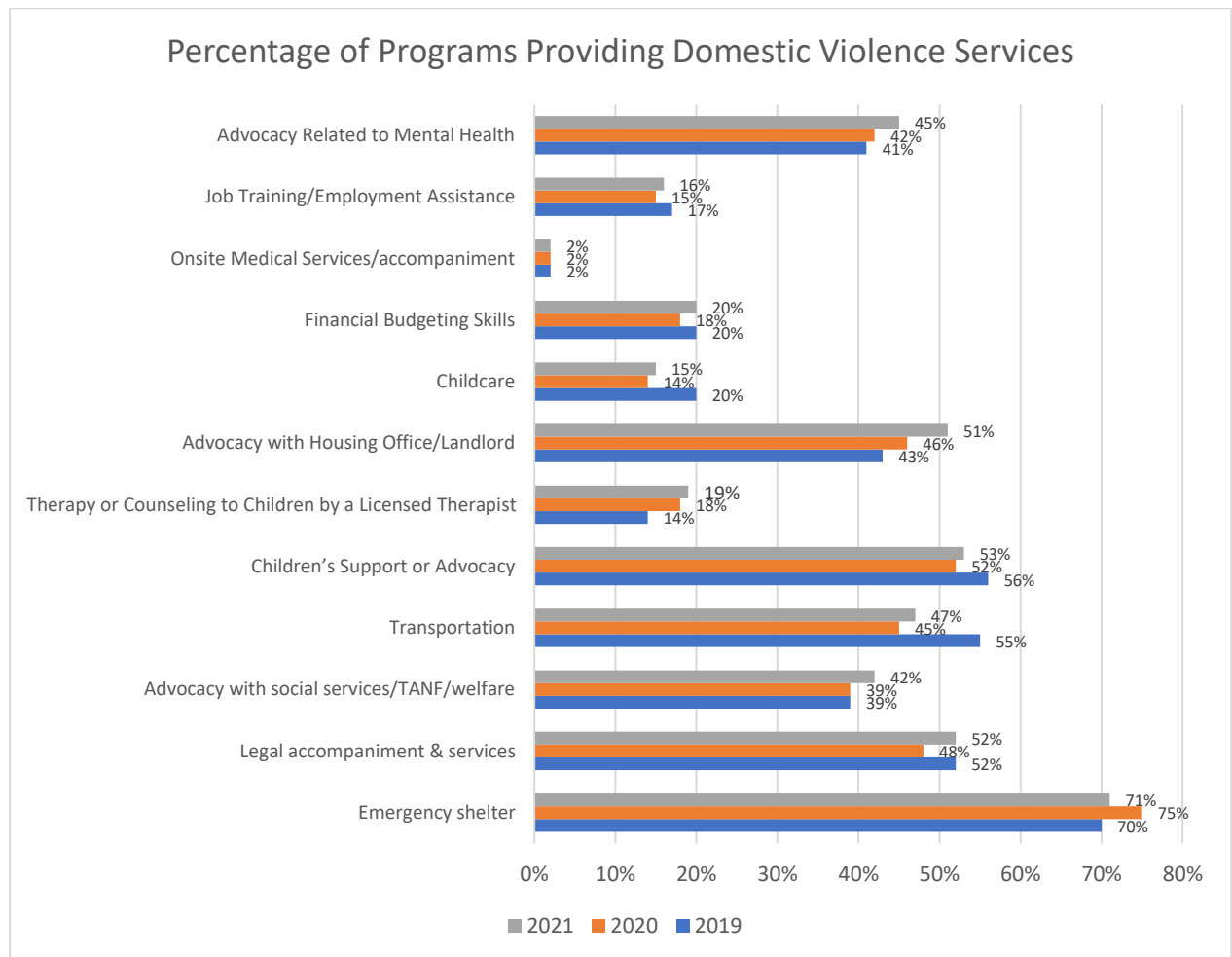
All the data about types of programs provided, services provided to survivors, program quantity, percentage reduction across 2019, 2020, and 2021, and unmet requests for services was imported into Microsoft Excel. The imported data was compiled in pdf form by the NNEDV and was changed to e-text in Microsoft Excel. The percentage reduction and addition of programs and services and a quantitative analysis of the increase and decrease of

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unmet requests over 2019, 2020, and 2021 were calculated using a calculator in the Microsoft Excel program.

### Results

Given this background and considering the unprecedented changes in providing domestic violence services in a pandemic, this study explored the changes that occurred that impacted the kinds of relief that victims received. Firstly, this study aimed to identify how staying at home for prolonged periods of time impacted victims and victim needs. Research question one asked: Has the utilization of domestic violence services in the United States changed during the COVID-19 pandemic?



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Figure 1.1 Percentage of Programs Providing Domestic Violence Services By Year

Figure 1.1 is a summary of services provided by the domestic violence programs that have available data in pre-pandemic year: 2019, pandemic year 1 of 2020, and pandemic year 2 of 2021. Percentage of programs providing Transportation to survivors for all three years was 55% in 2019, 45% in 2020, and 47% in 2021 (8% points lower), the largest overall decrease amongst the 12 services studied. Percentage of programs providing Childcare decreased from 20% in 2019 to 14% in 2020 to 15% in 2021, an overall 5% decrease. Programs providing Advocacy with Housing Offices/Landlords increased by 8% over all three years in addition to a 4% increase for Advocacy/Support Related to Mental Health. Program availability for access to Onsite Medical Services and accompaniment stayed consisted at 2% for all three years studied. Therapy or Counseling to Children by a Licensed Therapist increased by 5% overall; however, Children’s Support or Advocacy decreased by 3% overall.

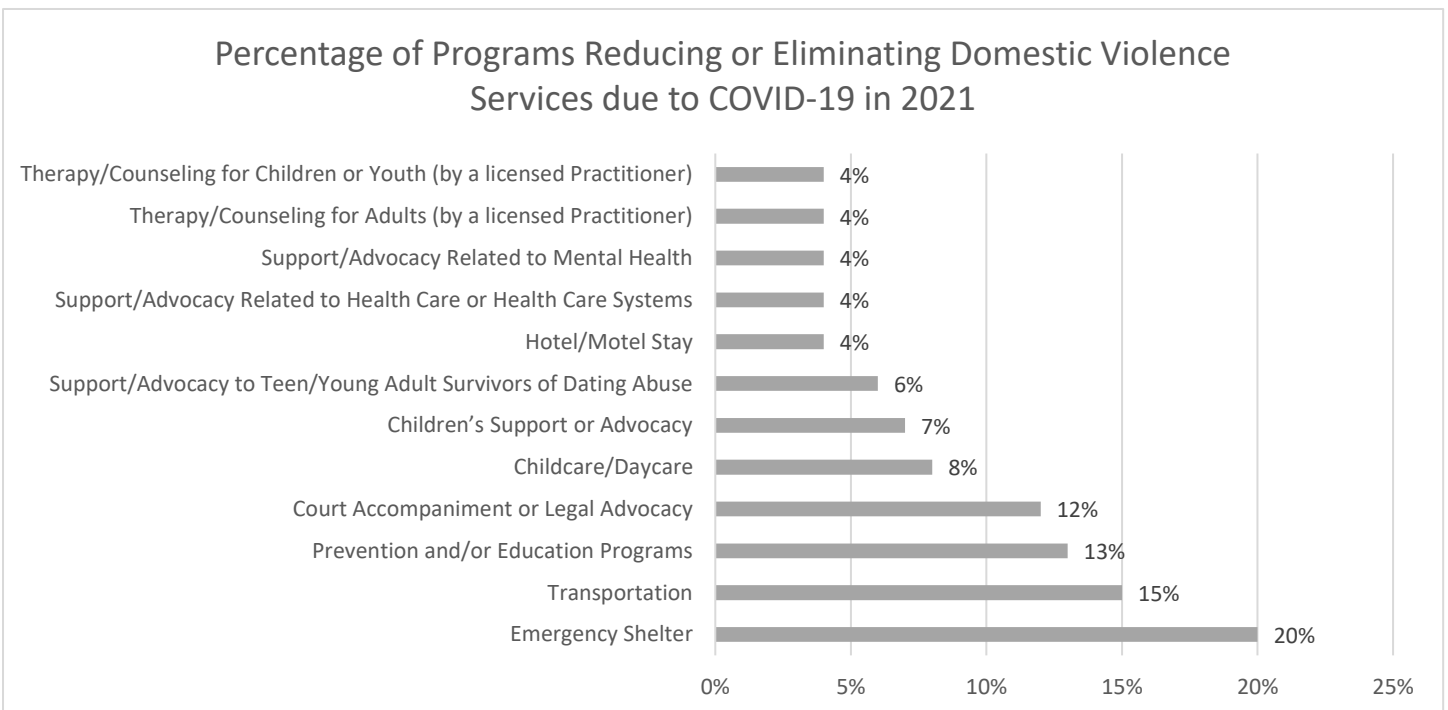


Figure 1.2 Percentage of Programs Reducing or Eliminating Domestic Violence Services due to the COVID-19 Pandemic in 2021

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This study examined the percentage of domestic violence programs reducing or eliminating their services in 2021 due to the COVID-19 pandemic. Among the 12 services, the 3 largest reductions or eliminations were to Emergency Shelter services at 20%, Transportation at 15%, and Prevention and/or Education Programs about domestic violence at 13%. The next three largest reductions or eliminations were Court Accompaniment or Legal Advocacy at 12%, Childcare/Daycare at 8%, and Children’s Support or Advocacy at 7%.

Next, this study aimed to observe the services used by survivors and the number of survivors who received or who did not receive access to their requested services during the pre-pandemic year and pandemic years. Therefore, this study posed a second research question: Has the utilization of domestic violence services in the United States changed during the COVID-19 Pandemic?

Year	Survivors who...	
	Were served in one day	Called the hotline
2019	77226	18497
2020	76525 (-0.91%)	21321 (+15.27%)
2021	70032 (-8.48%)	20701 (-2.91%)
Total (n)	223783	60519

Table 2.1 Number of Survivors Served by Programs or Called the Hotline by Year

In Table 2.1, the number of survivors who received services from domestic violence programs and the number of survivors who called their local, state, and/or territorial domestic violence hotlines was observed across pre-pandemic year 2019, pandemic year 1 of 2020, and pandemic year 2 of 2021. The number of survivors served in one day decreased by 9.39% over the three years, with the largest decrease occurring between 2020 and 2021. The number

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of survivors who called their local, state, and/or territorial domestic hotlines increased by 12.36% from 2019 to 2021, with a slight decrease of 2.91% from 2020 to 2021.

Adult Survivors Who	Year		
	2019	2020	2021
Received Emergency Shelter	13532	9947 (-26.49%)	8887 (-10.66%)
Received Transitional or Other Housing	7271	8460 (+16.35%)	8069 (-4.62%)
Received Non-Residential Assistance	28092	30352 (+8.04%)	27932 (-7.97%)
Total (n)	48895	48732 (-0.33%)	44348* (-9.00%)

\*Note: This value is the correct total. NNEDV 2021 report incorrectly computed the total value of adult survivors served.

Table 2.2 Number of Adult Survivors that Received Shelter/Shelter Assistance By Year

This study aimed to observe the number of adult survivors who received shelter or shelter assistance in the pre-pandemic year and the beginning two years of the COVID-19 pandemic. Overall, the number of adult survivors served decreased by 9.33% across all three years studied. From 2019 to 2021, the number of adult survivors receiving emergency shelter decreased by 37.15%. The number of adult survivors that received transitional or other housing assistance increased overall by 11.73% but decreased from 2020 to 2021 by 4.62%. For non-residential assistance, the number of adult survivors receiving this service increased by 0.07%, the smallest increase or decrease in service received across all shelter assistance.

Child Survivors Who	Year		
	2019	2020	2021
Received Emergency Shelter	12377	9339 (-24.55%)	8671 (-7.15%)

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Received Transitional or Other Housing	9784	10843 (+10.82%)	10297 (-5.04%)
Received Non- Residential Assistance	6170	7614 (+0.23%)	6716 (-11.79%)
Total	28331	27793 (-1.90%)	25684 (-7.58%)

Table 2.3 Number of Child Survivors that Received Shelter/Shelter Assistance By Year

This study examined the number of child survivors that had received shelter/shelter assistance the year leading up to the COVID-19 pandemic and in the beginning years of the pandemic. The overall number of child survivors that received shelter/shelter assistance decreased by 9.48% from 2019 to 2021. There was a 31.70% decrease in the amount of child survivors receiving emergency shelter and an 11.56% decrease in the amount of child survivors receiving non-residential assistance from 2019-2021. For transitional or other housing assistance, there was a 5.78% increase in child survivors receiving this service overall from 2019 to 2021, but a 5.04% decrease from 2020 to 2021.

Additionally, this study aimed to evaluate the unmet requests for domestic violence services and how this might have changed in response to emergence of the COVID-19 pandemic. Therefore, research question 3 examined the number and magnitude of unmet requests over this three-year span: Has the COVID-19 pandemic affected the ability of domestic violence relief providers in the United States to meet service requests?

Type of Service	Year		
	2019	2020	2021
Emergency shelter	2978	2362 (-20.69%)	1982 (-16.09%)
Transitional or Other Housing	1655	1179 (-28.76%)	1396 (+18.41%)
Non-residential Assistance	2982	3764 (+26.22%)	2824 (-24.97%)
Total	7615	7305 (-4.07%)	6,202 (-15.10%)

Table 3.1 Unmet Requests for Shelter/Shelter Assistance by Adult Survivors

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For all three years, the number of unmet requests by adult survivors has decreased by 19.17%, with the greatest increase happening between 2020 and 2021. Unmet requests for Emergency Shelter have decreased by 36.78% from 2019-2020, with the greatest decrease from 2019 to 2020. Unmet requests for Transitional or Other Housing decreased by 28.76% from 2019 to 2020 but increased by 18.41% from 2021. Contrastingly, unmet requests for Non-residential Assistance increased by 26.22% from 2019 to 2020 but decreased by 24.97% from 2020 to 2021. It is noted that a decrease in unmet requests does not mean that survivors did not need shelter/shelter assistance and vice versa.

Type of Service	Year		
	2019	2020	2021
Emergency shelter	1843	1349 (-26.80%)	1184 (-12.23%)
Transitional or Other Housing	1256	1411 (+12.34%)	1057 (-25.09%)
Non-residential Assistance	622	982 (+57.88%)	1001 (+1.93%)
Total	3721	3764 (+1.16%)	3242 (-13.87%)

Table 3.2 Unmet Requests for Shelter/Shelter Assistance by Child Survivors

The total number of unmet requests for shelter/assistance by child survivors increased by 1.16% from 2019 and decreased by 13.87% from 2020 and 2021, a 12.71% overall decrease. For unmet requests for emergency shelter, there was a 39.03% decrease across all three years, with the biggest decrease happening from 2019 to 2020. Having a similar 12.75% decrease overall, the number of unmet requests increased from 2019 to 2020 by 12.34% but decreased by 25.09% from 2020 to 2021. Unmet requests for Non-residential Shelter Assistance had a 59.81% decrease from 2020 to 2021, with the largest increase of 57.88% occurring between 2019 and 2020. Again, it is noted that a decrease in unmet requests does not mean that survivors did not need shelter/shelter assistance and vice versa.

This research study also aimed to examine the access and usage of domestic violence services for survivors who are historically marginalized and underserved in the United States,

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including but not limited to, because of their race, gender, sexual orientation, age, nationality, and body ability. With this in consideration, research question 4 asks: Has access to domestic violence services for historically marginalized and underserved survivors in the United States changed during the COVID-19 pandemic?

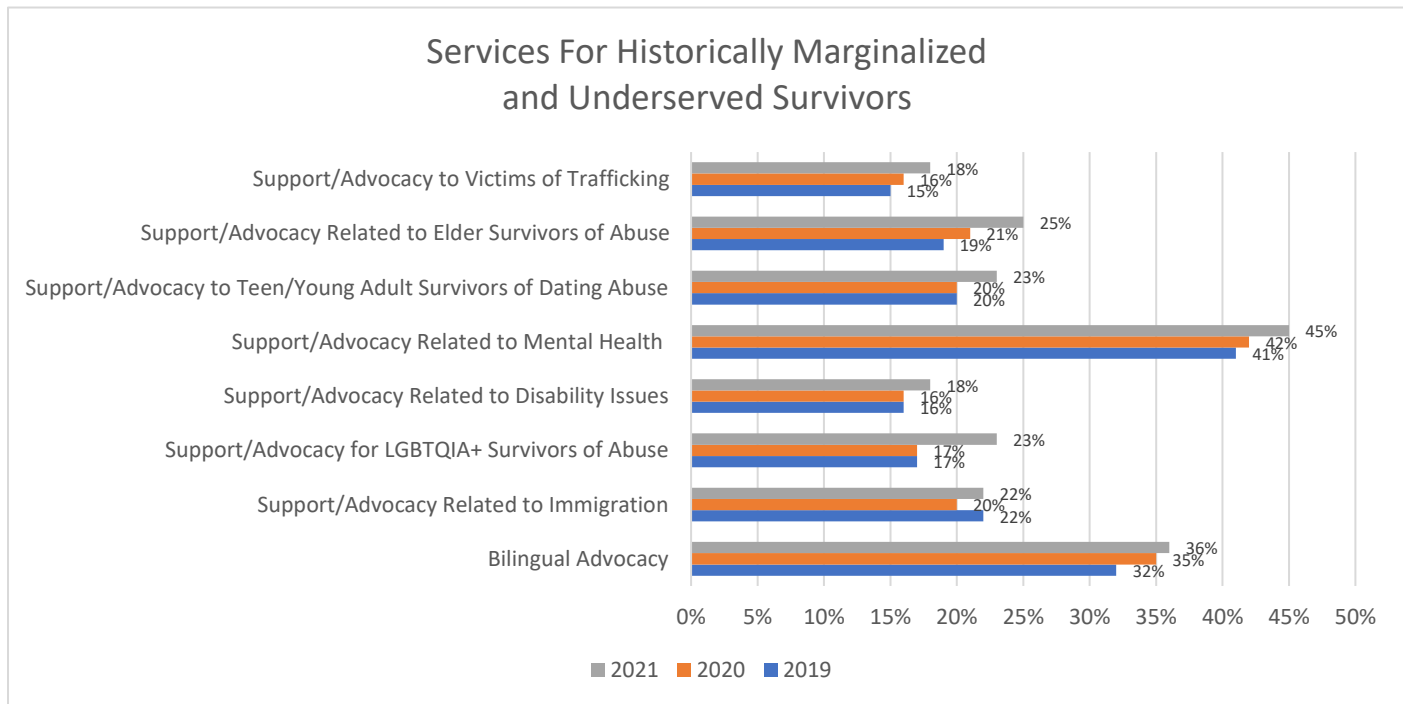


Figure 4.1 Percent of Programs Providing Domestic Violence Services for Historically Marginalized and Underserved Survivors

Out of 8 services studied in Figure 4.1, programs providing Support/Advocacy Related to Elder Victims of Abuse and Support/Advocacy for LGBTQIA+ Victims of Abuse both increased by 6% from 2019 to 2021, the two services with the greatest increase. Programs providing Bilingual Advocacy and Support/Advocacy related to Mental Health both increased by 4% from 2019 to 2021. For Support/Advocacy to Teen/Young Adult Victims of Dating Abuse, the percentage of programs providing this service increased by 3%, in addition to a 2% increase for Support/Advocacy related to Disability Issues. Percentage of



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programs providing Support/Advocacy Related to Immigration decreased from 22% in 2019 to 20% in 2020 but increased back to 22% in 2021.

### **Discussion**

#### *The Shadow Pandemic Continues to Grow*

Based on this research study that comparatively analyzed secondary data collected annually by the NNEDV, access and availability of domestic violence resources for survivors has increased in areas such as the consistent reduction of unmet requests but has drastically worsened in other areas. Even though the percentage of unmet requests decreased from 2019-2021, this does not suggest that survivors received the resources they needed. An approximate 15% increase of calls to local and state domestic violence hotlines occurred, and the number of people served decreased by 9.39%, two strong indicators that the self-isolation from COVID-19 pandemic aggravated the already existing domestic violence crisis in the United States.

Adult and child survivors consistently struggled to receive emergency shelter across all three years, especially worse during the first year of the pandemic. A study by Gezinski et. al. (2020) states that having access to emergency housing is an integral part of many survivors' first step towards independence, so this inaccessibility makes it harder for them to leave their dangerous environments and can inspire feelings of hopelessness.

The decrease in access to childcare/daycare for parents also could have contributed to increased reports of domestic violence during the COVID-19 pandemic. In a study conducted by Sevilla and Smith (2020), lack of childcare means that working parents, specifically mothers, are confined to the home and thereby bearing a larger burden of running the household duties compared to their pre-pandemic lives. The next largest service reduced or eliminated due to the COVID-19 pandemic is transportation, which furthermore creates a

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physical barrier for survivors to seek out help, and advocate for themselves in court proceedings.

Even though increases in support/advocacy related to landlords and mental health were observed, not even up to 50% of programs provided such services. This suggests that only a handful of programs can provide advocacy and support while the rest lack the necessary resources for their local communities. Only 2% of surveyed programs provide onsite medical services and accompaniment, leaving thousands of survivors in the 98% of programs without medical attention if they seek out help after they suffered physical harm. Piquero et. al (2021) noted that there was a definitive increase in IPV during the COVID-19 pandemic, so the increase of IPV coupled with the consistently low amounts of onsite medical services and accompaniment available has worsened medical access for survivors.

*Survivor Advocacy: Can We Do More?*

Although the results from this study suggest that programs have consistently increased the number of services they provide for historically marginalized and underserved survivors, these are very slight increases. The percentage of programs across the United States that provide resources for marginalized communities does not even reach 50% (Support/Advocacy Related to Mental Health is the highest in 2021 at 45%), demonstrating a large inequality in how survivors receive resources. Previous research by Femi-Ajao et. Al (2020) has shown that survivors who face discrimination based on race, gender, sex, nationality, body ability, and more suffer from domestic violence/intimate partner violence in at severe rates, so access to help and support must respond to this.

Despite the COVID-19 pandemic, bilingual advocacy only grew by 4%. Non-English-speaking survivors who ask for help not only face the language barrier, but now face the barrier of masks and medical face coverings that make communication even harder.

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Access to support/advocacy to human trafficking survivors only grew by 3% 2019-2021. This small growth further isolates vulnerable survivors who need help escaping, because there is a high likelihood that the program they utilize is a part of that 82% that does not provide the specialized advocates they need. Similarly, 82% of surveyed programs do not provide specialized support and advocacy to their disabled survivors, reinforcing another societal barrier the disabled community faces in their pursuit for accommodations.

Ultimately, this gradual growth in access only prolongs the inequality gap in resource accessibility for marginalized communities. Intersectional-centered support and advocacy will ensure that all survivors receive the type of care they need regardless of background.

### *“The Hidden Need”*

The legal system is one of the most powerful tools a survivor can use, but a study conducted by Gutowski et. al (2023) found that many survivors experience hopelessness and exasperation when navigating this barrier. About 12% of the surveyed programs, reduced or eliminated court accompaniment and legal advocacy from their services and many court proceedings were held virtually. These two factors work in tandem to block survivors from legal options such as restraining order approvals and knowing their victims’ rights under the law. Without financial means and the added stress of the pandemic-induced economic turmoil, many survivors are granted an overworked legal advocate, which can cause already vulnerable survivors to fall through the cracks. When women and young girls face being left without someone to validate their experience and support their decisions, this only reinforces the cycle of injustice that is only harsher during an international humanitarian crisis.

## Conclusion

The COVID-19 pandemic was an aggravator of many humanitarian crises that were only worsening before 2020. As noted by the Center of Disease Control (2021), intimate partner violence (IPV) is an international crisis on its own, affecting 25% of women and 10% of men in their lifetime. Compounding this crisis on top of another created what experts and scholars identified as a “shadow pandemic,” where many people have suffered a more severe form of IPV than if the COVID-19 pandemic had never happened at all.

Due to many in-person activities having been shut down and financial turmoil to many families, Leslie and Wilson (2020) found that the unexpected stress is correlated with an increase in police response to IPV incidents and Calvano (2021) noted the higher incidence of Adverse Childhood Events (ACE). This has drawn attention to the dire need for more advocacy and more safe community resources and interaction that is not just specific to the COVID-19 pandemic, but humanitarian crisis around the world according to the United Nations Population Fund (2016). In the U.S., the lack of accessibility to adequate resources provided by domestic violence programs and safe havens exponentially increases the number of survivors left without solace.

Government officials need to take more overt action to protect survivors, especially marginalized survivors, during the COVID-19 pandemic and times of crisis. This can start with providing more financial benefits to their citizens and residents during national economic hardships, thereby helping to reduce financial stress and by extension the mental toll it takes on an individual. A study of IPV-related emergency room admissions conducted by Medel-Herrerro (2020) noted that during the 2008 Great Recession, African-American and Native-American populations faced the most violence and Coleman-Jenson (2021) noted in a similar study that Black households had one of the largest incidents of food insecurity in 2020. Reducing this financial stress can also reduce the likelihood of the externalization of

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violence and pain people take out on their loved ones. In addition, increasing grants and other sources of funding to shelters and safe havens to provide emergency housing can propel survivors to make whatever decisions necessary to stay safe after receiving stability.

From a research perspective, there is a strong need for scholarship about IPV that offers a multicultural, non-Western centered perspective on why IPV occurs and survivor advocacy. Strong ties to culture, family, and religion influence relationship dynamics and therefore inform advocates how to better support the population they are advocating for. Frade (2019) noted that countries where reproductive age is an essential aspect of their society have a greater need for culturally sensitive community events for women and young girls. Hopelessness experienced by Black survivors in the Western legal system is another barrier that is very understudied, creating disparities in legal justice. Even though many organizations such as the UN and NNEDV have worked to create solutions and raise awareness to intimate partner violence, there is still more work to be done to ensure proper justice for domestic violence survivors.

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