


The Rapid Uptake of Digital Technologies at Domestic Violence and Sexual Assault Organizations During the COVID-19 Pandemic

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Abstract

Emerging evidence suggests that the COVID-19 pandemic disproportionately impacted survivors of domestic violence and sexual assault (DV/SA). This research note explores DV/SA service providers' ($n = 20$) perceptions of how their organizations responded to the pandemic. Results of a thematic content analysis indicated that survivors were adversely affected by sheltering with abusive partners and by external environmental conditions. Organizations responded to shifting community needs by adapting face-to-face services to virtual formats and revising pre pandemic safety planning protocols. School-based prevention programming required significant adjustments. Therefore, the pandemic catalyzed the integration and optimization of emerging technologies and provided opportunities for organizational innovation.

Keywords

COVID-19, intimate partner violence, digital technologies, organizational practices

Increased rates of domestic violence (DV) and sexual assault (SA) during the global COVID-19 pandemic have been labeled a “shadow pandemic” (Parry & Gordon, 2021) or a “pandemic within a pandemic” (Evans et al., 2020). Although there is no readily available surveillance data for the prevalence of DV during the pandemic, burgeoning research suggests that external factors related to the pandemic (e.g., state-specific lockdown orders, economic fallout, increased mental health problems, and substance misuse issues) triggered the incidence and severity of abuse—especially

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for those with preexisting histories of DV (Boserup et al., 2020; Bradbury-Jones, 2020; Fawole et al., 2021; Kaukinen, 2020; Mazza et al., 2020; Sharma & Borah, 2020; Wood et al., 2022). Furthermore, due to concerns regarding contracting the virus and perceptions of limited service availability, survivors of abuse were less likely to seek external help from social service and medical providers (Campbell, 2020; Evans et al., 2020; Fawole et al., 2021; Kaukinen, 2020).

Despite the shutdown of public life during the pandemic, most DV/SA agencies remained open and were designated critical “first responders” or “essential workers” (Wood et al., 2022). Although there is emerging evidence that human service agencies adopted digital technologies such as telehealth to adapt to shifting community needs (Mishna et al., 2020), there has been limited inquiry into how DV/SA organizations, specifically, used digital technologies to support survivors during the pandemic.

Compared to the business sector, digital technologies generally have not been fully integrated into and optimized by nonprofit and human service agencies (Goldkind, 2015; Khan et al., 2014). Technological innovations include telehealth platforms, text lines, wearable devices, and web-based communication portals, which afford new platforms for practitioners to connect virtually with their clients. Prior research demonstrated that DV/SA staff are hesitant to use emerging technologies due to concerns over client confidentiality, safety issues, and limited technological competencies among staff (Murray et al., 2015). Given that individuals who perpetuate abuse are likely to use digital technologies as tools to coerce and surveil their current or former partners, these concerns are well-founded (Fiolet et al., 2021; Slakoff et al., 2020). Nonetheless, emerging evidence suggests that digital technologies such as social media communications (Storer et al., 2021), online digital interventions (Tarzia et al., 2016), smartphone applications (Glass et al., 2021), and “quick-escape” buttons on DV/SA providers, websites (Slakoff et al., 2020) can be promising tools in supporting survivor well-being and access to services.

Background and Purpose of Study

This research note is part of a more extensive national study titled #ProjectConnect, seeking to understand how DV/SA organizations engage with technology in their work, particularly regarding their engagement with socially excluded youth (Storer et al., 2021). The conceptual model for this study is influenced both by political economy organizational perspectives (Garrow & Hasenfeld, 2010) and by the Technology Acceptance Model (Venkatesh & Bala, 2008). These theoretical perspectives describe how the adoption of innovations within organizations is influenced by their attempts to acquire legitimacy, influence, and economic resources to maintain service delivery systems (Garrow & Hasenfeld, 2010) and by their perceptions of the utility of these new technologies (Venkatesh & Bala, 2008).

When we initiated this study in February 2020, the research team did not anticipate a global pandemic that would result in radical shifts in digital communications across numerous sectors. However, we opted to lean into this historical moment and amend our interview guide to learn how DV/SA organizations adapted their use of

technologies in response to the pandemic. Therefore, the purpose of the present research note is to construct knowledge regarding how organizations utilized digital technologies to respond to shifting service needs during the COVID-19 pandemic and explore service providers' perceptions of how the pandemic influenced their clients' well-being.

Methodology

Sampling

The sample for this study consists of organizational representatives from DV/SA organizations across the United States ($n = 20$). Although data collection began on February 1, 2020, for the broader #ProjectConnect study, only interviews that were conducted after March 25, 2020, were included in the analysis for this paper. It was at this date that participants started to reflect on the pandemic unsolicited. For example, in response to general technology usage questions, they added qualifying statements such as “especially recently” and “changed in the last month.” Fifteen interviews were excluded because they were conducted before February 1. There are no substantive demographic differences between participants included in the larger study sample and the subsample used in this research note.

To be included in our overall study sample, all participants had to be paid staff at DV/SA organizations in the United States. The majority of participants identified as women or female (85%). Slightly under half of the participants (45%) identified as White or Caucasian, and 15% each identified as Asian, Black/African American, or Latinx. Participant ages ranged from 21 to 76 years ($M = 35.84$, $SD = 12.07$). Although the sample represented various professional roles, program directors comprised the largest portion (40%) of participants. The majority of the participants (55%) worked at agencies located in the Midwestern United States, followed by 20% from the South, 15% from the West, and 10% from the Northeast. An Institutional Review Board (IRB)-approved recruitment script was sent to all participants through state DV coalitions or direct emails from the researchers. We also intentionally contacted organizations from culturally specific organizations or non-mainstream organizations to solicit a diversity of perspectives. Participants were compensated with a \$20 honorarium for their time. Research methods were approved by the IRB at the authors' university.

Data Collection

Key informant interviews used a semistructured, 10-question interview guide designed for this study. They were conducted via virtual videoconferencing platforms and lasted 60–90 min. To increase the usability of the interview guide, we pretested all interview questions with participants from a similar demographic (e.g., current or former staff at DV/SA organizations). All interviews were conducted by a mid career researcher, a doctoral student, or a masters-level research assistant. The results presented in this

research note derive primarily from the question, “How has the current COVID-19 pandemic influenced your organization’s use of technology?” Participants were not explicitly asked what technologies they were using but to describe their experiences in their own words. Participants described the impact of the pandemic throughout the interview, generally unsolicited.

Data Analysis

The research team conducted an exploratory thematic content analysis of the data. This method involves constructing patterns and themes, including divergences, across the dataset (Braun & Clarke, 2006; Hsieh & Shannon, 2005). This analytic approach is most consistent with the inductive, exploratory nature of our inquiry (Braun & Clarke, 2006). Before coding, all our interview transcripts were transcribed verbatim by a professional transcription service and manually cleaned by the study research staff for accuracy and fidelity. Data coding involved systematically applying inductive codes to key concepts, processes, and sensitizing experiences (Saldaña, 2009). Codes were organized in a digital codebook into hierarchical categories and themes. This codebook provided clear definitions of each inductive code and instructions for code usage. Examples of codes include *impact of COVID-19*, *adaptation of services*, *changes in tech usage*, and *client-related concerns*. Matrices were used to facilitate within- and across-case analysis to clarify which themes were present across all of the interviews. We used Dedoose version 8.0.35 to organize all data, curate the codebook, and facilitate data analysis. Exemplar quotes used in this paper are not verbatim, having been edited for clarity.

Both authors practiced intentional reflexivity to promote rigor in the analysis process (Stige et al., 2009). The lead author is a mid career social work professor who has worked in the DV/SA field for nearly 20 years. When the pandemic first started, she was immediately concerned about the safety of survivors sheltering with abusive partners. As with so many others, the pandemic shifted my entire professional, academic, and personal life to videoconferencing platforms and associated technologies. Undoubtedly, living through the pandemic influenced how both authors conducted the interviews and analyzed these data, especially regarding sensitization to the potential of digital technologies to facilitate a modicum of connection. Author two is a social work doctoral student with pre pandemic experience in providing direct services to refugees and immigrants through a U.S. refugee resettlement agency. Her specific interest with regard to the impact of COVID-19 on DV/SA organizations is in how social service agencies adapt to environmental changes while simultaneously increasing client outreach and connections.

Results

This section will first describe the participants’ perspectives on the pandemic’s deleterious impact on survivors of DV/SA. These data provide an important context for understanding organizations’ decision-making processes for adapting their tech

usage. Next, we will present themes related to how DV/SA organizations have modified their services in response to the pandemic's shifting landscape. These subthemes include restricting in-person services, accelerated use of digital technologies, and revisions to pre-COVID safety-planning practices.

The Pandemic's Adverse Impact on DV/SA Survivors

Throughout the interviews, participants expressed concerns regarding the safety of DV survivors and their families due to the immediate threat arising from sheltering-in-place with controlling partners and regarding the pandemic's exacerbation of external risk factors for DV (e.g., unemployment, alcohol abuse, etc.). As Participant 2, a 37-year-old female program director from the Midwest, stated:

Perpetrators are losing their jobs, victims are losing their jobs, and the economic impact that it's having on the house. So right now, we are actually going through a whole country in trauma ... in a way that really hasn't been experienced ever.... And so, everyone is extra anxious right now, even just baseline anxious. *And so then when you translate that into domestic violence, it can be pretty heinous.*

Some participants described an "uptick in sexual assault survivors calling into our hotline and also sexual assault survivors at the hospitals. Particularly under the age of 25" (Participant 18, age 42, female, prevention programming, South, emphasis added). However, others stated that "the forced isolation has increased. So we are not seeing an increase in calls; what we're seeing is an escalation of the abuse" (Participant 3, age 23, female, victim advocate, Midwest). That is, although the number of people calling remained roughly the same, the incidents reported by callers were more severe.

Restriction of Face-to-Face Services

Across all of the interviews, participants described the myriad changes within their organizations prompted by the interruption of face-to-face services. Specifically, participants described how pre pandemic services, particularly advocacy and counseling, school and community-based education, and residential services, evolved in response to changing community needs. As Participant 16, a 25-year-old female prevention education supervisor from the West, stated:

As far as client services, it's very rare that we provide in-person client services, aside from the occasional sexual assault forensic exam (or rape kit, as they're typically known).... All of our counseling is via video chat. Our youth programming is via video chat.

Similarly, Participant 8, a 49-year-old female program director in the Midwest, said "nothing is in person now." Another explained that their shelter "residents are actually staying in a hotel at the shelter's expense because ... we cannot test them [for the virus]

every time they come home” (Participant 9, age 36, female, program director, Midwest).

School and community closures hit outreach and education efforts particularly hard. One participant stated that “our sexual health education has been suspended until schools are ready” (Participant 16, female, prevention education supervisor, age 25, West), and another said that their county’s school district “has a closed internet environment. So we cannot zoom in and do any presentations. They wouldn’t allow you in” (Participant 18, age 42, female, prevention programming, South). One participant described that “before Covid was happening, we had educators go to our juvenile detention center in our area and they would lead groups and provide educational materials,” but those activities were suspended when prisons were closed to external visitors (Participant 17, age 32, female, therapist, Midwest). Another participant described prevention programming’s susceptibility to school curriculum cuts, attributing this to the state’s absence of school DV/SA educational requirements: “Teachers are kinda having to choose what they give students to do. They don’t wanna overload them and do what they would normally do for a five-day week. So again, *one of the first things that get cut is our stuff*” (Participant 6, age 35, male, prevention programming coordinator, Midwest, emphasis added). Thus, service delivery systems had to be adapted quickly, with prevention-based programs being those most disrupted.

Accelerated Adoption of Technological Options

In order to reach clients during the pandemic, many DV/SA service providers in this sample shifted face-to-face services to videoconferencing, telehealth, or texting. Participant 2, a 37-year-old female program director in the Midwest, characterized all of the new technological changes as a “silver lining of this crap,” and Participant 10, a 46-year-old female program director in the Midwest, described how the “pandemic just fast-tracked” proposed integration of technology into organizational programs and procedures. For example, Participant 14, a 29-year-old female program director in the South, stated:

We’re using the TheraPlatform right now for virtual counseling, and that has been amazing. I mean, it’s really been a lifesaver, because I will say one of the things, when the pandemic first started, we were so nervous about ... we have a lot of high crisis clients ... so we were very nervous about how we were going to continue to reach them and give them those quality services.

The phrase “continue to reach them” is important because it underscores that the motivation to shift to online services was driven by a desire to continue existing services. This insight is reinforced by Participant 3, a 23-year-old female victim advocate in the Midwest:

I think even now, just because, like, our services are still so important, especially now with clients being quarantined with their abusers, and that’s brought some challenges, but being

... having the opportunity to still keep that face-to-face contact with clients with Zoom, if it's safe. Um, that's been really helpful.

The processes by which agencies shifted to using technology due to the pandemic are also notable. Many participants expressed a sense of "trying to figure out" the use of tech (Participant 15, age 29, female, program director, Northeast) or "having to do it as you go" (Participant 6, male, age 35, prevention programming coordinator). Some participants articulated a sense of unpreparedness for this shift, such as Participant 3, a 23-year-old female victim advocate in the Midwest: "there're so many considerations that we've kind of been thrown into with the safety aspect [of switching to remote services] that we just weren't prepared for." Participants also characterized the shift to virtual platforms as an effort each organization had to do in isolation, without the support of a network of agencies in similar circumstances. Participant 13, a 36-year-old female program director from the Northeast, said, "We were kind of put in a position to really, um you know, to really look into what we can use. And it's been difficult for us."

Despite the sense of urgency combined with challenges in making the switch to technological platforms, a handful of participants expressed relief that their agency had been preparing to work remotely before the start of the pandemic. Participant 9, age 36, female, program director, Midwest, stated: "I've spoken with several staff who are, like, 'I'm so glad we went to this [texting with clients] before,' and, we were just so ready to, you know, ready for this."

Although agency staff generally endorsed using digital technologies to reach clients, they were also concerned that the primary use of digital platforms could disadvantage less technologically savvy service users. For example, one participant stated, "We're very reliant on technology now.... I'd say we're doing the best that we can, we've pivoted really quickly, but there's always the feeling that you're leaving people out" (Participant 16, age 25, female, prevention education supervisor, West). Similarly, Participant 4, a 34-year-old female in the Midwest, stated, "I think with our older clients, they don't have this understanding of how to get onto Zoom. They may not even have an e-mail address, and so it, it is going to be difficult, um, for them to do that." Access to services is not the only issue. Participant 17, a 32-year-old female, in the Midwest, explained, "with the COVID-19 [pandemic], it's been amazing because I am still seeing just about all my clients"; however, "the technology piece ... can be a detriment because of the safety concerns ... [about] perpetrators." Such comments illustrate how participants are actively balancing the benefits of using technology to provide services during a pandemic with the detriments of potential risks to safety and inaccessibility for specific sub sections of their service users.

Although most participants described transitioning many of their services to virtual platforms, a small number opted to suspend all previously in-person advocacy and counseling appointments during the pandemic due to confidentiality concerns and financial barriers. For example, "Participant 16 (age 25, female, prevention education supervisor, West) stated, "So right now during COVID-19 ... obviously we can't see people in person, and that was a huge hurdle for our counselors because there was no

HIPAA secure way for them to talk to clients, and we couldn't afford it [tech-based alternatives]." Although this finding is an outlier, it is important to acknowledge that digital technologies were not seen as a viable option for all organizations.

Revision of Prepandemic Safety-Planning Practices

In response to the increased use of technology in DV/SA organizations, participants across the sample described how they adjusted their safety planning practices. For example, Participant 7, a 37-year-old female executive director in the Midwest, stated, "with COVID, safety planning looks a lot different.... [You're] essentially isolated in your home with a possible abuser." Another participant explained that, after converting all of the agency's programming to virtual interactions, staff needed to "make sure people we were working with are aware of ... extra safety considerations to attend to.... [We] want people to be really clear on what the risks are in a virtual space" (Participant 10, age 46, female, program director, Midwest). Participant 3 (age 23, female, victim advocate, Midwest) described specific safety-planning recommendations she provided during video advocacy sessions. For example, she recounted that "some of the conversations we had were, 'if you have to shut the Zoom off any time, please do it.' I'm glad Zoom has a chat box so that if they quickly needed to like stop talking and let me know something they can." Another participant described how agency staff encouraged clients to be mindful of the changing context of virtual communication:

We tell all of our clients there is always a risk that someone ... if someone's doing a phone or a video session, there's always a risk that someone could overhear our conversation. We advise them to be in a private space, where someone else cannot overhear, as much as possible. Also, do not let other people have access to their phone or their computer or tablet or whatever they're on. And, if someone is within hearing distance, we come up with a code word or a phrase so that we would just end the session. Um, so we talk about that now in our consent process. (Participant 20, age 33, female, therapist, South)

By using safety words or adapted expectations around responding to messages, interview participants described how they were able to implement safeguards even when clients are sheltering-in-place with their abusers.

Discussion

This study adds to a growing body of evidence that survivors of DV/SA have been adversely impacted both by the challenges of living with abusive partners during the public health lockdowns and by the sociopolitical and economic conditions associated with the pandemic (Boserup et al., 2020; Kaukinen, 2020; Mazza et al., 2020; Parry & Gordon, 2021; Wood et al., 2022). Although the popular press was quick to report that the pandemic adversely impacted survivors of domestic violence (Kaukinen, 2020), this analysis provides evidence of the tremendous resiliency of DV organizations in

adapting to shifting environmental conditions and impediments to service delivery. The results of this study demonstrate that the pandemic heightened opportunities for organizational learning about the potential benefits of incorporating technological options for communication and catalyzed the uptake of such tools. Similar to Wood et al. (2022), we found that DV/SA organizations swiftly responded to service users' challenges by adding virtual advocacy sessions and switching previously face-to-face programming to virtual spaces. While it is too early to determine the efficacy of these adapted service modalities, the ubiquity of digital technologies used during the pandemic underscores the importance of developing an evidence-based understanding of the client outcomes associated with these practices.

Across the sample, participants in prevention-focused roles in educational settings reflected on the challenges of delivering prevention curricula. As schools nationwide struggled to adapt to virtual learning formats and respond to evolving public health ordinances, some participants lost access to students even in communities with long-standing collaborative relationships. Although organizations were innovative in devising strategies to temporarily deliver previously in-person content virtually, future research should explore how shifting school priorities and ongoing COVID-19 regulations in schools (e.g., social distancing policies and prohibitions on external visitors in school buildings) may impact the ability to deliver primary prevention programming in the long term. The future of school-based prevention programming may be indelibly impacted.

In contrast to regional natural disasters, the national and global scope of the COVID-19 pandemic created a shared struggle for DV/SA organizations quickly needing to revise organizational practices, adopt emerging digital technologies, and safely respond to service users' shifting contexts. Thus, it is commendable that the initial Coronavirus Aid, Relief, and Economic Security (CARES) Act (S.3548) provided much-needed funding for local DV agencies (SA agencies were omitted) to provide emergency shelter and for the National Domestic Violence hotline to provide more robust ongoing support and safety planning (Congressional Research Service, 2020). However, the findings in this study reinforce the vital role national and state DV/SA organizations and coalitions play in providing leadership and technical support for local organizations offering emergency services in rapidly changing social contexts.

Limitations of This Study

Collecting data in real time during the pandemic created some limitations for this study. For example, earlier interviews most often reflected the uncertainty associated with the pandemic and assumptions that these interruptions might be short term, whereas later participants realized the public health ordinances would have a long trajectory (i.e., things were not going to quickly return to "normal"). In addition, a noted limitation associated with thematic content analyses is the attempt to overinflate what is common among cases (e.g., in generating themes across datasets) rather than outlying findings (Braun & Clarke, 2006). Thus, presenting these findings as more generalized

themes may unintentionally gloss over divergent findings. Also, the majority of participants represent mainstream DV/SA agencies that may have more internal capacity to adapt their programs and services than smaller, culturally specific organizations.

Conclusion

As opposed to previous findings that DV/SA organizations have been reluctant to integrate digital technologies into their organizational practices (Murray et al., 2015), DV/SA organizations in this sample described using digital technologies in new and often unexpected ways. This study found that while organizations in this sample are understandably cautious and aware of the risks associated with the use of digital interventions, the external conditions present during the pandemic resulted in an accelerated use of existing digital technologies. Consistent with the Technology Acceptance Model (Venkatesh & Bala, 2008), organizations' decision-making processes to add technological innovations were influenced mainly by their perceptions of existing clients' needs and a desire to maintain at least a digital connection with their client base. Although the pandemic compounded the risk of DV/SA violence and created new challenges for DV/SA organizations, it also allowed organizations' "*creative juices to flow*," which "*has been frustrating and exciting at the same time*" (Participant 18, age 42, female, prevention programming, South, emphasis added).

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Author Biographies

Heather L. Storer’s research investigates primary prevention approaches to ameliorating adolescent dating abuse, particularly among communities’ disproportionality impacted by violence. Her work stands at the intersection of gender-based violence, technology, and social justice. Her research agenda focuses on identifying and dismantling population-level social norms and practices that stigmatize adolescent survivors of abuse. A significant focus of her work focuses on addressing the upstream determinants of dating violence and identifying pathways to support positive adolescent development and well-being.

Eva X. Nyerges is a doctoral candidate at the University of Louisville Kent School of Social Work in Louisville, KY. She also holds an MSW in social work and four years’ experience as a social work practitioner in agency settings. Her specific training and expertise related to the project includes in-depth qualitative research. The substantive area of her research focuses on closing gaps in service and workforce development on behalf of groups that have been socially excluded.