THE IMPACT OF COVID-19 ON SEXUAL AND DOMESTIC VIOLENCE PROGRAMS IN ARIZONA

JULY 2021
“The pandemic has impacted us in more ways than we ever expected—particularly when it comes to staff retention and agency morale. It has been hard to be trauma-informed and hold health standards, but we continue to rebuild services. Our services are incredibly important and also saw this more than ever this year with the increase in DV. This year also showed us the importance of providing comprehensive holistic services. Individuals are dynamic and our services need to reflect that. As a Leader I am extremely proud of our staff, community, and the survivors we served this past year. Everyone tapped into their own resilient strength and together we persevered.”

-Executive Director of Urban DV Program
COVID-19 has had a significant impact on the lives of survivors, their children, pets, and local victim service programs. Social distancing measures increased risk for violence in homes and limited opportunities for survivors to access help. Throughout the pandemic, sexual and domestic violence programs remained open, providing crucial services to survivors during a particularly precarious time.

In May and June of 2020, the Arizona Coalition to End Sexual and Domestic Violence (ACESDV) distributed a survey to the community-based sexual and domestic violence programs in Arizona who are members of ACESDV in order to identify the most-pressing needs of programs during the pandemic. Results from the survey and ongoing conversations with program leadership and staff revealed programs were making significant shifts in shelter and service provision to ensure the safety and wellbeing of survivors and staff.

In June 2021, ACESDV distributed a second survey to the same population of 25 community-based sexual and domestic violence member programs statewide to more fully understand the impact of COVID-19 on providers one-year into the pandemic. Nineteen programs responded to the survey. Among these programs, 11 serve a primarily rural area, 4 serve a primarily urban area, and 4 serve a combined rural and urban area.

This report describes the impact of COVID-19 on sexual and domestic programs between June 2020 to June 2021, changes to service delivery as a result of the pandemic, as well as lessons learned and prospective trends in services and survivor needs as communities continue to navigate the effects of COVID-19.
Programs were asked to identify the impacts of COVID-19 on their organization and survivors they served over the prior year. The most significant and consistent impact reported was changes in service delivery, specifically the shift to virtual advocacy and case management, and the de-congregation of shelters to allow for physical distancing and quarantine. Many programs reported having to quickly upgrade their technology, including devices, wi-fi, and software. Others struggled with lack of strong wi-fi connections and discounted technology vendors, particularly in rural communities. The majority of programs stated survivors presented with greater needs, including increased suicidal ideation, co-occurring mental health concerns, and difficulty accessing housing and employment. Staffing shortages, limited shelter capacity, and longer stays in shelter among survivors made it difficult for programs to meet grant deliverables established prior to the pandemic. While programs are historically underresourced, the inability to do in-person fundraising had a significant negative impact on program revenues.

- Changes in service delivery such as shifting to virtual advocacy
- Greater basic needs among survivors such as housing and employment
- Enhancements to organizational technology
- Difficulty meeting grant deliverables

- Greater mental health needs among survivors including more co-occurring disorders and more suicidal ideation
- Organizational policy changes related to health and safety, such as mask usage

- Decreased bed availability due to de-congregating shelter
- Staffing shortages, particularly in shelter settings
GENERAL IMPACT

69% of programs reported
- Revenue loss due to postponed or cancelled fundraisers
- Lowered staff morale due to COVID-19 related challenges and burnout

63% of programs reported
- Making alterations to their physical structure, such as adding Plexiglas in shared spaces and vehicles and removing walls to allow for physical distancing

56% of programs reported
- Greater need for childcare among staff

“Staff shortages have primarily been due to challenges with hiring during the height of the pandemic and ongoing as positions have been open for many months. Decreased bed availability has been due to maintaining social distancing guidelines for safety, although those participants staying in shelter have ended up staying longer due to many of the barriers that arose during this pandemic (high unemployment rates, rise in housing prices, higher cost of living, lack of other resources/services available).”

-Program Director at an urban DV/SV program
**FUNDING**
Thirteen programs identified insufficient funds as one of their top three challenges, particularly limited availability of unrestricted funds. Funding needs included general operations, competitive compensation rates, counselors, safety measures such as professional cleaning, stable funding, and financial assistance for survivors.

**STAFFING**
Twelve programs identified staffing as one of their top three challenges. This included hiring qualified staff, retaining staff, and paying staff at a competitive rate.

**ACCESS AND AWARENESS**
Two programs identified outreach and implementation of culturally-specific services as significant challenges.

**SURVIVOR NEEDS**
Ten programs said fully meeting survivor needs is among their top three challenges. This is due to limited availability of community resources, insufficient funding, and increased needs among survivors due to COVID-19. The most common needs are listed below.

- **ACCESS TO AFFORDABLE HOUSING**
- **MENTAL HEALTH SUPPORTS**
  This includes access to counselors (mobile, telecounseling, and in-person), as well as substance abuse services for adults and youth
- **EMPLOYMENT**
- **TRANSPORTATION**
- **CHILD CARE**

**GREATEST CHALLENGES**
Programs were asked to describe changes to service delivery. The majority of programs shifted to provide more remote service and telework options. Programs reported both advantages and limitations of virtual services. While it allowed greater access for survivors and enabled programs to expand reach beyond their geographic location, some programs said was more difficult to build trust with clients. Most programs are now using a hybrid model based on the survivor's preference for virtual or in-person support. Utilization of hotels/motels to de-congregate shelter increased capacity of programs, but some providers expressed hotels are a less safe setting for survivors and staff.

"Social distancing required a change to only one family per bedroom which reduced our bed space availability. Cleaning/disinfecting and mask wearing also became mandatory due to the public health/safety issue. Social distancing required service delivery to include Zoom/virtual meetings and phone/text/email service delivery, and several staff working from home required home computers, printer/scanner and home office supplies."

-Associate Director of an urban and rural DV/SV program

"In-person presentation has declined, rural and Native communities are challenged with access to technology and internet access. Reaching people for training and education and has been a real challenge due to the pandemic."

-Shelter Director of a Native DV/SV program
Programs were asked to provide the reasons they would like to sustain changes in service delivery.

- Provide survivors with more options: 100%
- Increased access to services for survivors: 88%
- Increased safety for staff and/or survivors: 81%
- Provide staff with greater flexibility/retain staff: 75%
- Increased productivity among staff: 69%
- More trauma-informed: 56%

Percentage of programs who responded affirmatively.
75% of programs reported there are changes in service delivery they would like to sustain following the pandemic but are unable to due to limitations such as funding, geographic location, and physical layout of the facility.

Programs reported a strong interest in continuing a de-congregated shelter model, with only one survivor or family per room. This model was seen as more trauma-informed and preferred by shelter residents, and decreased interpersonal conflicts and barriers to healing. While some programs utilized hotels/motels in order to serve all survivors needing shelter in a de-congregated format, many programs struggled to find hotels willing to partner and offer affordable rates. There are also limitations to the use of hotels, as they do not offer survivors and their children opportunities to be in community with peers on occasion, furthering feelings of isolation. In order to de-congregate and adequately meet community need, most shelters would have to make significant physical alterations of their space requiring considerable funds for expansion. Other desired changes in service delivery included funding for mental health counselors and technology enhancements.

The change programs most desire to sustain but are unable to is **de-congregated shelter**

The greatest barrier is **insufficient funds**
Capacity Building

Programs were asked to identify additional changes they would like to make in their agencies:

- Intensive training on trauma-informed service delivery
- Economic empowerment programs for survivors
- More traditional and cultural teachings and healing options
- Greater hotel utilization for survivors
- Increase trauma and counseling services
- More administrative staff
- Implement employee wellness program
- Cultural sensitivity training for employees
- Increase advocates’ wages
- Advance technology capacity

Estimated costs:
- Average: $321,875
- Range: $45,000-$1,000,000
Envisioning the Future

Programs were asked: "In light of COVID-19, how do you see the service needs in your area evolving over the next year? Over the next 5 years?"

**THEMES**

1. **VIRTUAL SERVICES**: Greater desire and need for remote service options for survivors

2. **TECHNOLOGY**: Increased utilization of technology to provide services, including diverse devices

3. **COMMUNITY-BASED**: A shift away from shelter to greater utilization of community-based and mobile services

4. **DE-CONGREGATE SHELTER**: Provision of unshared rooms in shelter and greater utilization of hotels/motels

5. **MENTAL HEALTH**: Increased mental health needs among survivors, requiring investments in trauma-informed care and counseling

6. **COMPUTER LITERACY**: Greater need for computer literacy among survivors to gain and retain employment

7. **EMPLOYEE HEALTH**: Need to invest in direct service staff wellbeing through competitive compensation and employee wellness programs

8. **ADMINISTRATION**: Need more funding for administrative staff to reduce burden on executive and middle-management
44% of programs have an estimated funding gap to maintain existing services due to COVID-19

Est. annual gap for DOMESTIC VIOLENCE SERVICES
Average: $224,000
Range: $20,000-$500,000

Est. annual gap for SEXUAL VIOLENCE SERVICES*
$150,000
*Two programs provided the above amount, three were unsure, the remaining said 'not applicable'

THE VICTIMS OF CRIME ACT (VOCA)

The VOCA Fund was created by Congress in 1984 to provide federal support to state and local programs that assist victims of crime. It uses fines from federal prosecutions to support services to over 6 million victims of crime annually through the nearly 6,500 direct service organizations nationwide. Due to increased plea deals and deferred prosecutions, the VOCA Fund has significantly diminished, resulting in nearly 50% cuts in upcoming years.

Programs were asked: "In light of pending VOCA cuts, what is the estimated amount needed to maintain existing services at your agency?"

Est. amount to maintain DOMESTIC VIOLENCE SERVICES
Average: $260,833
Range: $25,000-$550,000

Est. amount to maintain SEXUAL VIOLENCE SERVICES
Average: $176,875
Range: $15,000-$550,000
The Arizona Coalition to End Sexual and Domestic Violence (ACESDV) has a 41-year history of working in partnership with the statewide community of sexual and domestic violence service providers, responders, and educators. While ACESDV is not able to provide programs with funding to address their primary needs, we continue to provide our member programs and survivors with resources and collaborative opportunities to respond to the challenges of the pandemic and access support. The following are a few of the actions ACESDV has taken in this regard:

- Created a COVID-19 specific webpage providing resources for programs and survivors and updates from programs statewide
- Developed Domestic Violence Shelter Guidance on COVID-19
- Shared announcements of emergency funding opportunities
- Provided technical assistance and resources on establishing and implementing new COVID-19 specific organizational policies and leave options, technology, and remote advocacy
- Developed toolkits for programs on creative outreach methods during COVID-19, working from home for advocates, safety planning, and considerations for immigrant survivors
- Developed toolkits for survivors on self-care, grounding, and safety planning during COVID-19
- Developed toolkits for community members on the dynamics of sexual and domestic violence during COVID-19 and how to support friends, family, and neighbors experiencing harm
- Conducted peer support meetings for DV/SV Program Executive Directors and frontline staff
- Provided weekly public policy updates and action alerts and coordinating with policymakers at the municipal, state, and federal level to advocate for program needs
- Conducted media interviews and supporting programs with messaging to generate awareness about the availability of services
- Since July 2020, provided $89,733 in emergency relief funding for survivors statewide to receive flexible financial support to access safety and healing (e.g., rental assistance, relocating costs, utilities)