

## POSITION STATEMENT:

# Ensuring Safety and Support for Intimate Partner Violence Survivors during the COVID-19 Pandemic

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### SUMMARY STATEMENT

The Society of Behavioral Medicine calls on the U.S. Congress to increase funding and support for intimate partner violence survivors by passing the HEROES act, strengthening the Family Abuse Prevention Act, and expanding the Violence Against Women Act.

- Shelters were more difficult to get into because they were trying to reduce crowding and prevent transmission of COVID-19.
- Protective court orders may have expired and have not been extended due to changes in court systems resulting from COVID-19.

### CURRENT POLICY

**Current Policy:** The Coronavirus Aid Relief and Economic Security (CARES) Act appropriated \$45 million in supplemental funding for the Family Violence Prevention and Services Act (FVPSA) for states, tribes, and state domestic violence coalitions. The goal was to prevent incidents of domestic violence and provide immediate shelter or temporary housing, supportive services and access to community-based programs for survivors of domestic violence in response to the COVID-19 emergency (Family & Youth Services Bureau, 2020). The CARES Act also allocated \$2 million for the National Domestic Violence Hotline to ensure services to survivors that reach out for support, resources and safety planning during COVID-19. However, gaps remained that left some survivors in danger.

**Policy Gap:** Despite an increase in violence because of COVID-19, the CARES Act does not provide supplemental funding for Violence Against Women Act (VAWA), which expired in 2019, or any resources to address sexual assault. Further, there is no provision for community-based culturally specific organizations serving survivors in communities of color who are disproportionately impacted by COVID-19, or for tribal victim service programs.

**Current Policy:** The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, passed in the House of Representatives, builds upon the CARES Act to further address emergency relief related to COVID-19. It includes provisions in support of survivors of domestic violence and sexual assault and provisions for the programs that serve them. Under the HEROES Act, \$50 million is allocated for FVPSA funded programs, \$2 million for the hotline, \$200 billion for essential workers including sexual and domestic violence advocates to access hazard pay, \$100 million to VAWA grant programs and key provisions for immigrant survivors of violence. The support for immigrant survivors includes access to stimulus checks for non-citizen taxpayers and providing temporary extensions of immigration status and work authorizations (US Congress, 2020).

### THE PROBLEM

The global COVID-19 pandemic has the potential to exacerbate many health, social and economic inequalities in the United States related to intimate partner violence (IPV). Prior to COVID-19, nearly one in three women experienced IPV and one in four experienced severe IPV.<sup>1</sup> Since the start of lockdown, isolation, and other preventative measures for COVID-19 began, domestic abuse, including IPV, has increased dramatically throughout the US, with some reports citing a 300% increase in reports of domestic abuse.<sup>2</sup> There are several potential explanations for these increased rates such as forced co-existence with the abuser, social and functional isolation and stress, instability of employment,<sup>3,4</sup> increased substance abuse and decreased access to mental health and substance use treatment.<sup>5,6</sup> The quarantine measures have increased both the extent of time with, and exposure to, partners who are abusive.<sup>7</sup>

Access to health care and other services is a critical issue for survivors of IPV, many of whom experience traumatic effects of abuse. Yet, reports have shown it is now harder for women to access healthcare services. Social distancing regulations mean both survivors of IPV and abusers spend more time in their homes, decreasing the opportunity for survivors to call IPV help services separately from their abusers. These reduced opportunities are because:

- People were at home, many without an excuse to leave, may not have been able to call for help without risking further violence.
- Volunteer services such as peer mentoring and help support hotlines may not have been listed as essential services.



Policy Gap: Despite these provisions, challenges remain for adequate care of survivors during these challenging times. For instance, some survivors have been found to leave emergency shelters out of fear of exposures to COVID-19, and others may avoid seeking shelter services due to the spread of the virus. Additional efforts are needed to address these challenges by strengthening safe housing provisions for survivors in danger and providing more options that do not pose a risk for transmission. Further, efforts are needed to strengthen virtual and remote services to safely assist survivors who cannot avail the services while at home with the abuser and those with language and other barriers.

## RECOMMENDATIONS

Recommendation 1: Pass the HEROES Act in the United States Senate and ensure that it is signed into law by the President, which will enable the following points.

Provide additional funding and support for VAWA and FVPSA grants and programs, including community-based programs that are best equipped to ensure survivors' safety and security.

- Increase a) access to services that address complex needs of survivors due to COVID-19, particularly housing, shelter, health and loss of income, and b) access to services in high risk environments such as rural and tribal regions.
- Provide funding support to community-based culturally specific organizations serving survivors in communities of color including immigrant and tribal populations.
- Provide comprehensive care to prevent future violence and address the multifaceted needs of domestic violence and sexual assault survivors such as unemployment insurance for those who had to leave their jobs due to domestic and/or sexual violence.

Recommendation 2: Strengthen Family Abuse Prevention Act (federal legislation on orders of protection) with required provisions for all states to

- Extend temporary or ex-parte and permanent restraining orders to at least 3-4 months to allow for time to request for a long-term order or to request a renewal.
- Provide emergency protection order for survivors who are in immediate danger for a minimum of 1 month and ensure that this order can be issued at any time.
- Ensure safe access to information by survivors and provide remote assistance on how to file an order of protection in virtual court and how to obtain assistance for a stay-at home order if they are in a dangerous situation in their homes.
- Waive filing fees for restraining orders for low-income survivors.

Recommendation 3: Re-authorize and expand Violence Against Women Act (VAWA), which will

- Provide IPV survivors from diverse backgrounds with essential non-discriminatory economic (e.g., unemployment support) and housing protections. This includes immigrant survivors as well as sexual minority survivors.
- Protect survivors in dating relationships by making it illegal for a current or former dating partner with abuse or stalking charges to purchase or possess firearms.

## REFERENCES

- 1 Breiding, M. J., Chen, J. & Black, M. C. (2010). *Intimate Partner Violence in the United States--2010*. (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2014).
- 2 Peterman, A. et al. (2020). *Pandemics and violence against women and children*. The Center for Global Development.
- 3 Roesch, E., Amin, A., Gupta, J., & Garcia-Moreno, C. (2020). Violence against women during COVID-19 pandemic restrictions. *BMJ*, 369, m1712. 10.1136/bmj.m1712
- 4 van Gelder, N., Peterman, A., O'Donnell, M., Potts, A., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinical Medicine the Lancet*, 21. <https://doi.org/10.1016/j.eclinm.2020.100348>
- 5 Fraser, E. (2020). *Impact of COVID-19 pandemic on violence against women and girls*. UKaid from the Department of International Development. Accessed from <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>
- 6 Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American Journal of Criminal Justice*. doi: <https://doi.org/10.1007/s12103-020-09533-5>
- 7 United Nations. (2020). *Policy Brief: The Impact of COVID-19 on Women*. United Nations.

## ACKNOWLEDGMENTS

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