Barriers to Providing Services Experienced by Rural Domestic Violence Service Centers in Pennsylvania During the COVID-19 Pandemic

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Author Note

This research was funded by the Center for Rural Pennsylvania: A Legislative Agency of the Pennsylvania General Assembly. Grant 2022-9M

Abstract

Research examining how the COVID-19 pandemic affected assistance provided to domestic violence victims has produced mixed results with specific evidence about the effects on rural service providers in the United States being quite rare. The objective of this research was to survey Pennsylvania's rural domestic violence service providers to identify their ability to respond to the challenges of the pandemic with expectations of guiding service providers to be better prepared for managing public health and other states of emergencies. A mixed-methods approach was used to assess five aspects of domestic violence responses including agency services, staffing, funding, clients, and interagency collaboration. The findings suggest respondents' greatest concerns about providing services during the pandemic were related to funding, staffing, and client access to services. Policy recommendations based on these findings include establishing greater advocacy for service providers, creating victim-focused interagency advisory boards, evaluating and improving a supportive workplace culture, and reducing restrictions on the use of funds during a state of emergency.

Keywords: domestic violence, victim services, COVID-19, coronavirus, rural criminology

During the COVID-19 pandemic, many jurisdictions established and enforced lockdowns to reduce the spread of the virus, and the effects of the virus and public health control strategies were broad and varied. Stay-at-home strategies brought many social and economic effects, and concern for the incidence and prevalence of domestic violence increased (Piquero et al., 2021). The United Nations recommended that the overall approach to addressing COVID-19 include adequate funding and resources for service providers and women's organizations (United Nations, 2020a; 2020b).

Research on how the COVID-19 pandemic affected domestic violence and assistance provided to domestic violence victims has been mixed. In a systematic review of the literature, Abdo et al. (2020) concluded that there was not enough evidence to determine if the pandemic caused an increase in rates of domestic violence, but other individual studies have identified increased rates of domestic violence and barriers to providing domestic violence services (Bayu, 2020; Bright et al., 2020; Javed & Mehmood, 2020; Pentaraki & Speake, 2020; Piquero et al. 2020; Piquero et al., 2021). While important for combatting the transmission of COVID-19, the stay-at-home orders might have increased the dominance and control that abusers have on their victims. It is estimated that roughly half of domestic violence incidents get reported to the authorities (Hanson & Lory, 2020), and how this rate changed during the pandemic response, and specifically in rural areas, is unknown. Wright and associates (2022) studied victims' use of services across Pennsylvania by analyzing the percent changes in hotline calls between the months during the initial pandemic restrictions and corresponding months in previous years. They found a statistically significant decrease in the number of calls to victim services during the most severe stages of lockdown restrictions but without certainty that this decrease was due to an overall decline in victimization or changes in accessibility to service providers.

A limited number of studies have addressed the specific impact that COVID-19 has had on providing domestic violence services in rural areas, and these studies were predominantly conducted outside the United States (Haque et al., 2020; Moffitt et al., 2020; Song et al., 2021). Rural service providers, generally, experience specific challenges and barriers such as underfunding, victims having inconsistent access due to limited internet connectivity and transportation, and providers covering a larger geographical area (Hanson & Lory, 2020; Peek-Asa et al., 2011). The importance of targeting these barriers is emphasized by Peek-Asa et al.'s (2011) clinical-based cross-sectional survey that revealed women in small rural and isolated areas reported higher rates of intimate partner violence (22.5% and 17.9%, respectively), while only 15.5% of urban women reported experiencing this violence. Furthermore, rural women reported a higher severity of physical abuse than urban women and a three-times higher mean distance to the nearest intimate partner violence resource. When these findings are coupled with the potential exacerbation of the barriers to providing services during the pandemic due to the stay-at-home prevention measures, the importance of exploring the COVID-19 pandemic's potential impact on rural domestic violence service providers is emphasized.

The goal of this research was to identify the experiences of rural domestic violence service providers during the COVID-19 pandemic. Five domains were explored to provide a nuanced understanding related to agency services, staffing, funding, clients, and interagency collaboration and overall impact of the pandemic. This research identifies the effects of the pandemic, and the strategies employed by the service providers to maintain previous levels of service. The expectation is that a better understanding of the experiences of rural domestic violence service providers can provide policy guidelines to improve the delivery of victim services within rural areas during similar public health emergencies.

Methods

A list of all rural domestic violence service providers in Pennsylvania was identified using the website of the Pennsylvania Coalition Against Domestic Violence (PCADV[1]) and the Center for Rural Pennsylvania (CRP) in October of 2022. The PCADV provided information for 59 domestic violence service providers in Pennsylvania including their location, the counties served, and a link to agency websites. This list was then compared to the CRP's classifications for rural counties to determine which service providers were located in rural counties[2].

This strategy resulted in the identification of 32 domestic violence service providers being selected for the sample. The websites for these service providers were then accessed to collect postal addresses, email addresses, and administrative phone numbers. Emergency hotline numbers were not collected or utilized to contact the service providers. An invitation letter was mailed to these 32 service providers that explained the purpose of the research project, why their agency was selected, and a notification that they would receive a mailed survey in approximately one week to measure their experiences with providing services during the COVID-19 pandemic. The following week, packets were mailed out to the service providers that included an informed consent form, a copy of the survey, and a return envelope with pre-paid postage. Out of the 32 mailed packets, 11 surveys were returned (for a response rate of 34 percent). Twelve service providers who did not return a survey had email addresses posted, allowing an email invitation to be sent that included instructions on how to complete the survey electronically. No electronic responses to the survey were received.

Survey

The survey was designed intentionally to include five specific domains identified as important areas of inquiry through a review of the literature. These domains of interest are (1) agency, (2) staff, (3) funding, (4) clients and (5) interagency collaboration. A total of 28 questions across these five domains measured characteristics of service delivery with a mix of fixed and open-ended responses to give service providers opportunities to describe their

[1] The PCADV website can be viewed at https://www.pcadv.org.
[2] The CRP defines rural counties as those where "the number of people per square mile within the county or school district is fewer than 291". (https://rural.pa.gov).

experiences. Drawing survey items from previous literature provided consistency, reliability, and validity.

The agency services domain focused on service access, transportation, emergency shelter, and challenges with pandemic safety measures. Examples of questions within this domain included "how would you rate the impact that the COVID-19 pandemic had on your clients' access to the services your agency provides?" and "have any clients been refused accommodations due to insufficient space or reasons that relate to the impact of COVID-19 public health policies." Questions addressing staff concerns focused on turnover, changes to workload, challenges with safety measures, and anxiety experienced by staff and included questions like "has the overall workload of your agency's staff members increased because of the COVID-19 pandemic?" and "did your agency take steps to address any high levels of anxiety or stress that were experienced by staff?" The funding domain was concerned with financial burdens caused by the pandemic and the extent to which the pandemic impacted funding for domestic violence services. Some survey items for this domain included "to what extent has the COVID-19 Pandemic impacted the funding of your domestic services" and "if COVID-19 has impacted your agency's funding, then please describe in detail how the funding levels of changed and how this change has impacted your agency's ability to provide services." The client domain asked respondents to report if there was a decrease in the number of clients serviced, the impact that the prevention measures had on clients, and any issues with access faced by the clients. For example, the survey asked respondents "to what extent do you think that any COVID-19 public safety measures enacted by your agency impacted the autonomy and freedom of the clients?" and "please discuss if any of your agency's clients had trouble with technological access and how it impacted the ability to access resources or fully participate in services." The last domain of interagency collaboration examined service providers' satisfaction with partnerships, organizations, offices, and agencies that they worked with during the pandemic. An example of the questions within this domain is "please discuss the organizations, officers, and agencies that worked with your domestic violence agency the most during the COVID-19 Pandemic and whether that partnership was satisfactory." A list of all the survey items is included in rhe Appendix.

The goal of this research was to provide a descriptive analysis of the experiences of rural domestic violence service providers. Therefore, when it came to interpreting the qualitative data provided by the open-ended questions and the interview questions in relation to the quantitative data, the responses that provided the most detail or demonstrated similar experiences were incorporated into the results. These qualitative responses were then examined in relation to the domains informed by prior literature and the average responses provided by the quantitative data.

Results

The survey invited respondents to participate in follow-up interviews by providing direct contact information for an agency representative. The purpose of the follow-up interviews was to identify additional context related to the experiences with providing services during the COVID-19 Pandemic. Several agencies reported interest in completing an interview, but only one service provider scheduled and completed an interview. Results have been tabulated when appropriate and are presented across all domains. When available, information from the open-ended questions and interviews are presented to provide additional context. Table 1 provides summary information related to each domain.

Agency Services

The agency services section of the survey identified access to services, transportation, emergency sheltering, and challenges specific to the pandemic safety measures. The majority of the service providers indicated some measure of impact on their client's access to service due to conditions of the pandemic or responses to the pandemic. Over two-thirds of the service providers noted that the effects were moderate to strong. Most of the service providers indicated that they utilized online platforms (e.g., Zoom or doxy.me) to continue providing services to their clients through video-based counseling. In addition, several service providers emphasized their efforts to maintain or increase their social media presence, and some providers implemented paper flyer campaigns, created billboards that advertised hotline numbers, and sent emails. A service provider who reported a weak impact on clients' access to services indicated standard outreach methods being used during the pandemic were sufficient. In the follow-up interview, the provider suggested that some victims may have had to limit their outreach due to being restricted to the house shared with their abuser, but this was speculative, and the provider did not report any direct experiences with this being a problem. This provider stated that informing clients about the availability of services at the onset of the pandemic was a challenge.

> R2: I think that the initial challenges were informing our client base that we were still available. When, you know, we were in the red zone, and following the very strict mandates that came out of, you know, the governor's office, we had to find a way to assure our clients that we were still available to them and that we could provide services because with victims of domestic violence, sexual assault, Title 18 crimes and juvenile offenders. I mean, they can't put that on hold…they need immediate support, and they need to know that our trauma-informed services and empowerment techniques are available 24/7. And now, one of the things that assisted in that is that we run a 24-hour hotline with trained staff, so clientele that needed to call in on the hotline recognized that we were still available, and with that, then, we were able to inform them on how they could further enhance their services whether it be in-person, tele-advocacy, tele-counseling, or safe emergency sheltering.

Prior studies have indicated that transportation barriers can exist for rural domestic service providers, so respondents were asked to explain if the pandemic altered their clients' ability to be transported to the shelter. Overall, respondents indicated that the pandemic had a low impact on transportation. Two providers indicated that bus routes were lost due to the cost of transportation passes, low ridership during the pandemic, and the early lockdown measures that completely halted any public or shared transportation. Some service providers explained the strategies that were used to minimize transportation barriers. One service provider provided pre-paid gift cards for gas stations to clients if transportation costs had been identified as an individual barrier to receiving services. Another provider explained that clients had to complete a health check (e.g., measurement of body temperature) and be clear of any other COVID-19 symptoms for transportation to be provided. One respondent stated:

> R1: We put together COVID bags for each staff member or volunteer doing transport. The bags were zipped and included a no touch thermometer, mask (adult and child), hand sanitizer, and alcohol wipes. We have a van that seats 12, some seats were removed, and clients were asked to space out as much as possible during transport.

If clients had been refused transportation due to COVID-19 complications, then the relationship between the clients and the service providers were likely impacted negatively, which may have decreased clients' willingness to reach out for services. A similar concern is related to providing emergency shelter for the clients.

Only two service providers had to refuse emergency shelter due to COVID-19 restrictions, and both explained that they worked to relocate their clients to other service providers. These providers continued to offer counseling, legal advocacy, and other services. A related concern was that some clients might not have sought shelter services out of fear of contracting COVID-19. Several service providers explained that they utilized hotels instead of on-site sheltering to maintain social distancing regulations, and one provider explained that this type of sheltering strategy may have contributed to their clients having no fear of contracting COVID-19 while being sheltered. One service provider reported that clients did not want to be in close quarters with others due to fear of contracting COVID-19, which further emphasizes the possible benefit of providing shelter housing through hotels. Most service providers reported that clients adhered to pandemic prevention measures and were not deterred from seeking emergency shelter.

The service providers indicated that the public safety measures had little to no impact on overall agency operations. The impact that was reported included limiting the number of families brought into the shelter, the effort required to implement and maintain safety measures, the loss of personal connection, and challenges providing virtual services. One respondent explained:

> R1: In August 2020, we moved into a larger space and each staff member then had their own office and clients had less "common space" or shared space to walk through, so that helped significantly. We increased sanitation and had air purifiers for all offices and common areas. We have tables in all offices that provide counseling to assist with physical distancing. We allowed clients the choice of being masked or not. For the most part the masking is the only part that impacted our clients and services.

Respondents had an opportunity to further clarify the strategies they viewed as most significant for addressing any challenges caused by the pandemic. Most of the service providers emphasized following the CDC guidelines, utilizing hotels, and offering virtual service; however, several service providers discussed how staffing was altered:

> R1: We had a staff of 13 when the pandemic started. In March 2020, we determined that five key staff provided the majority of in-person counseling, admin, and direct service needs. These five staff covered the agency operations and clients' services, and the other staff were moved to remote work. In May 2020, we began to bring staff back, one at a time, every two weeks. During the "shut down," two staff positions were eliminated and have not been reinstated. Agency supervisors met to discuss the plans and had input and feedback on how our agency determined how to provide services during the shutdown and pandemic.

> R7: Staff worked as a "skeleton" crew in the office to maintain 24/7 shelter/hotline coverage. Other staff worked remotely.

Staffing

The importance of exploring the impact of the pandemic on the service providers' staff is essential for understanding the quality of services that were provided. Survey items addressing staffing concerns included turnover, changes to workload, challenges related to implementing safety measures, and if steps were taken to address any anxiety experienced by the staff. The majority of service providers reported staffing issues during the pandemic including the elimination of positions, turnover, and hiring new staff, but they also explained that these issues were not necessarily caused by the pandemic itself. Three service providers claimed that no staffing issues were experienced during the pandemic for any reasons. Furthermore, the service providers that did report staffing issues stated that the quality of services were not impacted by these issues. Examples of responses related to staffing difficulties are presented below.

> R1: Two positions were eliminated during the pandemic (due to funding and difficulty of finding qualified staff). Three other positions saw staff turnover, and it has taken many months to fill. The time spent on training staff, recruiting, and in the hiring process has impacted the availability of services. Due to the

> extensive training and staff supervision and shadowing, I do not feel the quality of services have been significantly impacted.
>
> R5: We had turnover, but not due to the pandemic. It has been VERY difficult to hire new staff. So far, we've been able to maintain our usual level/quality of services, but staff are getting tired.
>
> R7: We have had an extremely difficult time filling vacancy. It doesn't impact quality of services, but staff are working harder/longer.
>
> R8: COVID had minimal impact on staff turnover. Staff that left did so for other reasons, such as finding jobs with a higher pay rate.

The service provider who participated in an interview reported some layoffs during the pandemic, but overall, the agency had sufficient levels of staffing on-site to provide services comfortably during the pandemic. When asked if this sufficient staffing contributed to the lower overall impact that the pandemic had on their services, the respondent emphasized the staff's high levels of commitment and the opportunity to hire new individuals:

> R2: Oh, I think again, you know, I tell everyone this I have the best staff in the county, maybe in the state, so the staff that are here are extremely committed. They didn't miss a beat. And you know, we continue to move forward, and we've hired you know, other committed members of our team. And so, the work that we do, I think is exceptional.

The lack of staffing issues experienced by this provider is coupled with their report that the pandemic had a low overall effect on their ability to provide services and suggests the importance of hiring qualified staff members. Another important aspect of staffing to consider is the varying degrees of effects that the pandemic or public health measures had on different staff members. Six providers indicated that some members of their staff were affected more by the pandemic health measures than others, while the other five providers stated no variation or were unsure if any variation existed. Providers had the opportunity to explain the factors that caused some staff members to be more impacted by the public health measures.

The service providers who reported varied levels of impact on staff indicated that staff members with elderly family, who were pregnant, who had immune system issues, who contracted COVID-19, and who continued to work directly with clients were impacted more. These varied degrees of impact should be kept in mind when deciding which staff members should be available to provide on-site services and work directly with clients. Relatedly, the varied degrees of impact could also contribute to varied levels of anxiety or stress across staff members.

Several steps were taken by the service providers to address any stress or anxiety that was experienced by the staff. These steps included wellness and self-care activities, opportunities to

decrease workload (through taking personal days), weekly and daily check-in opportunities, personalized recognition, and greater flexibility with work scheduling (e.g., implementation of opportunities to work remotely). Only two respondents reported limited or low staff anxiety or stress:

> R1: Not really. Those feeling most anxious about exposure were in the group to work from home. We kept communication open between staff working in the office and those at home to let them know steps we were taking sanitation, distancing, masking, etc. We kept an "open office" policy so that staff could talk to their supervisor or director about any concerns and a plan could be made or the concerns addressed individually.

> R2: I think as with any organization, or your you know, personal circle there were some individuals that were more impacted with stress levels due to the pandemic, and it depends on a personal belief system, as opposed to others. I think that again, the mandates that came down gave, you know, very good guidance at the time on how to address safety and health concerns. So, I didn't really see a lot of that.

These responses highlight the importance of providing workplace flexibility with staff members who have more health concerns as well as maintaining high levels of communication among agency staff. These aspects are further emphasized by exploring the shifting responsibilities caused by the pandemic and the ability of staff members to follow the safety measures directed by state and federal governments.

If the respondent reported that the overall workload had increased, then they were asked to elaborate on reasonable workload expectations. The service providers explained that the increase in workload was generally caused by the decrease in available staff and suggested that job expectations include having the employer and employee be as flexible as possible and to provide the most comprehensive services possible with the available staff. Respondents indicated some difficulty following the public safety guidelines. One respondent explained that an internal working group was established to ensure that their agency was following the recommended practices and to provide clarity to the staff. Most of the service providers reported that the public safety measures were easy to follow, but some confusion did exist with how to implement the evolving safety practices.

> R1: For the most part, we were constantly checking guidelines and orders when someone tested positive or had an exposure to make sure we were in compliance. We found many resources on sanitation and best practices to use in our agency.

> R5: It was confusing at times. We created an internal working group to develop best practices based on local, state, and federal guidelines, which helped staff navigate the changing landscape and glut of information.

Service providers mentioned several safety measures being adopted for long term use such as keeping virtual service options and implementing body temperature checks, masking, and sanitation protocols. Grant funds were highlighted as being important and how these funds allowed for the purchase of necessary sanitation supplies and equipment.

> R1: All offices and common spaces have air purifies, sanitation of tables when we eat or meet for extended times…sanitation of tables and chairs after each client meeting. Masking when a person is not feeling well or offering remote work, if possible, for a day or two.

> R2: We continue to follow some measures: temperature checks, masks made available, no entry with high temperature, and tele-advocacy/counseling available.

> R2: Absolutely. We're very fortunate that we were opening a new facility throughout the pandemic also and there was a lot of grant funding at that time to be able to purchase items that lead towards, you know, the cleanliness and the sanitation. And so, we're very well equipped.

Funding

Respondents reported agency annual domestic violence services budget, the extent to which the pandemic impacted funding for domestic violence services, and any general financial burdens caused by the pandemic. Almost two-thirds of the providers (64 percent) indicated some level of impact on their funding caused by the pandemic. Cost for supplies and reduced community donations were factors that negatively impacted the financial situation of the providers. Several service providers highlighted that the grant funding made available during the pandemic helped them continually provide services and purchase the necessary equipment.

> R6: Since COVID, our community support has gone down, which affects the amount of funds we can utilize for items for DV victims.

> R1: Some funds have increased (ARP programs and CARES) during COVID, because some of our prevention education funding is billable for programs provided, we have not been able to do full drawdowns of that. Since we were not able to get into the schools to provide programs.

> R2: Yes, there was COVID money available. We applied for all of the funding that was potentially available to us, and we utilized that to enhance the facilities health and wellness and cleanliness. So, you know, I have things like a Clorox machine that sanitizers, and you know, we have a machine that we put clients' clothes in that and when they come in that sanitizes, those things such as you know, touch-free garbage cans, touch-free hand soap dispensers. So yes, we utilized all of that funding for the best interests of our clients and our staff and

> therefore we're able to maintain those protocols as we continue forward because we have the equipment to do it.

Several service providers mentioned other financial burdens caused by the pandemic such as the process for recruiting, hiring, and training staff, finding funds to support staff self-care and wellness, the hotel expenses and other sheltering services, and overtime of regular staff. One respondent emphasized the importance of funding in general, regardless of the pandemic, and suggested that there are negative perceptions about the necessity of their services.

> R1: The biggest financial burden has been around staff recruitment, hiring, and onboarding. Another financial burden is finding unrestricted funds to support staff self-care and wellness.

> R2: Our VOCA funding is not being replenished at the rate that it was previously, and therefore, it's limiting the amount of time that we have the funding. I don't mean like immediate time, but long-term time...And you know, the length of each grant has been shortened. So even though we were an emergency responder, for lack of better terms during the pandemic, I'm not quite sure that our service provisions are being looked at as a necessity on a day-to-day basis. Continued funding for services and for staff salaries are important because when you come into a situation like a pandemic, you do need those committed people that are compensated appropriately…So, you know, with or without a pandemic, I think it's very important for victim services organizations to be looked at as a necessity. As we were you know, when we were in the state of emergency all of us were, you know, we could travel even if we were in the redzone and closed down and we could continue to assist victims. But with that said, we're seeing funding, either not being increased or being reduced, and that could have a great impact on our survivors. of domestic violence, sexual assault, you know, title 18 crimes…Funding is one of the most important things.

Clients

The client section of the survey asked respondents to report if there was a decrease in the number of clients served during the pandemic, how the service providers provided specific services (e.g., food, housing, transportation, and financial resources), the impact that prevention measures had on clients, and any issues with access faced by the clients. Five (45.5 percent) of the providers reported that they saw a decrease in the number of clients during the pandemic, while six (54.5 percent) of the providers reported having no decrease in the number of clients. Nine (81.8 percent) of the providers indicated that they provided additional support services during the pandemic. One provider stated that these services were not provided regardless of the pandemic, and one provider was unsure if the pandemic impacted their ability to provide these services. A follow-up question was asked to further explore the effect that the pandemic had on offering these types of services. Several of the service providers emphasized that they always

provided these services, and that the pandemic did not limit their ability to continually provide them. One service provider reported that the additional funding that was available prior to the pandemic allowed them to offer more financial services to victims during the pandemic. The additional help provided to survivors included housing costs, winter clothing, individual refrigerators and microwaves in shelter rooms, gift cards for gasoline, food, and other household products.

> R1: We generally provide assistance in those areas for our clients regardless of the pandemic. We also received additional funding to provide more long-term (still one year or less) financial assistance for housing. Prior to this funding, we could only provide security deposit and first months' rent. This new funding was in the works prior to the pandemic.

> R2: As a comprehensive victim services organization, we do that routinely. That was not paused during the pandemic, but I will say not as many individuals were looking for that type of support at the time…but if they needed those types of resources, of course, we always provide that. All of our clients receive all of our services at no cost to them. So, if I have a resident in shelter, we cover all of the food utilities in that shelter. They don't pay for anything. If they need to relocate into independent housing, we have resources that assist them with that first month's rent security deposit. As far as transportation, we can provide them with assistance for the bus routes or an Uber or a taxi. We don't personally transport typically. So, we do all those things routinely that never changed during that as a matter of fact, I had residents in shelter during the pandemic.

Overall, minimal impact on clients' autonomy was reported. Service providers generally did not experience any pushback with masking, social distancing, or cleaning protocols. Also, providing clients with the option for virtual services appeared to increase autonomy and maintain relationships with clients.

> R1: We tried to minimize the impact to autonomy and freedom of clients as much as was in our control, while following guidelines and recommendations from PADOH and CDC. Clients were given the option to receive services in person or via phone. All clients choose to cancel or have a phone appointment when they had a possible exposure or tested positive to keep our staff and other clients safe.

Trouble with technological access was reported by six of the service providers. These issues were attributed to being in geographical areas with poor internet service or clients not having the financial resources to acquire the needed technology.

> R1: We have poor internet and cell service in our area, so only a few clients were able to use Doxy.me with one of our trauma therapists. Most often phone counseling or trauma therapy was provided when in-person services were not.

> R2: Overall, in rural, you know, Pennsylvania, we do have major technology challenges…not all of my clients have internet accessibility, which makes it difficult to research to find housing to look for jobs, you know, you have to rely on either word of mouth, or hardcopy newspaper that of course, during the pandemic, almost all the newspapers around this area, you know, reduce their delivery. I know the [local newspaper], you know, cut two days a week out of their service delivery and even the provision of, you know, printing those papers. So, you know, that was limiting for our clients, especially the Wi-Fi. And then the other thing is, is that on the outliers of [county] transportation is not available. So even if you needed to come into the more public and active area of the county, you're limited on your accessibility. And then of course, you know, if you're from the lower economic status and you don't have a car, you don't have funding to do those things.

Interagency Collaboration and Overall Impact

The interagency collaboration section of the survey focused on how the service providers defined a satisfactory partnership, the organizations, offices, and agencies that their agencies worked with during the pandemic, and a rating of the overall impact of a variety of factors on the effective delivery of domestic violence services during the pandemic.

The most emphasized characteristic of a satisfactory partnership was maintaining open and honest communication so the best possible services can be provided to victims. Service providers also mentioned respect and the ability of other organizations in understanding the role that domestic violence service providers have on victim services.

> R5: They need to be as flexible as possible when working with clients. PA's DV agency confidentiality statutes are absolute and take into consideration what their responsibilities are versus ours. Respectful collaboration.

> R3: A satisfactory partnership is one that would require other agencies during the pandemic to do the best possible practices with others in line with guidelines to serve persons impacted by domestic violence.

Service providers explained that they collaborated with other victims' service agencies, law enforcement agencies, court personnel, medical and health care providers, and housing providers. Most of the collaborations were rated as satisfactory by the vast majority or all of the responding service providers. One provider expressed challenges with the courts, and another indicated that working with the medical establishment was challenging.

> R1: We mostly worked with housing providers, other homeless shelters, and the courts. The courts generally provided hearings via Zoom that had positive and negative impacts. Most attorneys did not meet with clients prior to court. Housing providers and other homeless shelters were in similar situations-evictions were

> paused so it was difficult to find available housing for those fleeing abusive relationships.
>
> R2: We have great partnerships, we have great memorandums of agreement, and you know, letters of agreement, and we work hand in hand with each other. I mean, I can't speak to how they provided their services during the pandemic, but I can say that if we needed to reach out to our partners within the community, whether it was for drug and alcohol, mental health, housing, in the emergency room, all of those things remained intact.

One service provider brought up the importance of examining how agencies and the community perceive victims of domestic violence and suggested a need to implement a victim-oriented approach to best support survivors of domestic violence.

> R2: You know, we look at mental health we look at drug and alcohol and you know, being a victim is very similar to the process that you have to go through in order to come out on the other side whole and having self-esteem and belief that you can be independent and not repeat behaviors when you know you get triggered…I believe that survivors really should be raised up to a level equal to recovery in any other you know, realm. And that, you know, people really need to understand the pathway to success for Survivor…we need to focus in on the survivor…I think that we have to bring the voice of the survivor back to the forefront so that people understand the journey they take, and it's not a one and done [leaving abuser].

Over half (54.6 percent) of the service providers reported that the domestic violence budget and transportation had a moderate to strong level of impact on their ability to provide services. Similarly, over half (54.6 percent) of the providers rated the impact of staff turnover and client caseload/inadequate staffing on providing services moderate to strong. Only one service provider rated staff turnover as a strong impact, while four rated client caseload/inadequate staffing as a strong impact. This disparity may suggest that service providers not being adequately staffed prior to the pandemic is a more severe barrier than any staff turnover influenced by the pandemic. Five (45.5 percent) of the providers reported that a lack of access to technology was a moderate impact on providing services, while over half (54.6 percent) of respondent stated that an overall lack of access to services provided a moderate or strong level of impact.

Eight (72.7 percent) of the service providers reported a moderate or strong impact of partnerships with other agencies with other services. The qualitative data on partnerships indicated that most providers had satisfactory partnerships with other agencies, which is important to contemplate when examining the quantitative data. A comparison between the two data types suggests that although most partnerships are rated satisfactorily, when there is conflict within the partnership it tends to have more severe and notable impacts on providing services.

Six (54.6 percent) of the service providers rated the impacts of public health measures as moderate or strong. Taken all together, the ratings reported in Tables 1 suggest that the effect that the COVID-19 pandemic had on their agency's ability to provide services was weak. The factors that had the highest strong impact ratings were the client caseload/inadequate staffing and budget factors.

Discussion

The purpose of this research was to identify the experiences of rural domestic violence service providers during the COVID-19 pandemic to garner a better understanding and to suggest policy guidelines for rural victim services providers during public health emergencies. This goal was met by administering a survey and conducting an interview that focused on five domains related to agency services, staffing, funding, clients, and interagency collaboration. Three critical findings deserve specific policy consideration. The first is related to the general funding of domestic violence service providers and how funding can affect services during public health emergencies. The second is related to the importance of maintaining qualified and adequate staffing. The third is related to the need for awareness about domestic violence services and effective outreach to domestic violence victims.

Funding for Service Providers

The impact that funding had on providing services was one of the most significant factors highlighted in the data and was related to the ability to provide adequate staffing and outreach to clients. In terms of overall impact on funding, some service providers experienced an increase in funds due to COVID-19 response grants, while others expressed a decrease in funding or an imbalance in funding power caused by greater financial burdens related to providing supplies or due to decreases in support from their community donors. When it came to specific financial burdens, service providers stated that funding issues related to staff recruitment, hiring, and onboarding, as well as the cost of emergency sheltering during the pandemic, were the most significant budget issues. Also, one service provider reported that finding unrestricted funds to support staff members' self-care and wellness was a barrier. Importantly, service providers who indicated no financial burdens highlighted the importance of grant funding in decreasing the potential financial impact of the pandemic response.

One service provider expressed concern regarding the perception of victim services organizations and how public perceptions could impact funding. This provider stated that it is important for victim services to be perceived as a necessity, and that the lack of increase in immediate emergency funding or decreases in long term funding that they were experiencing suggest a lack of perceived importance for providing victim services. In addition, the provider reported that the length of each grant has been shortened, which bolstered their perspective that their emergency responder responsibilities are not being viewed as a necessary day-to-day function. The present findings relate to Sapire et al.'s (2022) examination into how existing gender-based violence funding and policy landscape, COVID-19, and pandemic safety measures

affected gender-based violence health services in the Unites States. Specifically, Sapire et al. (2022) found that service providers were concerned about the availability of long-term funding and a lack of flexibility with how granted funds could be spent. These concerns were echoed by domestic violence service providers who responded to this study suggesting the presence of more universal funding concerns, and this is likely due to the structure and history for funding programs related to violence against women.

The first comprehensive federal legislative act aimed at reducing violence against women was the Violence Against Women Act of 1994 (VAWA), which Congress passed as part of the Violent Crime Control and Law Enforcement Act of 1994 (Legal Momentum, n.d.). Primary purposes of the VAWA include amplifying investigations and prosecutions of sex offenses and creating grant programs that involve various organizations that target intimate partner violence, such as law enforcement, service providers, and victims of crime. The VAWA established the Office on Violence Against Women (OVW) within the Department of Justice (DOJ) to effectively manage and distribute funds and has awarded more than $10.5 billion in grants and cooperative agreements since its inception (Office on Violence Against Women, 2024a). OVW administers financial assistance through 20 grant programs designed to bolster the nation's capacity to reduce domestic violence, dating violence, sexual assault, and stalking by strengthening services to victims and holding offenders accountable. Four of these 20 grant programs are categorized as "formula," which means that distribution is dictated by legislation. For example, The STOP Violence Against Women Formula Grant Program requires that 25 percent of allocated funds are granted to law enforcement, 25 percent for prosecutors, 30 percent for victims, 5 percent to state and local courts, and 15 percent for discretionary distribution (Office on Violence Against Women, 2024b). The remaining grant programs are classified as "discretionary," which means that OVW has the responsibility of creating program parameters, qualifications, eligibility, and deliverables in accordance with authorizing legislation. The Rural Program and the Transitional Housing Program are examples of grant programs established with discretionary funds.

Due to funding largely being provided by federal sources, domestic violence programs are vulnerable to reductions in funding during economic downturns, shifts in political administrations, and changes in legislative priorities (Sapire et al., 2022). VAWA has been criticized for disparities in funding for programs based on law enforcement and those directed at serving victims, with the criticisms calling for a redistribution of funds away from law enforcement initiatives (Asenuga, 2023). This central focus on law enforcement as a remedy for domestic violence has been attributed to the "tough on crime" era in which the VAWA was created, and Whittier's (2016) qualitative analysis on Congressional hearings, published feminist and conservative discussion of VAWA, and accounts of feminist mobilization around VAWA touches upon this by examining the frame used within this VAWA discourse. Results revealed that the three frames of crime, gendered crime, and feminist orientation were utilized by the various stakeholders, with the gendered crime frame being utilized the most frequently. Whittier

(2016) claimed that the gendered crime frame allowed for lawmakers from diverse ideological positions to be brought together due to its compatibility with the other frames. Specifically, the gendered crime frame, like the crime frame, utilized crime discourse about the requirement for increased law enforcement in response to violent crime, and like the feminist frame, focused specifically on violence against women (Whittier, 2016). Therefore, the gendered crime frame set the understanding for gender-based violence to be more of a justice issue that falls under the purview of the criminal justice system.

Each Congressional reauthorization of VAWA has highlighted how VAWA is shifting to a more victim-centered focus. However, each reauthorization experienced lengthy bipartisan debates that created a fundamental barrier to establishing consistent program funding (Asenuga, 2023). This barrier was displayed in the first and second reauthorization failures seen in 2011 and 2019, which was caused by bipartisan disagreement on new provisions in the Act (Asenuga, 2023; Sapire et al., 2022). Although Congress still appropriated funds for VAWA in 2020, these authorization failures display the susceptibility of funding to political processes that identify priorities. This limitation presents itself at the state level during the grant application process. VAWA's STOP Program was the largest grant program in 2023 and provided 56 awards totaling $172.93 million (Office on Violence Against Women, 2024b), but its competitive nature and priorities during state level implementation allude to possible disparities in funding rural service providers.

Pennsylvania requires that all counties receiving STOP funds have a Coordinating Team that provides ongoing leadership and direction to the STOP Project with the intention of ensuring effective collaboration among law enforcement, prosecution, county probation/parole, and victim services (Pennsylvania Commission on Crime and Delinquency, 2024a). This STOP Coordination Team is required due to the challenges with consistent implementation of policies, procedures, and practices within Pennsylvania's more decentralized commonwealth political structure. This requirement may pose challenges for rural counties that engage in the competitive grant process as the resources to establish and maintain these teams may be limited. As reported by the PCADV, the 2024-2025 state budget included a $2.5 million increase in domestic violence funding, which was the first meaningful budget increase in half a decade (2024). However, this historic increase fell short of the Governor's original proposal of $5 million and far below PCADV's goal of an $8 million increase. This emphasized that the increase is not enough to effectively meet the real needs of all domestic violence victims and their children in Pennsylvania. In addition, cuts to the Victims of Crime Act funding and additional massive reductions in other federal programs that supported domestic violence prevention have been proposed, which emphasizes the volatile nature of funding and the need for coordinated budget advocacy (Pennsylvania Coalition Against Domestic Violence, 2024). This deficiency in funding despite the increased allocation highlights the need to explore more innovative approaches to bolstering funding in general and to rural areas specifically.

Based upon the results presented above, prior literature, and concerns regarding the funding structure for domestic violence services, several policy recommendations can be suggested. First, advocacy groups should continue to stress a shift to a victim-centered approach to the point where a paradigm shift in the understanding of domestic, sexual, and intimate partner violence from a justice issue to a public health issue occurs. Within this paradigm shift, advocacy groups should stress the importance of categorizing domestic violence services as a first responder group to emphasize the importance of these services. Such an approach is likely to meet strong resistance due to political polarization, but an organized advocacy movement could prove to be beneficial.

Next, collaboration between the service providers and potential funding agencies should be established through the creation of interagency commissions or advisory boards. The Pennsylvania Commission on Crime and Delinquency supports the creation of County Criminal Justice Advisory Boards (CJABS) that serve as local problem-solving groups (2024b). These boards could serve as models that can inform similar approaches to victim-specific services and awareness that could expand inclusion outside the criminal justice system to facilitate approaches focused on public health issues. Overall, this paradigm shift toward a victim-centered, public health response could bolster victim's services in rural areas and their preparedness for states of emergency.

Qualified and Adequate Staffing

Respondents reported significant concerns about how the pandemic affected staffing within their agencies. Importantly, the funding and staffing barriers had some overlap, which in turn impacted the ability to provide services to clients. For example, several providers expressed the role that salary played in staff retention and the challenges of hiring and training new staff. Although these providers expressed that quality of services were not diminished due to inadequate staff, higher workloads placed upon the remaining staff reportedly increased experiences of burnout and compassion fatigue, and these circumstances might have decreased the quality of services being provided to clients. Furthermore, burnout and compassion fatigue might have interacted negatively with anxieties about the pandemic held by staff members, which could further diminish the effective delivery of services. Several service providers took steps to address staff stress and anxiety by being flexible with scheduling work and time off. Some providers also separated staff members into remote and direct-contact workers to limit COVID-19 exposure, and one service provider reported that an internal workgroup was designed to collect information on the pandemic to keep the agency informed on changes to the public health guidelines. The new effort to manage information is just one way the pandemic altered the routine use of staff resources for office managers.

Although not directly addressed in this study, previous research has examined a variety of factors that influence the retention of victim services workers as well as power in the workplace. In particular, workplace culture (Merchant & Whiting, 2015), models of supervision (Cortis et

al., 2021), and enforcing shelter rules and policies (Merchant & Whiting, 2015; Pless et al., 2024) have been associated with the management of staffing. When policies and procedures engender a negative culture that leads front line advocates to feel isolated, unsupported, abused, or ineffective, higher dissatisfaction and turnover is more likely (Merchant & Whiting, 2015). An element of this negative culture that could stimulate turnover is dissonance between advocates' values and the values of the shelter's culture, such as enforcing shelter policies. If shelter managers emphasize connection, cooperation, flexibility, self-care, and innovation, greater staff retention might be seen (Cortis et al., 2021; Merchant & Whiting, 2015). The often ambiguous and frequent changes to routine practices and policies associated with pandemic response guidelines is likely to have created workplace stress that affects staff retention.

The results presented above, with support from prior literature examining front line victim services workers, lend support to several policy and program recommendations related to staffing concerns. First, although improving workplace culture can be an arduous process with no easy solutions, attempts to evaluate and strengthen workplace culture should be undertaken routinely to identify strategies that empower workers and bolster their wellbeing. Incorporating front-line workers into processes that evaluate agency policies and procedures can encourage a sense of commitment and ownership that might assuage negative sentiments that might be produced by rapid changes due to emergency response. To ensure staff wellbeing and reduce stress, particularly during public health emergencies, agencies should enhance access to wellness support through offer training related to mental health and self-care, allowing for paid mental health days, and empowering front-line workers in decision-making processes. These efforts may be especially meaningful for those who are new to providing victim services (Merchant & Whiting, 2015) and could help establish a workforce that is more resilient during responses to public health emergencies. Additionally, recognizing the potential for health risks to the staff should be considered responding to public health emergencies, and current standards should embrace the opportunity to offer remote work options when those options do not threaten the ability for agencies to provide coordinated client services. Service agencies should establish internal workgroup designed to focus on responses public health and other states of emergencies to ensure all agency personnel are informed. Establishing a structure for these workgroups before emergencies are declared can ensure that proper chains of communication exist and that the burden of effort is reasonably shared.

Providing Effective Services and Domestic Violence Awareness

Most service providers indicated that the pandemic had some level of impact on their ability to provide services, and this includes communicating with clients and providing transportation and short-term shelter housing to clients. To adjust to the lockdown measures, all agencies provided some form of video-based conferencing, and this improved the ability for shelters to communicate and provide services to their clients. Service providers increased their outreach to clients using social media, billboards, or flyers/newspapers. A limited impact on transportation was reported, but transportation barriers still existed due to financial restrictions.

To overcome these barriers, some service providers distributed transportation funds directly to their clients in the form of gas station gift cards to ease the burden of personal transportation costs. Other providers incorporated safety measures into their existing transportation practices. Only two service providers had to refuse their clients' need for emergency shelter due to the pandemic, but these agencies worked to reassign clients to other providers. A significant number of service providers utilized hotel stays to provide housing options that allowed for easy social distancing and needed shelter care. Access to high-speed internet technology was a prevalent barrier to providing services, and this highlights the importance of establishing this form of technology in rural and economically distressed areas.

Several providers indicated that community support was lower during the pandemic, and one provider highlighted the importance establishing consistent awareness of victim needs within the community. One service provider in this study noted how the pathway to success that survivors experience is similar to mental health or substance abuse recovery in that it takes a lot of effort and commitment to leave an abusive situation. The recent success of raising public awareness of mental health and substance use emphasizes the potential for applying public health approaches to responses to domestic violence. In sum, victims of domestic violence would benefit greatly from an increased victim-services perspective that takes the steps to understand victim experiences and needs.

Several policy considerations can be derived from these findings. First, when the government creates responses to public health emergencies, restrictions on public behaviors should be announced with collateral information about the maintenance of providing public assistance including victim services. Classifying victim service agents as first responders could facilitate these efforts as it would increase perceptions of the importance of victim services. Next, human service agencies and providers must ensure access to residents who live in areas where public or low-cost transportation is limited. Service providers utilization of gas station gift cards was a creative approach to address the transportation barrier, and this could be enhanced by advocating for unrestricted use of granted funds. During 2021, the PCADV announced a partnership with Uber to provide 1,000 free rides for domestic violence victims seeking services to help address the problem of transportation barriers. This allowed domestic violence service providers to set up their own Uber account for the program that allowed staff and volunteers to send Uber Vouchers or to schedule rides for victims directly (Pennsylvania Coalition Against Domestic Violence, 2021). Last, similar to research that explores the impact of rural living across a variety of disciplines, it is recommended that more efforts are made to provide accessible and affordable high-speed internet in rural areas. This could be accomplished by state governments exploring options to subsidize internet providers in rural areas or open additional streams of funding related to the development or modernization of infrastructures.

Limitations and Conclusion

Several limitations should be kept in mind when evaluating the findings from this study. First, only 11 of the 32 rural service providers responded to the survey, and this limits the ability to form a complete and generalizable understanding of the experience of service providers during the COVID-19 pandemic. Next, the survey requested that the head representative of the domestic violence agency complete the survey. This excluded the perspectives of many front-line workers, which could not align with the perspectives held by the upper management of the agency. Future research should explore the perceptions of a more varied distribution of domestic violence agencies and service providers to address any unknown biases. Last, governmental structure of Pennsylvania is framed around being a commonwealth that empowers local administration, and this structure might have had an influence on the experiences of the rural agencies included in this research. Therefore, the description of the service providers experiences captured within this study may differ significantly from states that exist within different political structures.

Despite these limitations, this study offers a glimpse into the experiences of Pennsylvania's rural domestic violence service providers during the COVID-19 pandemic within the five domains of agency services, staffing, clients, funding, and interagency collaboration. The understanding gained from this research suggests that COVID-19 did impact the ability to provide services, but this understanding has created the opportunity to suggest policy and program administration changes that might minimize the effect of future states of emergency.

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Appendix

Table 1

Descriptive Characteristics of Domestic Violence Service Agencies

		n	%
Overall Impact of COVID-19 on Access to Services			
	Not Impacted	1	9.1
	Weakly Impacted	3	27.3
	Moderately Impacted	5	45.5
	Strongly Impacted	2	18.2
Agency Services			
	Accessible by public transportation		
	Yes	11	100
	No	0	0
	Agency staff provide transportation		
	Yes	9	81.8
	No	2	18.2
	Agency provided shelter		
	Yes	10	90.9
	No	1	9.1
	Emergency shelter refused due to COVID-19		
	Yes	2	18.2
	No	8	72.7
	Unsure	1	9.1
Staffing			
	Staff affected by public health responses		
	Yes	6	54.5
	No	4	36.4
	Unsure	1	9.1
	Increases to workload		
	Yes	5	45.5
	No	5	45.5
	Unsure	1	9.1

Funding			
	Annual Budget to nearest $1,000		
	< $75,000	2	18.2
	$75,000 - $124,000	2	18.2
	$125,000 - $174,000	6	54.5
	> $174,000	1	9.1
	COVID impact on funding		
	Not impacted	4	36.4
	Weakly impacted	1	9.1
	Moderately impacted	4	36.4
	Strongly impacted	2	18.2
Client Services			
	Decrease in client services due to COVID-19		
	Yes	5	45.5
	No	6	54.5
	Agency provided varied services to clients		
	Yes	9	81.8
	No	1	9.1
	Unsure	1	9.1
Agency Operations			
	Ability to provide services due to budgets and transportation budget effects		
	Strong	3	27.3
	Moderate	3	27.3
	Weak	5	45.5
	Transportation effects on service delivery		
	Strong	2	18.2
	Moderate	4	36.4
	Weak	5	45.5
	Staff turnover effects		
	Strong	1	9.1
	Moderate	5	45.5
	Weak	5	45.5
	Client caseload/inadequate staffing		
	Strong	4	36.4
	Moderate	2	18.2
	Weak	5	45.5

Access to technology/Internet		
Strong	0	0
Moderate	5	45.5
Weak	6	55.5
Overall accessibility to services		
Strong	1	9.1
Moderate	5	45.5
Weak	5	45.5
Impact of partnerships on delivery of services		
Strong	2	18.2
Moderate	6	54.5
Weak	3	27.3
Impact of public health responses on delivery of services		
Strong	2	18.2
Moderate	4	36.4
Weak	5	45.5

Appendix A

Section 1: Agency Services

1. How would you rate the impact that the COVID-19 pandemic had on your clients' access to the services your agency provides?

Strongly impacted___ Moderately impacted__Weakly impacted___ Not impacted____

   a. If the COVID-19 pandemic impacted your clients access to services, then please explain the strategies your agency used to increase outreach toward your clients.

2. Can your agency be accessed through public transportation?

Yes_____ No_____ Unsure_____

   a. Do clients ask your agency to be picked up from their locations and brought to your agency?

Yes_____ No_____ Unsure_____

   b. If your agency can be accessed through public transportation or provides transportation to clients, then please describe the impacts that the COVID-19 pandemic has had on this transportation and any strategies your agency has used to overcome the impacts.

3. Does your agency provide emergency shelter services?

Yes_____ No_____

   a. How many beds does your agency provide? _____

   b. Have any clients been refused accommodations due to insufficient space or reasons that relate to the impact of COVID-19 public health policies.

Yes_____ No_____ Unsure_____

   c. If your agency has had to refuse clients, then please explain how this has impacted your agency's relationship with the client.

   d. Discuss your agency's experiences with any clients that did not seek accommodation in the shelters due to concerns of contracting COVID-19 or due to the rules and restrictions set in place by your agency to combat COVID-19?

4. Based upon your own experiences, how have the public safety measures of the pandemic, such as physical distancing, sanitation methods, and personal protective equipment impacted how your domestic violence agency operates?
5. What strategies have been used by your agency to address the changes or challenges that were caused by the COVID-19 pandemic?

Section 2: Staffing

6. How many paid staff members work at your domestic violence agency?_____
    a. How many staff members are full time?_____
    b. How many staff members are part time?_____
7. Please discuss the extent to which the COVID-19 Pandemic impacted staff turnover in your agency and if this turnover impacted quality of services.
8. Were some of your agency's staff impacted by the COVID-19 public health measures more than others.

Yes_____ No_____ Unsure_____

    a. If yes, then please discuss the factors that caused some staff members to be impacted more by the public health measures.

9. Has the overall workload of your agency's staff members increased because of the COVID-19 pandemic?

Yes_____ No_____ Unsure_____

    a. If yes, then please explain what you think the reasonable job expectations are given the shifting responsibilities caused by the pandemic.

10. Please explain if your agency found the COVID-19 public safety measures provided by the state and federal government easy to follow.
11. Please explain if any of the measures or strategies you have implemented to address the COVID-19 pandemic have been adopted for long term use.

12. Did your agency take steps to address any high levels of anxiety or stress that were experienced by the staff?

Section 3: Funding

13. What is your agency's annual domestic violence budget? Please check the box that represents the budget allocated only for domestic violence services.

	Less than $75,000		$225,000-274,000
	$75,000-124,000		$275,000-324,000
	$125,000-174,000		More than $325,000
	$175,000-224,000		Don't Know

14. To what extent has the COVID-19 Pandemic impacted the funding of your domestic violence services?

Strongly impacted___Moderately impacted___Weakly impacted___Not impacted___

a. If COVID-19 has impacted your agency's funding, then please describe in detail how the funding levels of changed and how this change has impacted your agency's ability to provide services.

15. Please discuss any financial burdens that were caused by the COVID-19 Pandemic.

Section 4: Clients

16. Please compare the average number of clients served in 2020 and 2021 to 2018 and 2019. Did the average number of clients your agency served in one year decrease during the COVID-19 Pandemic?

Yes_____ No_____

17. Have services outside of safety issues and support, such as food, housing, transport, and financial resources been supplied by your agency during the pandemic?

    Yes_____ No_____ Unsure_____

    a. If yes, please explain how your agency addressed these others impacts of the COVID-19 pandemic felt by poorer families.

18. To what extent do you think that any COVID-19 public safety measures enacted by your agency impacted the autonomy and freedom of the clients?

    a. To what extent to you think these public safety measures have impacted relationship building with clients?

19. Please discuss if any of your agency's clients had trouble with technological access and how it impacted the ability to access resources or fully participate in services?

Section 5: Interagency Collaboration

20. What are the characteristics of a "satisfactory partnership" of your agency with the organizations in your community whose services you rely upon in helping victims of domestic violence during the COVID-19 pandemic? How do you define a "satisfactory partnership" in terms of the processes and the outcomes of the collaboration?

21. Please discuss the organizations, officers, and agencies that worked with your domestic violence agency the most during the COVID-19 Pandemic and whether that partnership was satisfactory?

22. Please rate the follow items on their impact on effectively delivering domestic violence services during the COVID-19 Pandemic.

Factors impacting the effective delivery of DV services at your agency during COVID-19	**High impact**	**Moderate impact**	**Weak impact**
Domestic violence budget			
Transportation for clients			
Staff turnover			
Client caseload and inadequate staff			
Lack of access to technology			
Partnerships with other agencies			
COVID-19 Public health measures			
Lack of access to services			

23. Would you be interested in participating in a follow-up interview in order to explain your agency's experience with providing domestic violence services in more detail?

Yes_____ No_____

If yes, please provide your contact information

_____

That concludes the survey. Thank you for your time and participation. With your cooperation, commitment, and responses, this research intends to make recommendations to Pennsylvania's legislatures for improving the ability to provide domestic violence services in any future public health emergencies.