EXPLORING THE IMPACTS OF COVID-19 PANDEMIC ON THE DOMESTIC VIOLENCE VICTIM SERVING AGENCIES AND PROFESSIONALS

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The Supervisory Committee certifies that this ***disquisition*** complies with North Dakota State University's regulations and meets the accepted standards for the degree of

MASTER OF SCIENCE

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ABSTRACT

This study explores the impacts of the COVID-19 pandemic on the domestic violence victim-serving agencies and professionals through the interview responses of eight professionals working in domestic violence shelters in rural North Dakota. It develops from a gendered perspective, using the work of Connell and Messerschmidt, (2005), as well as the ways in which intersectionality can help frame the way shelters and other services impact women from differently based on issues of race, class, gender, and geographical location (Crenshaw 1991). The results indicate two sets of themes that reflect both the challenges providers faced prior to the pandemic, as well as the ways those challenges were exacerbated as a result of the pandemic. During the pandemic, the collective responsibility actions implemented through intentional communication strategies within and between agencies within rural North Dakota proved effective in addressing the challenges and keeping agencies' daily operations running smoothly.

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DEDICATION

To my dear nuclear family members who supported my academic goals with all resources.

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INTRODUCTION

In the last two decades, domestic violence has been a rising public concern. As a social problem, it cuts across all ethnic, racial, economic, social, or religious classifications and within all geographical areas. Various research has proven that domestic violence victims are sexually or physically abused by a current spouse or former spouse at least once annually. Domestic violence continues to be one of the leading causes of injury and death to American women. Despite numerous studies that have been conducted on domestic violence, the focus has largely been on urban areas leaving out rural areas on the notion that its idyllic, tranquil and non-violent nature may not record issues of criminal activities such as domestic violence. Although abused women in both rural and urban areas have similar experiences, victims who find themselves in rural settings are confronted with unique problems which often complicates their victimization, thus, making it difficult to access the needed services from the shelters. Following the restrictions of movement and the stay-at-home orders that were instituted due to the emergence of the Corona Virus disease (COVID-19), anecdotal evidence from most countries, including the United States, indicated that the lives of women in an abusive relationship were more at risk as they were isolated and stuck home with their abusers (Bradbury-Jones & Isham, 2020). The bid to slow down the spread of the virus through the restrictive measures not only posed challenges to the victims/survivor's effort to seek help, but also to victim-serving agencies and key community resources that were either forced to close and/or operate remotely in their adherence to these measures. As a way to add to the extensive literature on domestic violence, this study examines the issues of domestic violence in relation to the roles of victim-serving agencies within North Dakota. Specifically, the study focuses on shelter workers/staff and how the COVID-19 pandemic

has impacted their collaborative efforts with other victim-serving agencies like the medical and criminal justice sectors, among others, to meet the multitudes of needs of their serving population.

In this study, I explored the impacts of the COVID-19 pandemic on the domestic violence victim serving agencies and professionals. Two sets of themes emerged in this research. The first set focuses on the services and challenges providers face in their work prior to the pandemic. The second set hones in on the challenges that providers faced during the pandemic. These themes provide insight into the ways that the pandemic amplified the challenges of serving clients in rural North Dakota, as well as how providers managed the stressors of their work.

In addition, participants provided valuable insights into the way providers managed the pandemic. Participants discussed the increased focus on communication within and between agencies as a way to combat the isolation of both clients and providers.

In the remainder of this thesis, I discuss existing literature and framework that shaped this research, as well as the research process and methodology. Following this, I work through the results of my research and key findings that contribute to the body of research on domestic violence.

LITERATURE REVIEW

Existing literatures on matters regarding domestic violence and its rising public health concerns has accounted for numerous and continuous studies in this subject area. While focus of previous studies have cut across issues concerning causes of domestic violence and its effects as well as services for victims/survivors and their perpetrators among others, newer studies keep springing up with the changing times and occurring events that directly or indirectly have impacts in the dynamics of the subject. In the literature review of this current study, I address domestic violence in relation COVID-19, the rural and urban experiences of domestic violence and the roles of domestic violence shelters to its serving populations. I close the chapter articulating the theoretical framework informing my approach to understanding domestic violence in general, and this research in particular.

Domestic Violence and COVID-19

Violence against women is "a global issue reaching across national boundaries as well as socio-economic, cultural, racial, and class distinctions that is evident to some degree in every society in the world" (Kaur & Garg 2010, p. 248). The above statement does not ignore the fact that men do not experience violence; however, girls/women constitute an overwhelming majority of violence victims, hence the popular term violence against women (Bradbury-Jones & Isham 2020; Kaur & Garg 2010; Tjaden, 2000). According to Evans et al. (2020) and Smith et al. (2018), while one in every four women experience domestic violence, one in every ten men experience such violence. Specifically, in the United States, 20 people are abused by an intimate partner every minute (Black et al., 2011). The UN Declaration on the Elimination of Violence against Women defines violence against women as "…. any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such

acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" (United Nations General Assembly, 1997). This statement defines violence as acts that cause or have the potential to cause harm, and by introducing the term "gender-based" emphasizes the fact that gender-based violence is rooted in inequality between women and men for which men are most often the perpetrators and women are the victims (Krantz & Garcia-Moreno, 2005). Rauhaus et al. (2020) and Buzawa & Buzawa (2017) indicated domestic abuse as one of the most common form of violence against women worldwide [and it manifests in forms] such “as physical abuse, emotional abuse, sexual abuse, financial abuse, digital abuse, reproduction coercion, and intimidation" (Rauhaus et al., 2020 p. 669).

Other scholarly definitions of domestic violence, according to Gibbons (2011), is "the use or threat of physical, sexual, or emotional force by spouses, partner, relative or anyone else with a close relationship with their victim" (p. 12). Similarly, Kaur & Garg (2010) describe domestic violence as "when one adult in a relationship misuses power to control another, [thus], it is the establishment of control and fear in a relationship through violence, and other forms of abuse such as physical assaults, psychological, social, financial abuse or sexual assaults” (p. 241). Bradbury-Jones & Isham (2020) also referred to domestic violence “as a range of violations that happen within a domestic space” (p. 2047), and according to them, [domestic violence] “is a broad term that encompasses intimate partner violence (IPV), a form of violence that is perpetrated by current or ex-partner” (p. 2047). I open this paper with a review of existing literature on areas of domestic violence issues that are not only relevant to my proposed topic but would lead to identifying gaps from which my research questions would be based on.

Nearly a year ago, virtually all countries of the world were ushered into one of the most prolonged disruptions of social, economic, and cultural activities in human history. The emergence

of novel Corona Virus disease (COVID-19) that was said to have started as an isolated case in Wuhan Province, China, in December 2019 not only caused severe death fatalities as indicated by Mahase (2020) and Porcheddu (2020), but gave a different dynamic to other existing social problems not excluding domestic violence (Bradbury-Jones & Isham, 2020). As cases of fatalities increased, countries such as China, Italy, Iran, India, United Kingdom, Brazil, Russia, and the United States, began to implement quarantine, social isolation, social distancing, travel restrictions, and stay-at home orders to curb the spread of the virus (Boserup et al., 2020; Campbell, 2020; Ertan et al., 2020; Holmes et al., 2020; Hansen & Lory, 2020; Horesh & Brown, 2020; Miller & Blumstein 2020; Peterman et al., 2020; Usher et al., 2020; Van Gelder et al., 2020). At the same time, the hidden public health emergency, domestic violence, also begun to emerge on a global scale. Studies have also indicated that the 'stay home, save lives' mantra, which protects the public from COVID-19 infections, becomes a paradox in the context of domestic violence (Bradbury-Jones & Isham, 2020; Neil, 2020; Hansen & Lory, 2020).

Rural and Urban Experiences of Domestic Violence

Before the pandemic, much of the research on domestic violence, IPV, or violence against women and the United States focused on urban areas/communities (Logan et al. 2005, 2003). Based on the information given by the U.S. Census Bureau in 2016, Hansen and Lory (2020) stated that "the amount of attention devoted to rural crime has been disproportionate to the amount of rurality in the United States where an estimated 19.3% of the population resides in rural communities which comprise 97% of the total land area" (p. 732). While such research has contributed to existing literature and provided important insights on the subject as they address diverse issues regarding domestic violence, most rural U.S communities have received scant attention on issues of domestic violence due to the notion that these issues are rare to occur in rural

communities (Edwards et.al. 2014). Coupled with the beliefs held by many about the "idyllic, tranquil and non-violent" nature of rural areas with less criminal activity records (Hansen & Lory 2020), "the characteristics of rural areas, in that they are geographically and physically isolated from larger communities and neighbors, makes intimate partner violence/domestic violence appears less visible" (Edwards et al. 2014, p.28). Again, the advantages that urban communities afford to researchers and academic centers in terms of proximity, convenience as well as their ability to obtain readily and large sample sizes cause an oversight and less attention to rural areas (p.28).

A typical example to debunk the misconception that issues of domestic violence are rare to occur in rural areas due to their "idyllic, tranquil and non-violent nature" (Edwards et al. 2014, p. 27) was evident in a comparative study that focused on examining the differences between intimate partner violence in the rural and non-rural counties for a period of 20 years 1980-1999 (Gallup-Black, 2004). It was found out that rural counties' annual murder rate of intimate partner violence was much higher as compared to non-rural counties, and while the non-rural county recorded a decline over the years, the rural counties incidents rates rose to over 60% (Edwards et al. 2014, p. 27). Again, in a recent study, rural areas record about 22.5% prevalence rate in domestic violence as compared to about 15.5% in urban areas (Peek-Asa et al., 2011).

Among several research studies that examined how rurality contributed to the unique experiences of victims/survivors of domestic violence, contributing factors such as the existence of patriarchal attitudes and traditional gender roles, the private sphere of the family or home. In addition to these were the fear of breaking strong social ties, forcing formal agencies into a typically informal settings, the stigma associated with acts of sex and the geographical location

and physical isolation of most rural areas (Navin et al.,1993; Websdale's,1995; Dudgeon & Evanson, 2014).

In addition to the above challenges that rural victims/survivors face, there are additional considerations, including the lack of social services such as transportation, telephone, internet connectivity, the great distances that one must travel to access these services, and the lack of job opportunities that cause abused women to be dependent on their partners. Another consideration is the fundamental religious tenants that entrench women in abusive relationships. All these were said to pose many challenges in the bid of victims/survivors to seek help and to liberate themselves of abuses (Grossman et al., 2005; Walker, 2016; Hansen & Lory, 2020).

In the wake of the pandemic, Hansen & Lory (2020) indicated that "concerns over reduced access to victims' services in rural communities have been intensified as daily routines have shifted in response to stay-at-home orders, placing rural residents at increased risk of domestic violence" (p. 732). In addition to this complication, "the historically underfunded rural victims' service providers are ill-equipped for the demand caused by the stay-at-home orders" (p.732). Statistics show that while more than 25% of rural women travel over 40 miles to reach a resource center, only 1% of their urban counterpart do the same, and now in the period of the pandemic, the high incidence of domestic violence coupled with the existing hurdles of rural victims, limited and inadequate resources has made it almost impossible to attain the needed assistance in the case of an emergency (Hanson & Lory, 2020).

Historically, the establishment of domestic violence shelters can be traced to England and the works of Erin Pizzey in 1971 (Davis; 1988; Robert 2002; Haaken & Yragui,2003). Schechter (1982), on this note, also added that the history of the battered women shelters begun as grassroots movements by White, middle-class women, following the development of the women's movement

inspired by Pizzey's work. Overall, these early shelter services aimed to provide an unofficial refuge for domestic violence survivors. They responded to issues of physical injuries, difficulties in escaping violence and living in unfamiliar surroundings as well as emotional aspects of both the violence and of leaving the relationship and helping mothers with children on legal, social, and medical service needs.

Role of Domestic Violence Shelters

A number of research studies address the role domestic violence shelters play in meeting the multitude of needs of victims/survivors (Watson & Lopes, 2017; Grossman et al., 2010; Helfrich & Rivera, 2006; Allen et al., 2004; Tutty, 1996; Davis et al., 1994). They do this through coordinated interventions and programs, as well as collaborated services with other victim-serving agencies. Like other studies, Grossman et. al. (2010) stated that shelter services included but not limited to advocacy and legal services/assistance, counseling services, be it in groups, in persons or over a phone call, case management activities that involved the collaborated services of other institutions and staffs as well as equally important interventions and services that revolved around childcare, educational attainment, medical, economic or income assistance.

At the early stages of the COVID-19 pandemic, attention was drawn to the fact that sheltering in place, including other restrictive measures, particularly in the U.S. as well as other places, could lead to the prevalence of domestic violence (Hansen and Lory, 2020). As such, several studies that explored the effects of the regulations put in place to protect the society amid the pandemic indicated that job loss, food insecurities, eviction threats, and utility non-payment, parenting stress and poor mental health were stressors that came along with the emergence of Corona virus and contributing factors to increased domestic violence incidence (Evans et al. 2020; Goodman & Epstein, 2020; Holmes et al., 2020; Jarnecke & Flanagan, 2020; Jetelina et al.,2020).

Scholars (Foran & O'Leary, 2008; Cafferky et al. 2018; Roesch et al. 2020; Usher et al.2020) have argued that "increased vulnerability", "isolation" and "reduced options for support" intensified not only domestic violence occurrences but also "psychological and economic stressors alongside negative coping mechanisms like excessive alcohol consumption are all catalyst for violence" (Usher et al., 2020 p. 449-550).

Most of the information available about domestic violence during this pandemic, although based on anecdotal reports, were still focused on urban areas, thereby widening the lack of information gap as far as ‘urban and rural settings is concerned on domestic violence (Evans, 2020; Boserup et al., 2020; Hansen & Lory 2020).

As efforts were made of various studies to bring the private issue of domestic violence to public concern in the period of the pandemic, their focus included but was not limited to the challenges of victim's help-seeking, ways of detecting domestic violence incidence, recommendations, and the exploration of effective interventions in reaching out to trapped victims (Rauhaus et al., 2020; Chandan et al., 2020; Ertan et al., 2020; Evans, 2020; Goodman & Epstein, 2020; Kuy et al., 2020; Sifat, 2020; Usher et al., 2020; Roesch et al., 2020; Van Gelder et al., 2020). In this regard, Sifat (2020) pointed out that stakeholders such as the government, non-governmental organizations, community-based organizations, voluntary organizations, religious leaders, and various media platform could raise awareness on domestic violence, whiles Rauhaus et al. (2020) addressed the need for ethics of care, compassion, and empathy in handling such issues.

Overall, although these studies contributed to the body of knowledge and existing literature, they were not only urban-centered, but most recommendations and interventions were geared towards the health sector and health professionals in ways that they could be accessible to

victims who try to reach out or seek help and care. Since most victims' serving agencies were operating under the pressure of the growing workload and dwindling resources, the need to partner with various agencies in order to reach out to victims that have been cut off from larger communities and resources, especially during the pandemic, is extremely important.

Accordingly, Rauhaus et al. (2020), asserted that "domestic violence requires coordination and collaboration among law enforcement, social services, and health care professionals to create a responsive network of protection and support for victim's domestic violence" (p.669). "[T]he multilayered challenges associated with domestic violence requires collaboration, partnership, outsourcing, and ultimately cooperation among sectors and agencies in the public, private and nonprofit sectors" (Rauhaus, 2015 p.669). The little to no literature focusing on the collaborative partnership of victim-serving agencies and professionals as far as domestic violence and COVID-19 pandemic is concerned, there is an existing gap that raises the questions for this proposed topic.

Conceptual Framework

My approach to this research emphasizes a gendered perspective, using the work of Connell and Messerschmidt, (2005), as well as the ways in which intersectionality can help frame the way shelters and other services impact women differently based on issues of race, class, gender, and geographical location (Crenshaw 1991). Although the gendered framework I am using focuses more on the phenomenon of domestic violence in general, it provides a helpful lens through which to understand the challenges that providers experience. This framework impacted my research in the sense that it provided the fundamental understanding to the issues of domestic violence and other details that are discussed throughout the sections.

Gendered Focus of Domestic Violence

Conwill (2010) suggests that “virtually all-powerful symbols of authority, morality, and justice are laden with gender…U.S. specifically has been in those clashes of masculine and feminine self-ideals that shape socialization in male-dominated society" (p. 32). Because we do not live in a post-patriarchal world yet, the issue of men and violence, specifically intimate partner violence or domestic violence, cannot be wholly examined without addressing men and the concept of hegemonic masculinity. While it is important to note that "hegemony [does] not mean violence, although it is supported by force; it meant an ascendancy achieved through culture, institutions, and persuasions" (Connell & Messerschmidt, 2005 p. 832). According to Cornell (1967), “this ascendency is achieved within the balance of forces, that is a state of play [for which] other patterns and groups are subordinated rather than eliminated” (p.184). He asserts that “it is embedded in religious doctrine and practice, mass media content, wage structures, the design of housing, welfare/ taxation policies among others” (p.184).

In light of this, Kimmel (2017) asserts that “domestic violence is ultimately about power” (P.190). This reflects the arguments of the 1970s and 1980s radical feminists that [since] "most important relations in any society are found in "patriarchy", [then] masculine power and privilege were the root cause of inequality and to a larger extent, interpersonal violence (p. 186). Again, Schechter (1982) also states, "radical feminists believed that historically and structurally, the division of labor and power between men and women became the basis for other forms of exploitation, including class, ethnic, racial and religious ones" (p.45). As such, "patriarchy is seen not only as a system that oppresses women, but also one that structurally and conceptually creates, sustains justifies hierarchies, competition, and the unequal distribution of power and resources on an endless variety of levels" (p.45). Based on this, one can evidently say that violence by men

against women and particularly for men who abuse their women partners is another way to access, exert power, and control, thereby reinforcing, sustaining, and justifying these hierarchies.

It was on this note that Tracy (2007) and Rauhaus et al. (2020) asserted that the inability of most researchers to identify a single cause for domestic violence led to the acceptance of the feminist school of thoughts, which posits that patriarchy has been the cause of all abuses against women. On the one hand, while patriarchy and power cannot be overlooked when addressing the issue of domestic violence, Kimmel (2017) indicated that,

> men's use of violence as an instrument for restoration should also be a subject for consideration, especially in the instances where men feel they are losing control and power over their partners and the only means to restore that is to resort to the use of violence. [At this juncture], it becomes clear that masculinity is about impermeability, independence, and the feeling of being in control (p. 177).

Hence, violence becomes a restorative mechanism when one's sense of masculinity is compromised and vulnerable. In other words, "the notion of violence as a restorative is part of a gendered equation, violence is but the means; the end is the restoration of honor and respect, the ability to rectify humiliation" (Kimmel, 2007 p. 179). On this note, Kimmel attests that "violence is a proof of masculinity because masculinity is still often equated with the capacity for violence" (p. 179).

In line with this, Messerschmidt and Tomsen (2020) also suggest, "violence against women and children has been a core topic of interest among researchers studying interpersonal violence from a critical masculinities perspective" (p.188). Thus, several studies attesting to this fact (Connell, 1995, 1987; Robert, 2002; Connell & Messerschmidt, 2005; Kimmel, 2017; Messerschmidt, 2019) have centered their discussions on hegemonic masculinity, a sense of

entitlement and its relation to interpersonal violence (domestic violence). According to Messerschmidt (2019), hegemonic masculinity was to be understood "as a specific form of masculinity in a given historical and societal wide social setting that legitimates unequal gender relations between men and women, masculinity and femininity, and among masculinities" (p. 86). Connell (1995) also explained that “hegemonic masculinity is always constructed in relation to various subordinated masculinities” (p.183). He stressed “the fact that the interplay between different form of masculinity is an important part of how a patriarchal social order works” (p. 183). In essence, “hegemonic masculinities are the configuration of social practices that produce simultaneously particular social relations and social meanings, [hence] their cultural significance shapes a sense of what is "acceptable" and unacceptable gendered behavior for co-present interactants in a specific situation" (Messerschmidt 2019, p. 90).

The discussion from Connell & Messerschmidt (2005) illustrated how the unequal power relationships between men and women lead to women's marginalization as far as domestic violence is concerned. This notwithstanding, the concept of gender seems not to be the only subject for analysis, as there are other factors such as race and class, immigration status as well as one's geographical location contributing to the different experiences of domestic violence. The next section would focus on intersectionality as I draw my analysis from Kimberle Crenshaw’s (1991) article, “Mapping the margins: intersectionality, identity politics, and violence against women of color.” Her introduction of the analytical lens of intersectionality encompasses the understanding and analyses of all social issues, including that of domestic violence.

Domestic Violence through an Intersectional Lens

Carastathis (2014) asserts that “it has become commonplace within the feminist theory to claim that women’s life is constructed by multiple, intersecting systems of oppression” (p. 304).

In the same sense, Josephson (2002) also indicated that "feminist scholars have long recognized the multiple aspects of individual identity and the complexity of the interactions between multiple forms of oppression and social hierarchy" (p. 2). These insights not only gave attention to the multiple, converging, and interwoven system of understanding women's oppression but a shift from analyzing these oppressions through the lens of gender alone. Kimberle William Crenshaw, one of the founders of critical race theory in the U.S. legal academy, metaphorically used intersectionality to describe the intersecting categories of discrimination that she introduced in (1989) and later elaborated (1991). While it is important to note that, historically, intersectionality dates to the black feminist epistemology developed by black women intellectuals, including Anna Julia Cooper, Ida B. Wells, and Mary Church Terrell" (Kapur, Zajicek & Gaber, 2017 p.52), "its antecedents included the notion of 'double jeopardy', 'multiple jeopardies', and 'interlocking oppressions'" (Carastathis, 2014 p. 305). Thus, the concept of intersectionality demonstrated the inadequacy of approaches which separate systems of oppression, isolating and focusing on one while occluding the others" (p.305).

The encompassing nature of the concept of intersectionality in all social issues was evident as Crenshaw noted its usefulness "in analyzing the relationship between race and gender in discrimination within the labor force and elsewhere" (Josephson, 2002), as well as "understanding the interactions of racism and sexism in the experiences and lives of women of color who are victims of domestic violence" (Crenshaw, 1991,1997; Josephson, 2002 p. 2). With respect to domestic violence, the concept was employed in analyzing how the mainstream discourse on domestic violence, as well as services for domestic violence victims, are targeted toward white women with little attention given to women of color experiencing domestic violence. Similarly, Bograd (1999) stated that, "in this framework, domestic violence is not a monolithic phenomenon

[because] intersectionality does not only color the meaning and nature of domestic violence but in how it is experienced by self and responded by others" (p. 276). She also stressed, “on how personal and social consequences are represented, [as well as] how and whether escape and safety can be obtained” (P.276).

With respect to domestic violence, a number of studies (Conwill, 2010; Day & Gill, 2020; Durfee, 2020; Josephson, 2002; Kapur, Zajicek & Gaber, 2017; Sokoloff, 2008; Strid, Walby & Armstrong, 2013) have utilized the concept of intersectionality in variety of ways including but not limited to films in popular culture, state and federal legal decisions, in the health studies, geographical studies, the immigration status of individuals, issues of social and welfare programs and criminal justice. While such studies focused on the themes of race, class, gender, ethnicity, and sexual orientation, few or no studies focus on the geographical/physical location (as in the cases of rural and urban communities), as far as intersectional analysis in domestic violence is concerned.

Just as there are striking gender, race, and class differences in domestic violence (Conwill, 2010), there are also different domestic violence experiences among women within rural and urban areas. As mentioned earlier in this chapter, several research studies examined how rurality contributed to the unique experiences of victims/survivors of domestic violence. The combination of patriarchal attitudes and traditional gender roles are significant issues that shape rural experiences of domestic violence. In addition to these were the fear of breaking strong social ties, the stigma associated with sexuality, and the geographical location and physical isolation of most rural areas need to be taken into consideration (Navin et al.,1993; Websdale’s,1995; Dudgeon & Evanson, 2014). An intersectional approach helps focus in on these rural issues. For women who find themselves in rural areas, the instituted restrictions following the emergence of the pandemic

have exacerbated their experiences and posed many challenges to their help-seeking efforts. This raises the importance of exploring how the pandemic has affected rural victim-serving agencies and professionals in helping victims of domestic violence as well as what agencies can do to better serve victims/survivors in rural communities. With these considerations in mind, my research questions are as follows:

1. How has the pandemic affected victim-serving agencies' and professionals' ability to provide services to rural victim of domestic violence?
2. What strategies did agencies develop during this time and how can they better serve victims/survivors in rural communities?

In my exploration of issues in domestic violence, I specifically seek answers to these research questions to examine ways in which these agencies can better serve their clients.

METHODOLOGY

This research investigates how the COVID-19 pandemic affected victim-serving agencies and professionals in North Dakota when providing services to rural victims/survivors of domestic violence. Furthermore, the research sought to identify what practices agencies and professionals working for agencies used to serve the rural communities during a major crisis. To conduct the research, I used a qualitative research design that combined interviews and a short survey in order to develop a rich understanding of the organizations, services, and professionals who work with rural victims of domestic violence. The two research questions guiding the investigation are: (1) *how did the COVID-19 pandemic affect victim-serving agencies' and professionals' ability to provide services to rural victims of domestic violence; and (2) What strategies did agencies develop during this time and how can they better serve victims/survivors in rural communities?*

Why a Qualitative Study?

I conducted a qualitative study in order to allow participants to openly respond to the topics we discussed in the interviews. The voices of the participants enable an understanding of the pandemic from their experiences of working with survivors of domestic violence. Furthermore, as Taylor and Bogdan (2015) asserts, "the most significant development in qualitative research over the past several decades have been the growing prominence of feminist research perspectives…" (p. 15). They indicated that "such researches bring women's experiences into view by producing fresh insights…using their standpoint as a point of departure for research" (p. 16). The research addressing domestic violence in rural areas, especially about agencies and professionals working at agencies, is limited. Consequently, a qualitative approach helped to address ways through which rural victims/survivors of domestic violence can be served better.

Dorothy Smith's (2005) conceptualization of institutional ethnography provides the tools to examine institutional-level issues from the perspective of individuals. Central to institutional ethnography is what Smith terms standpoint. By this, she explained the "standpoint as a method of inquiry that works from the actualities of people's everyday lives and experience to discover the social as it extends beyond experiences" (Smith, 2005 p. 10). This gives an indication that researchers obtain meanings which are embedded in the thoughts of their subject matter, based on how they explain or describe their experiences and view of realities. Smith affirmed this as she states, "dialogue is involved in its production…the speaking or writing of experiences is essential to realizing the project of working from the actualities of people's lives as the people themselves know them" (Smith, 2005 p. 125). The providers who participated in my research provided the very insights Smith argues can help better understand the realities, challenges, and possibilities that service agencies experience in their day-to-day work with domestic violence victims.

In similar vein, qualitative research methods seek to produce descriptive data, based on people's own written or spoken words and observable behavior" (Taylor and Bogdan, 2015 p. 7). Hence, "it seeks to understand people from their own frame of references and how they experience reality, and the meaning people attach to things in their lives" (p. 7). The qualitative approach involving the use of in-depth interviewing in a conversational manner, as a method of data collections aimed at answering the research questions on service delivery about rural domestic violence agencies and professionals during the pandemic. Thus, it was essential in providing rich and detailed information as well as exploring how the pandemic exacerbated and compounded the already existing challenges /barriers to clients and professionals.

Study Sample

As indicated in my literature review, most victim-serving agencies were operating under the pressure of the growing workload and dwindling resources, especially during the pandemic. And for victim-serving agencies within the rural areas, the need to partner with various agencies in order to reach out and serve victims that have been cut off from larger communities and resources, became extremely important. These statements are the impetus for identifying individuals from whom to conduct the research for this study. The target sample for the qualitative interviews was drawn from the population of victim-serving professionals with domestic violence and sexual assaults agencies within rural Fargo, North Dakota.

As determined by the literature review, "[T]he multilayered challenges associated with domestic violence requires collaboration, partnership, outsourcing, and ultimately cooperation among sectors and agencies in the public, private and nonprofit sectors" (Rauhaus, 2015 p.669). By targeting professionals in domestic violence and sexual assaults agencies, I was able to focus my questions to gleaning information about the impacts of the pandemic on their service delivery. Finally, I narrowed my sampling to rural areas in North Dakota and used pseudonyms to protect the identification of the participants.

Participants

Participants for my study was drawn from a purposive sampling. Purposive sampling occurred when I first identified the list of 20 advocacy crisis intervention center located throughout North Dakota, urban and rural agencies inclusive. Agencies within the four big cities (Fargo, Minot, Grand Forks and Bismarck) were excluded from the list. Using the email address of the remaining 16 agencies that I identified online, I sent out a request for participation letter, enclosed with the details of my research. Eight rural agencies responded to participate in my study. Of the

eight participants, each come from a different agency across the state, and represent key regions of the state. For the sake of confidentiality, I limit the specific details of these agencies. Table 1 provides an overview of the demographics of the participants.

Table 1

Participants' Demographics

Participants Name	Age Range	Length of years as a professional	Prior working experience	Current employment Status
Marsey	31-35	6- to years	No	Full-Time (31-40 hours per week)
Ella	Above 45	Greater than 15 years	No	Full-Time (31-40 hours per week)
Deba	Above 45	Greater than 15 years	No	More than 40 hours per week
Val	Above 45	Greater than 15 years	No	Full-Time (31-40 hours per week)
Shweta	Above 45	Greater than 15 years	Yes	Full-Time (31-40 hours per week)
Nina	Above 45	Greater than 15 years	Yes	Full-Time (31-40 hours per week)
Kiki	31-35	0-5 years	No	Full-Time (31-40 hours per week)
Ingrid	Above 45	Greater than 15 years	No	Full-Time (31-40 hours per week)

The agencies that participants worked for were similar with regards to the services they rendered to their clientele. These agencies were dispersed in terms of location and operated within a defined geographical boundary and radius. While half of the agencies had shelters in place to be accessed by clientele, others only offered services without shelter services options. However, in instances where the security of clients was at stake and there was a need for shelter/housing, 'non-residential' operating agencies made referral to the closet 'residential-operating' agency.

Gathering the Data

In this qualitative study, the data were gathered from an in-depth personal interview. As suggested by Tylor and Bogdan (2015), qualitative research interviewing "is directed towards learning about events and activities that cannot be observed directly" (p. 104). Hence, "qualitative interviewers try to establish rapport with informants and to develop a detailed understanding of their experiences and perspectives" (p. 104). This held true when the research participants (professionals within the rural agencies) were engaged in an in-depth discussion in a

conversational manner about their experiences in their service delivery to their client during the pandemic. They were asked about how the pandemic has impacted the collaborative partnership among victim-serving agencies in rural areas and allowed to suggest possible solutions to better serve victims/ survivors in rural communities.

Following an outline of twenty-five questions (see Appendix B), I began the interview with an opening question about the background to the agency's participants work for, the department in which they work and their duties or responsibilities they perform. This initial question not only set the tone for the conversation, but also paved way to other questions regarding the description of agencies serving population based on race, residential location, socioeconomic questions, level of education, age and occupation as well as services agencies offered prior to the pandemic. Ensuing questions inquired about the challenges that both clients and professionals encountered before and during the pandemic, the collaborations and its effectiveness. The interviews were completed with a final question asking them to suggest ways to better serve victim/survivors in rural areas.

The interview sessions lasted over four-week period in April and May 2021. Due to the pandemic and the need to social distance as much as possible, the traditional face-to-face interviewing was not possible. Instead, the interviews were conducted via the Zoom conference call/video app. Prior to the scheduled interview date, informed consent and a required but non-identifying demographic information form, along with an IRB consent form, was sent out to the participants using the Qualtrics of the data. Each interview lasted twenty-five to almost forty minutes, and was recorded using the digital audio recorder as well as the cloud recording slot that the app provided.

Data Analysis

Data analysis proceeded alongside with data collection and the write-up of the findings. Each interview lasted twenty-five to almost forty minutes, and was recorded using the digital audio recorder as well as the cloud recording slot that the zoom app provided. All recordings that were transcribed verbatim with time markers made refencing to various statements easier. After my initial coding, I began with focused coding to label and categorize phenomenon using themes. As explained by Charmaz, "focused coding is used to sift, sort, synthesize and analyze large amounts of data" (p. 282). This helped me to identify the sentences that was used in my analysis writing. Specifically, in answering my research question. Charmaz again indicated that, Corbin and Strauss' (1990) axial coding helped to answer the 'when, where, why, how, who, and with what consequences' questions. Thus, axial coding "aims to link categories with subcategories, and ask how they are related" (Charmaz, 2014 p. 297). Hence, I employed the axial coding not only because it helped to reorganize the large amount of data obtained in order to identify detail and specific information regarding various themes and codes, but also helped in making comparisons and drawing linkages of the various responses from participants. In the following chapter, I discuss the themes that emerged from the interviews.

RESEARCH FINDINGS

This chapter presents the findings obtained from the interviews. Each of the eight participants was interviewed once, and a few clarifying exchanges happened via email after the interview. Below I will provide an overview of each major code, providing illustrative excerpts as well as providing insights into the connections that I identified among the codes that point to larger themes in the data. This chapter will conclude with a general assessment of the responses. Through my analysis, I address the two research questions guiding this project: (1) how has the pandemic affected victim-serving agencies' and professionals' ability to provide services to rural victims of domestic violence and (2) What strategies did agencies develop during this time and how can they better serve victims/survivors in rural communities?

Two sets of themes surfaced as the professionals explained the services they rendered to their clients before the pandemic and all through the pandemic. Three themes emerged that focus on the services provided to clients included: 1) reliance on collaborations to provide services, 2) transportation barriers and 3) homogeneity of clients and the stigma of seeking support and services. These themes reflect both the challenges providers faced prior to the pandemic, as well as the ways they were exacerbated as a result of the pandemic.

A second set of themes emerged that respond directly to my research questions. These include 1) reduction in people seeking services, 2) rising intensity of abuse, 3) severed relationship with collaborators due to staff turnovers, 4) staff burnout and 5) intensification of awareness programs.

Clients and Services Prior to Pandemic

This research focuses on professionals of domestic violence and sexual assaults agencies; however, it is equally important to address the serving population, that is, the clients that agencies

and professionals serve. Most professionals from the participating agencies for this research reported that their agencies served a homogenous clientele, thus they all indicated that the majority of their serving population were predominately white and were within the lower class of the socio-economic status. Regarding the category of people who make up the different age groups of most agencies included children, teenagers, middle age adults and elderly people. This resonates with the literature review on the fact that the issue of domestic violence has no boundaries irrespective of one's class, race, socio-economic status, educational level among others. All the same, services were still accessible to all irrespective. The three excerpts below reflect how participants understand the demographics of clients that their agencies serve.

> Ella: "the majority, I think of our population as far as racial identification would be white, but we have a Native American reservation."
>
> Mena: "…we serve all races, um, I don't know the breakdown exactly of percentage per race, but we don't discriminate on race or anything like that, anybody can have access to our shelter."
>
> Deba: "…we are very diversified with the women that are in the shelter right now. Um, we, we don't discriminate, we allow, you know, everyone..."

Some respondents also indicted having served other racial populations such as Black, Mexican, Hispanic, Asians and Somalians who either lived within or around the location of the agencies or came from other parts of the State or country. Kiki said, "We've had clients that are coming to visit family and finally reach out for support so it's not like you have to live there… So, like I said, if a client comes in needing services and they're not in that county, we're not going to turn them away it's just us, that's where our primary clients would come from."

When respondents were asked about the educational level of their clients, they all had very similar replies, stating that the clients represented a broad range of educational levels. When describing the educational levels of clients, Ingrid stated that "Yeah, I would say anything from not educated much at all, maybe quitting school when they were in high school, anywhere, you know, through college." Mena also commented that "…it's really is astonishing, we've had people with their doctorate degree we've had people with their master's degree and then we've had people that didn't graduate high school, don't have a GED so it [domestic violence] definitely does not discriminate."

Regarding the employment of clients, most respondents indicated that although their employment varies, the majority of clients held some sort of low-paying jobs. A major reason for the low-pay employment was rural areas do not have many employment opportunities. Both Nina, Swetha and Ingrid explained that:

> It's a variety…from unemployed to having a full-time professional job. But usually it's a minimum wage or just a little more than that dairy queen, restaurants, things like that, coffee shops… I would say a lot of farming, there's a little manufacturing. We don't have a lot of variety of job around here.

Added to the response of client's occupations, Val answered the question by stating that:

> some are just homemakers taking care of small children. Some work in retail like maybe, they work at Walmart, something like that. Um, some work at fast food, some are disabled, you know, they're not working at all. So, it's a variety.

Linked to the issues of client's level of education and occupation is their socio-economic status most respondents again indicated that although it varies, there were few clients that were in the

upper and middle classes. However, majority were in the lower class of the social hierarchy. Kiki's response reflected this as she indicated:

> Honestly, I think there's such a misconception that it's a lot of lower-class individuals that struggle with this [domestic violence], but it's everywhere on the spectrum I would say. I would say majority that come in to see us are maybe lower socio economic but that doesn't mean that those cases aren't out there, they're out there, I just think it's harder for them maybe to seek services, there's kind of that barrier, but we see it all.

Just as there were similarities in the clientele of most agencies, the same was said of the services that were offered. Prior to the pandemic, victims/survivors of domestic violence had multitudes of needs, and as such domestic violence agencies offered variety of services depending on the needs of their clients. Some services were offered in-person, in groups, over phone calls, through emails or text messages. While the latter part of this analysis section lay emphasis on the importance of collaborations as far as rendered services are concerned, it also highlights the responses from participants regarding services that their agencies offered to clients before the emergence of the pandemic. Such services which including but not limited to provision of food, support in attaining housing or sheltering for homeless victims, guidance in navigating the criminal justice system among others, were expressed in the detailed responses from Ella, Kiki and Ingrid. Ella explained that

> We assist with domestic violence and sexual assault issues with the criminal justice system or the court system. We provide free food to people who need it, so we have a food pantry that's always open and people have to make an appointment to come in and then it will give them a food basket that would consist of anywhere from 50 to 150 pounds of food,

> depending on the size of the family, we also have the clothing outlet that is open to anyone from anywhere it is donation basis only we do not charge for the items.

Ella's response about her agency's provision of food as a basic need to families, does not only gives indication of their service model as family-oriented, but also highlight the fact that the effect of domestic violence does not only affect the victim, but other close persons around them. Hence, services were not only for the immediate clients, the victims, but also to the secondary victims such the children or dependents.

At her agency, Kiki explained,

> We offer financial assistance for clients like first month's rent or say they need food, we do safety planning with all of our clients, restraining order and protection order assistance, so we would go with them through the Court process. We do advocacy so even things like housing advocacy or financial advocacy you know getting ready for that court proceeding, what can we do to help prepare them were just kind of that safe place to navigate the criminal justice system, because sometimes it can get really overwhelming for the client when you don't know that process.

Similarly, Ingrid state that

> we provide safe shelter, a 24-hour crisis line emergency, transportation, food, household and personal items, one on one support, we help in filling out crime victim's compensation forms, we help them get protection orders, we give a lot of emotional support. And that's basically what we list on our service list, but it goes on, because in a rural area many times, there are some other services that are needed to, and we do some filling in on those.

The similar responses of Ingrid and Kiki in part demonstrated the most needed services of victims/survivors. In addition to transportation and legal services, financial support in all possible

ways, be it in attaining household and personal items seems to be the next needful assistance given to victims. This is particularly helpful during the instances where victims decide to live independent of their abusers. Overall, all respondents' agencies offered help to both primary and secondary victims of domestic violence.

Through the remainder of this section, I will discuss the three themes that emerged in relation to the services provided. These include 1) reliance on collaborations to provide services, 2) transportation barriers and 3) homogeneity of clients and the stigma of seeking support and services. These themes reflect both the challenges providers faced prior to the pandemic, as well as the ways they were exacerbated as a result of the pandemic.

Reliance on Organizational Collaborations

Emphasis on the need to collaborate with other social services and agencies regarding victims/survivor's multitude of needs becomes imperative as indicated by some participants. While the list cannot be exhaustive as each case is different and require special attention, some provided services may not be among the "main stream" intervention programs of agencies. Hence, significant to the resources that the agencies offer is the importance of collaborations with other human and social agencies. In reference to the literature review, Rauhaus (2015) argued that "…domestic violence [services] requires collaboration, partnership, outsourcing, and ultimately cooperation among sectors and agencies in the public, private and nonprofit sectors" (p.669). On this note, all respondents were quick to affirm the indispensability of collaborating with other social entities while serving their clients. Their responses were very similar to that of Deba and Ella as they state that:

> Deba: We would not be able to do our job if we didn't collaborate with everybody else, I mean truly, it takes all of agencies, sometimes to help someone get on their feet and where

they need to be. So, collaboration is one of, I think, one of the most important things there is.

Ella: I can tell you that this was not only before the pandemic but it's consistently been happening for years with us… our collaborative efforts are very important. First of all, the law enforcement, social services, State's attorney, churches, businesses and individuals…so many individuals will donate to us to keep our doors open and they will volunteer to work in our clothing outlet and help us out in any way to fundraisers for us and things like that so we're pretty lucky in that respect.

The excerpts from Deba and Ella makes it apparent that service provisions would not have been possible without some collaborations with other social agencies, especially with the known fact that not all agencies are capable of meeting the needs of their clients.

Val, in her response, went further to cite examples of her agency's collaboration with community health professionals to render services to clients, victims or survivors of domestic or sexual violence. While those partnerships helped to tackle immediate issues, it also helped to abreast themselves with other aspects of what their focus should be in term of service rendition. She relayed that:

We collaborate with the local jail and prison in the Community, in order to provide services to victims of sexual violence, while they're in prison… we collaborate with Community health partners in our Community, so we can stay on top of what's going on with you know, what's going on with health-related issues within our Community, so we have a fair number of collaborations.

In line with Val's response, Nina also added that, through health-related programs organized within her community, helpful information is disseminated to keep people informed of the

resources available to them. She stated, “Generally, it's meetings and promoting prevention and awareness of our events. Sometimes it's creating an event and working together, just to get the information out at the health fairs or the county fair or wherever.” With the emergence of the pandemic, most agencies made slight modifications to services and mode of delivery. Except for few agencies who halted some of their services completely, all other agencies rendered the same services as they did prior to the pandemic. In all, collaborations play a significant part in service rendition. The data collected revealed answers to the first research question. Thus, the next section discusses how the pandemic affected victim-serving agencies and professionals’ ability to provide services to rural victims of domestic violence.

The issues of transportation and stigmatization in rural communities were the two immediate existing challenges that most participants expressed to have exacerbated due to the pandemic. As I have already shown in my literature review, rural communities and its residents have been faced with peculiar challenges of accessing certain resources due to their distant geographical and physical locations. For the same reason, this held true in accessing domestic violence and sexual assaults resources for victims and survivors, as transportation and stigmatization were severally mentioned there were repeated responses of transportation and stigmatization issues that were mentioned by most participants. The next section of my analysis would be focused on discussing the pandemic effect on the exacerbation of existing challenges in the rural areas.

Transportation Barriers

Existing literature asserts that rural clients face unique challenges even under typical conditions. This was reinforced in my participants’ responses, particularly in relation to transportation and accessing resources. These challenges were further exacerbated when agencies

and clients had to factor in adhering to health measures due to the pandemic. When I asked participants about the effects of the pandemic on their service delivery, they first spoke of the existing challenges or barriers that might have been exacerbated. Similar responses about lack of transportation in rural areas were discussed by all participants. For example, Ella stated that …The biggest barrier, we have on our people who do not have running vehicles, they don't have access to a car to come to us. They might have a car, but it isn't running right, and so they don't have a way to get to our agency, that's one of the biggest barriers. Similarly, Ingrid explains,

> Well, sometimes they don't have transportation to come and see us in person…sometimes their phones are taken away from them so they can't call anyone when they may need some help. Distance, a lot of times people living in a rural area, they live quite away, we're about in the center of our coverage area, but I would say sometimes that transportation is an issue for them. And probably just the rural-ness, that they live quite a way away from services, a lot of times…. I think just distances, would be a big barrier.

Similar challenges manifested in ways either which abusers wouldn't let victims/survivors use the vehicle and even if they allowed it, the abusers tracked mileage of the car, or victims/survivors themselves didn't have gas money to transport themselves to these service areas.

From Ella's and Ingrid's responses, and it is similar to that of other participants, the issue of inadequate or lack of transport services has long been a major challenge to rural communities. Specifically, in the case of domestic violence and sexual assaults victims, such tends to be a potential threats and hurdles to their help-seeking efforts.

Homogeneity of Clients and the Stigma of Seeking Support and Services

In addition to transportation issues, rural communities tend to have highly connected yet small groups of individuals, which can impact how and when victims choose to seek services. Kiki

noted, “everybody knows everyone.” Consequently, stigma associated with seeking assistance is more likely to occur due to the homogeneity of clients in rural areas and fewer resources to overcome stigmatization might be available. Kiki and Ella describe the effects of stigmatization in this way,

> Kiki: In our area being rural, stigma, everybody knows everyone… so I think that there's a fear of coming to our office thinking like oh someone's going to see my car, things like that, so that's a big barrier, I think, for our clients it’s just that fear of being found out.
>
> Ella: We get a lot of people that we help, but they don't walk through our front door because there's a stigma attached to that that if somebody walks through our door that people will see them walking into our agency. And so, they'll [people] think that, they must be a domestic violence victim, but we're a block off the main Street, so we're not as visible as some of the main street businesses.

Just as transportation is noted as a long-standing barrier to victim help and to professional’s ability to serve their clients, the same could be said of the stigmatizing actions that victims. These issues were further compounded as help seeking and help giving efforts were crippled following the restrictive measures that were instituted during the pandemic.

Impact of Pandemic

Having pointed out the exacerbation of existing challenges particularly in terms of transportation and stigmatization, further details are explained in how such challenges during the pandemic resulted in severed relationships with collaborators. In addition, the increased anxiety among clients due to loss of jobs, financial issues and having to spend more time with their abusers as a result of lock down orders resulted not only in the reduction of people seeking services but also caused a decline in mental health of clients who needed such services.

Reduction in People Seeking Services

The dip in calls on the number of people who sought help due to the aforementioned barriers posed a two-way effect as it was noted that participants' inability to serve clients was in part a result of clients' inability to access services given the conditions that the pandemic created. Participants discussed this, providing valuable insights into the impact of this reduction.

Ella explained that

> We had less people calling, less victims calling us for help, because when the pandemic hit, many of the abusers lost their jobs, and they were at home, all the time and so are the victims because many jobs were shut down…so the victim can't call our agency, when the abuser is sitting right there. That was a problem for us, and it was a problem for the victims, as well, they did not get the opportunity to make the contact with our agency that they otherwise would have done.

Kiki discussed how the timing of the drop shifted over the pandemic. "…We had a dip in a decrease probably like rate, when it [pandemic] got really bad… it was like almost like a dead zone and then all of a sudden it spiked again… I don't want to call it break, but just a decrease in client contact for like a week or two, and then it went off again."

Ingrid gave insight into concerns driving the drops in clients seeking services. "The other thing that we found during the pandemic, a lot of people didn't seek the help they probably should have because they were concerned about, what if they chose to leave, where they were going to live or if they had children, how are they going to provide schooling for them." The economic uncertainty caused by COVID-19 left many clients anxious about how to remove themselves from abusive situations.

Participants reinforced the notion that changes in employment (losing a job) limited or eliminated opportunities to seek services because clients were now spending more time with abusers. Ingrid's explanation further revealed clients increased concern for their safety and their children's wellbeing. Ingrid stated, "…Our numbers went way down during the pandemic and I think a lot of people, even if it was very bad living in the situations that they were living in, they were more afraid of leaving them [children] than staying there."

On the agency's side, participants spoke of the severed relationships with their clients and how that has negatively affected the trust development in their daily routines and as far as service deliveries were concerned. Some participants admitted that the major challenge to providing services was the CDC's orders and precautionary measures. For instance, Shweta, Kiki, and Ella each expressed worry that the service conditions necessitated by the safety measures limited communication about needs and recognition that the clients needed certain services.

> Shweta: I would say not knowing what was going on, because it got so quiet that we just really didn't know what was happening out there… we didn't know what was happening so that would be our barrier it's just not knowing who needed help.
>
> Ella: …I was not able to provide the services to the victims, that I knew needed the services, because we couldn't get together and we couldn't talk, and they had their abuser at home and they couldn't contact us. And so, that was extremely stressful for me as an advocate not being able to help those victims who so desperately needed the help.

The frustrations that Shweta and Ella expressed in their responses was because, they, as service providers, were crippled by the pandemic restrictions and unable to reach out and serve their clients during the time that their services were needed the most. Kiki reiterated the urgency and concerns that many participants expressed about supporting clients during the pandemic.

> I think just adapting to the changes as staffs, I mean it was stressful trying to think about, okay, how are we going to get these services to our clients? what are we going to do to make sure that these clients are still served? Because, just because we're in a pandemic doesn't mean that these victims don't go away.

Kiki's response especially on the fact that the pandemic does not impede the victimization of women ties into the next sub topic regarding the rising intensity of abuse during the pandemic.

Rising Intensity of Abuse and Rise of Mental Health Needs

A consequence of a measure, such as a stay-at-home order, or spending more time at home due to job loss, has been that clients reported to participants increased anxieties about their circumstances. The correlation between victims/survivors experiencing more anxiety and victims/survivors having to remain, in effect, isolated potentially with their abuser was a frequent theme within the responses of participants. In addition to increased mental strain, a second pattern emerged attributable to victims/survivors having to spend more time with abusers. The frequency of abusive incidents also increased.

The excerpts from Mena, Shweta, Val, Kiki and Nina attested to increased domestic violence during the pandemic, and factors beyond the control of the victims hindered their accessibility to the needed services. Their responses hinted at the instituted restrictive measures as causes of such hindrances to both the victims and their agency's ability to provide services. Their shared thoughts were similar to most participants.

> Mena: …We've also seen a lot more intense abuse from abusers to their victims, and I think you know that has a lot to do with them being home all the time, always being together. Yes, we saw a huge change especially on lockdown… abusers weren't working so they're [victims] at home with their abusers all the time. We had bunch of people calling in to seek

shelter and we would schedule an intake with them, but then they didn't show up, which is not very common in previous years…

Shweta: I believe that the domestic violence was still happening, but I don't think that our clients were reaching out for help… you know everyone was told to stay home and not go out and I just think that they didn't know what was available anymore, as far as what help they could get…and then a lot of times to, our clients reach out to us when their offenders are at work, because that's when they can talk, and the offenders we're not going to work anymore, a lot of them were either not working at all or working from home so then, our clients didn't have that opportunity to reach out for help

While Mena and Shweta expressed their concern for the increased incidents of cases, they make it clear how these increasing cases could not be adequately supported by agencies, because of the exacerbation of existing challenges during the pandemic. When clients cannot get to shelters or other locations because of transportation limitations, or cannot contact agencies because their abuser is at home, it makes providers jobs even more challenging.

A part of the effect of the pandemic regarding the reduction in people seeking services was addressed in how that contributed to the rising intensity of abuse. Val explained that

…We just we had a real drop in numbers of people… for a period of time there, we were essentially in lockdown you know, so that that would partially account for some of them stuck at home with their abusers, you know, and really had no way of getting out, because of the lockdowns you know, at that time so that would account for some of it.

Kiki gave more insights into the reduced number of clients seeking services and it resulting effect on the rising intensity of abuse.

> Well, there could be lots of roles… maybe the perpetrators were at home with the victims you know, it wasn't safe for them to call in. A lot of our victims call when they're (perpetrators) at work, you know, or I'm going to go pick up my kids and then they stopped in our office, it was almost more dangerous for these victims at home because their perpetrators were also home.

Val's assertion to the drop-in numbers in help seeking can be attributed to lack of transportation, especially when everything was under lockdown and means of transportation during this time was impossible. The issue of stigmatization could be deduced from Kiki response in the instance were victims sought help in disguise and under the pretense of picking their kids up from school.

Evidently, all major challenges that existed for clients in rural areas kept reemerging as participants answered questions specifically about the pandemic effect on the ability to provide services to their clients. The latter excerpts revealed the effect of the pandemic in the instances where needed services were unable to be provided by agencies and professionals because clients were trapped to their abusers due to the restrictive measures. Hence, the high records of unattended scheduled appointments especially for victims needing mental health services consequently lead to their mental breakdown. This is specifically discussed in the next paragraph.

Mental health issues arise in domestic violent relationships either by abusers compelling their victims to use drugs against the victims' volition, or victims themselves use substances as a way to self-medicate. Rural communities historically have lacked essential services, including services for mental health. The existing problem on the lack of mental health services in rural areas took a different turn during the pandemic, especially on the service delivery of agencies and professionals. Mena, Deba and Ingrid expressed the little to no mental health professionals and services in the territory where their agencies served.

> Mena: …one of the biggest things that we find is, there aren't a lot of services for like dual diagnosis, so mental health and chemical dependency … there's not a lot of mental health professionals there, the doctors don't necessarily know how to handle people that are in domestic violence situations, so I think it's just systematic across the board.
>
> Deba: We have no mental health. And I shouldn't say we have no mental health, we have a very huge lack of mental health in our area, we also have a very huge lack of any kind of substance abuse treatment.

Mena and Deba's responses are a reaffirmation of the discussed literature reviewed about the lack of social services including mental health services in rural areas. Coupled with this, is the fact that the mainstream health professionals are not specially trained in matters regarding domestic violence. Hence little or no help was available to clients who needed support with mental health issues. The above quotes were reinforced by Ingrid as she stated, "I would say a couple of services that we really have lacking out here in the rural areas is counseling mental health…there are just so few mental health counselors now. I mean a lot of them [victim/survivors] need to be seeing a counselor and aren't able to…."

Although participants could help clients in other areas, mental health services were not within their domains. The impact of the pandemic on this gap was further explained as Mena and Deba particularly spoke of the stressors that led to the mental breakdown of victims, and the fact that most collaborating agencies in that regard were out of reach. Deba explained that

> …It's very sad and it makes it very difficult I would say. One of the biggest problems we have right now is drug and alcohol, but it's very difficult to get our clients help because when they want help, they want it now. And that doesn't happen because we just don't have the capacity, I think we could have the capacity, but we don't to provide health at that point.

Participants provide insight into the multiple needs of survivors and their limited ability to provide all the support their clients needed.

The multiple needs of their clients highlight the importance of collaborations for service providers. Mena explained,

> …the pandemic really brought out the mental health concerns with a lot of clients'… um, if they're having to isolate or quarantine, we've really notice that their mental health declines. And then also during the pandemic, there weren't a lot of outreach services happening…Rape and Abuse does outreach, Southeastern Human Service Center does outreach and those weren't happening. Those were people's outlets to be talking to people, and to be face to face and having those conversations, but those weren't happening and so people's mental health definitely declined.

Their responses encompassed the acknowledgement of drug issues in domestic violent relationships, coupled with the pandemic effects and the lack of immediate help and or services for their clients. As discussed in the literature review, this was largely associated with stressors following the restrictive measures that were instituted to curb the spread of the virus. On this note, it is evident that the pandemic not only had a negative impact on the mental health of victims/survivors of domestic violence but also hindered agencies and professional's ability in their service provisions.

Severed Relationship with Collaborators Due to Staff Turnovers

Severed relationship with collaborators due to staff turnovers caused a ripple effect in communication strains/lags and no or slow immediate response to help seekers. The challenges that came along with severed relationships with collaborators became significantly greater during the pandemic and in the daily operations of most agencies.

Mena's response is a typical example that noted the lack of urgency in service delivery as a result of the severed relationship with collaborators, as well as clients' discomfort in using remote services. She stated:

> …we collaborate with a lot of other agencies. The struggle that we see is when somebody needs help, they need help now not three weeks from now, not two days from now, it needs to be immediate and that's just not an option. But they do their best but there again, they are working remotely, and so a lot of the clients don't feel comfortable meeting with them over the phone or via zoom, which is what they are doing right now.

She further added that "…You know, trusting is a huge part with case management and when you are over the phone or over zoom, the trust just isn't there because anybody could be in the room taking notes or whatever…"

Again, most participants expressed the strains they experienced in their efforts to serve their clientele. The impact of the pandemic was felt in communication lag and the inability of most professionals to access the needed help and services from other victim-serving agencies for instance, the difficulties in navigating the court processes virtually, the cancelations of court hearings and some inactive services of the court system was another effect the pandemic posed to agencies and professionals' ability to serve their clients. Ingrid expressed her frustrations in the following way: "Things were more difficult to provide during the pandemic. We weren't allowed to go into a court house to get a protection order, a lot of it was done by zoom […] We did texting a lot more during the pandemic than we normally do, we did email a lot more…". For people experiencing domestic violence, the instituted pandemic restrictions to help prevent the spread of the virus and to protect people from contracting or spreading the virus did more harm than good,

considering the difficulties it posed as domestic violence agencies altered their mode of service delivery.

Furthermore, Ella's response explained the impediment that such restrictions posed the smooth operation of agencies in their service rendition and the obstruction of justice to the deserving perpetrators. She stated that

> The inability to get criminal cases going through the court system, there was no resolution. when there's a domestic violence case that's goes through the court system and charges were filed, and there were no court cases they just were left hanging and that was very stressful for the victims involved in this and it's very stressful for me as an advocate because we just didn't know when it was going to end.

Participants noted that collaborating with other agencies or supportive outlets was also a challenge, which further complicated the delivery of services. Though Shweta indicated the pandemic had no effect on collaborations, the other participants in their collaborative efforts expressed difficulty in their inability to get smooth-running services to clients due to strains in communications. Deba provides insight into these challenges. "I think that the pandemic caused some of the relationships to be a little strain[ed]…it's just when you're not working together on a daily basis, you know it doesn't flow like it should." She went on to say that "We do our best to get our brochures and things like that into places where they might see it, but it's hard and the pandemic, I think, made things even harder because being isolated is horrible. Being isolated possibly sick and with an abuser is really horrible." Deba's responses emphasized how the pandemic affected communication among victim serving agencies and the disadvantages it posed to agencies and professionals' ability to engage in outreach services.

Val and Ingrid also expressed the communication lag that was partly as a result of the instituted restrictions that made most collaborators work remotely. They state:

> Val: …Some communications kind of dropped off, you know, it just wasn't happening…sometimes we just weren't able to reach them, we had to do the best we could with what we had without them…
>
> Ingrid: It was hard, because so many people were working from home, it was hard to access people, and if you needed to know something you usually had to wait some time because you never knew when they were going to be able to get back to you and answer you. That was really hard to try and access and have anything to collaborate on.

Other participants also attested that high employee turnover at collaborating agencies, which further strained communications. New personnel were learning about cases and, consequently, did not have much information available, nor experience with the agency and its collaborators.

Staff Burnout

Responses from participants revealed the high levels of stress that were experienced on the job during the pandemic. CDC's precautionary regulations often required a new work schedule that negatively impacted service providers. For instance, rather than having all staff working within a shared space, agencies implemented rotation schedules, so staff members would be present at different times. Another option was some staff members were working entirely through remote means. Although such precautionary measures were to protect people from contracting or spreading the virus, participants expressed the isolation and stress they felt in such working environment. Val and Ella explained that:

> Val: …It was sort of isolating just being at work on your own, or you know, working from home… it's not the same as having somebody just down the hall or somebody that you have lunch with, so that's a bit of a challenge you know, feeling those sorts of isolation…
>
> Ella: I think the stress of us as advocates and as employees was more than what we anticipated it was going to be. I know it was for me. I felt very awkward and very strained…it was stressful, knowing that we couldn't just go into somebody's office and sit down and talk to them…we distance ourselves from each other, that was hard, that was awkward.

As staff felt detached from their clientele, they also felt alienated from every other thing that constituted their work environment. Evidently, other staff support and presence meant a great deal to participants and that absence during the pandemic seemed to have affected their overall wellbeing and consequently, their job performance.

Nina expressed her concern over the attention given to victims/survivors of domestic violence, often leaving the community to lose sight of the stress on the staff. Her agency operated shelter services that required shelter supervisors be physically present. She explained that some staff could not work because their families were exposed to the virus, hence, other supervisors had to work more hours to fill in when they had clients. The consequence was some staff members had to work beyond their typical schedule so services could remain available. Nina stated,

> It was way more, a lot tenser for our shelter supervisors, it was harder no doubt…and then they had to work overtime, because I had other staffs that were exposed and had to stay home and all of that got to be [sighs] awful too. So that were the kind of struggles that we really have…

The point made by Nina is not only essential in understanding the impact of the pandemic on the wellbeing of individual professionals who worked more, but also other colleagues who were affected by pandemic as they also had to contend with managing their own family's health and wellbeing and at the same time be present to provide needed services to their clients.

Reduction in people seeking services, rising intensity of abuse and rise of mental health needs, stress relationship with collaborators due to staff turnovers and staff burnout, were the major impact of the pandemic. However, details of these were evident agencies and professional's inability to connect with clients in their time of need, the lack of urgency in service delivery due to remote work of some collaborators resulting in strained communications, client's discomfort in using remote services, the difficulty in navigating the court processes virtually and some inactive services of the court system. The next section discusses the strategies agencies took in response to the needs of their clientel.

What Agencies Did

Though the COVID-19 pandemic disrupted the operations of the agencies, the clients of the agencies still had needs related to services provided by the agencies. While considering new health and safety measures intended to protect both providers and clients, agencies had to identify ways of providing services to clients. This section discusses the various strategies that were employed by agencies to serve their clients, thus, detailed and varied responses were obtained from participants on the second research question which states: What strategies did agencies develop during this time and how can they better serve victims/survivors in rural communities? As Mena stated that, "we just take it day by day by day, just creating our own ways to help them [clients]" suggests the different approaches that participants and their agencies took to keep up during the pandemic. The next section first discusses the challenges that most agencies faced during the

pandemic which ties into the changes that were made to services and their mode of delivery. These included the introduction of new services, as well as the periodic evaluations that most agencies did within their organization.

Challenges of COVID-19 Safety Measures

When the delivery of services was possible, the participants reported that several safety measures were necessary to adhere to health safety protocols. The protocols stemmed from the CDC's health guidelines in response to the COVID pandemic, and often the protocols changed as the understanding of the pandemic changed offeror the participants, the type of service determined the necessary safety measures, ranging from room occupancy limits to health screening precautions. The excerpts below describe how CDC's health guidelines were applicable in most agencies during the pandemic. Kiki explained,

> …We had to rotate our staffs because we only want one or two staff in the office at a time…but we wouldn't turn someone away. So, if someone's coming in and they're really struggling, we're not going to say well, you're not coming in. They were screened for COVID, the questions, we had a thermometer, trying to think back it's crazy it's been over a year, we had hand sanitizer and masks so they'd have to wear to come into our office, and we obviously have chair six feet apart.

Kiki's agency was among the few that operated all services as they did prior to the pandemic. Her responses indicated that not only did safety measures revolved around the clients but also on the number of staffs they had in the office at a time.

Nina added to this point, explaining,

> …We took, you know, all the CDC precautions, if it was something, we could do over the phone we did, however someone needed to come in during the pandemic. We would use

> our face masks and our space to visit and work with them, but prior to the pandemic, we met with everyone who called and just had them come in and regardless of what was needed or going on, we did not close for the pandemic.

Ella and Nina's agency also had a food pantry in addition to all other services. The delivery of food to clients required modifications to comply with physical contact limitations.

> Ella: …Many of our clients need food. And they need it, if they're out of a job and they don't have money to buy groceries they come here frequently, in other words, maybe once a month, maybe a couple times a month. And it's very important that we provide that food to them during the pandemic when it started.

In further response, Ella discussed how such food services were provided given the situation and their compliance to all safety protocols.

> …They would call us up, they would say, can I get a food basket? We'd say yes. We would tell them time that's convenient for them to come and pick up the boxes of food. And just before that time we would make up the boxes of food, we would watch the clock, we would set the food boxes right outside the back door of our food pantry and they would come and pick it up and take it away, so they still could get the food.

In similar fashion, Nina explained how her agency provided food to their clientele as the others did.

> Well, we all added all the health CDC precautions, did all of that, we had to buy supplies for that. And People who just were coming for food didn't come into the building, we put the food out on the deck for them, so, we didn't see them at all, and then people that needed services, that we could take care of over their phone, we did. With others, we had them when they came in, but they had to wear a mask and use hand sanitizer and keep a distance.

Regarding shelter services, the agencies that Val and Deba's work for again were the only ones who operated fully during the pandemic. Their unique facilities made it possible to accommodate clients and still abide by all safety protocols. Val explains how the shelter service could operate without modifications:

> …We do not have a shelter that has people come together [but] we have separate apartments, so people have their own place their, own facility…during COVID-19 we were not allowing people to intermingle from apartment to apartment, so that they have their own private, safe, healthy place…we provided them with everything that they would need to keep their apartments just infected and all of that…

Deba explained how the building structure enabled her agency to remain open.

> …our shelter is built in a U-shape, so there are two wings on one side and two wings on the other side, and so we were able to keep the shelter open…if there was anyone with COVID-19 we could put them into a wing where it's just them, and they were not with the other population. And then we took them meals and the such until they were either out of quarantine… because of the fact that we have those wings and it makes it a lot, easier to keep people quarantine and not in the same area…so I'm happy to say we'd never, never shut the shelter down for even a day.

Deba further explained what her agency did as safety precaution during service delivery

> …we made a lot of changes to our services, we had masks, we put dispensers with, you know, the soap and stuff in it, we did six feet apart. In the common areas of the shelter we highly suggested that they wear masks and then they could take their masks off when they were in the room…

Since the needs of clients cannot go unattended to, services that were provided by agencies and professionals during the pandemic required the implementation of measures to still meet client's multitudes of needs in a healthy and safely manner.

Changes to Services and Mode of Delivery

The COVID-19 pandemic required several restrictive measures to curb the spread of the virus, including quarantine, social isolation, social distancing, and stay-at-home order. The measures necessitated changes in how the agencies operated and provided services. The impact of the changes varied based on the resources of each agency. Some agencies transitioned operations to a hybrid format (some services in-person and other services provided through virtual means), while other agencies could not provide services at all, meaning the pandemic effectively ceased the delivery of services. Val explained that "You know before the pandemic, we've offered the same services to people during the pandemic… they were all in place then and they're still in place now." Similarly, Shweta, explained how they transitioned to remote delivery of services "…We provided all the services that we provided before, we continued to provide, but we did it over the phone and then counseling was done over the computer or the phone, whatever works best for the client." Although the pandemic led to some alterations to the mode of services of most agencies, Val and Shweta indicated that all through the pandemic, their agencies offered the same services as they did prior to the pandemic.

Mena and Nina reinforce this point as well, focusing on the change in the mode of delivery of services.

> Mena: We offer the exact same services as before the pandemic, they're just modified…I mean, our services didn't really change we were still always available 24/7… Just the mode of doing it, just like social distancing or you know that stuff, but otherwise it never changed.

Nina: …We actually provided the same services before the pandemic and after, it's just that we took you know, all the CDC precautions… there were a lot of phone calls versus people coming in…

In the instances where in-person services were offered as deduced from the responses of Mena and Nina, safety precautions and protocols were adhered to in order to prevent any possibility of spreading or contracting the virus.

Similarly, Kiki's response emphasized the provision of services al through the pandemic but with the precaution of minimizing the risk of contracting the virus through any personal or physical contacts. Kiki stated, "We didn't try to cut any services or anything, I mean, if there's a sexual assault we're going to respond to the hospital, it's just, we have to make sure that our staff are safe… we did not see anybody in person for therapy, though…"

Deba's response is a specific example of changes to service delivery during the pandemic. She states:

All of it [offered services] …you do want to know how we change things and did things? Okay. So, for instance, the domestic violence protection orders that I talked about, we did those over the phone or via zoom so we were able to continue to do protection orders. We actually even zoomed, the courthouse was closed so zoomed for the hearings, as well.

Some participants as much as possible had less of physical contact with clients and did more of the alternatives, that is, either working from home or via the internet. Ingrid and Val discussed the closure of their office and their transitioning to remote service provisions

Ingrid: The office was closed down at sometimes completely. We dealt with a lot of things over the telephone...

Val: During the course, during the earlier part of the pandemic, we are not actually working inside the office we worked from home…we were pretty much operating as normal…

Shweta and Ella on the other hand, gave insights into how they strategically reduced the physical contact with their clienteles while still providing the needed services.

Shweta: So, the changes that we made when the pandemic hit last March, we chose to only provide services over the phone. Clients we're not coming into our Center any longer, all the crisis intervention and the services that we're providing over the phone and then for our counseling piece, they are doing Tele health so either counseling over the phone or through, you know, over the internet, like a zoom type connection, and then we were no longer transporting clients.

Ella: …We did have to shut down our clothing outlet, because that was more or less mandated, so therefore no one was coming into the clothing outlet. We would talk with the people, the clients who called us or texted us or emailed us, we would deal with them via phone calls or text messages or online, we couldn't meet face to face.… so, we just made sure there was no physical contact…

Regarding agencies with shelter services, regulations were implemented to restrict closeness. Deba's response was similar to other participants like her, she expressed that:

We didn't allow any new people in during the worst part of the pandemic, we put them in hotels…the other thing is, we did have to put some sign-up's in a motel when they [clients] came from another State where COVID-19 rates were high…those are some of the things we did as well. The people that were in the shelter when the pandemic hit stayed in the shelter throughout the entire pandemic.

For comparison, Shweta, Val, and Ingrid spoke of their agencies needing to offer fewer services. For instance, Sweat worked for an agency that had two service outlets. One outlet completely shut down for some period of time, but the other outlet remained fully operational. All participants noted an inability to have physical contact with clients due to the CDC's precautionary measures. Hence, services that required physical interaction between workers and clients had to be halted.

> Shweta: …but for the visitation Center we did stop providing that service for about three months. It totally closed… we weren't doing any supervised visits and we weren't doing any exchanges.
>
> Val: You know, as I said, we didn't even have, group sessions operating during the time…that was the one service we didn't provide during that first year of the COVID-19 stuff…
>
> Ingrid: …We didn't assist filling out any crime victim's compensation forms, because we were not face to face. I think that's probably about the only ones that we really had problems where it was anything face to face that was pretty difficult.

Overall, most agencies made changes to their mode of services deliveries to meet the changing times as well as the CDC precautionary and safety measures. However, almost all needed services of the clientele were offered either in-person when there is minimal risk of contracting the virus or virtually when the chances of being infected were high.

Introduction of Tele-health Service

The tele-health became a wide known technology in the 21st century and a useful resource during the outbreak of COVID-19 pandemic. Within the health sector it became an efficient tool not only in diagnosing, treating, preventing and controlling the virus, but the in the delivery of

several health care services. Social distancing was crucial to curb the spread of the virus, however, through information and communication technologies and in situations where services did not require direct interactions, tele-health afforded most people the opportunities to still access their non-emergency and routine care. In the domestic violence service provisions, the tele-health was equally useful to clients who needed some non-face-to-face medical attention. Hence, the introduction of new services like the tele-health, helped participants in offering their services in compliance with the CDC's measures.

Benefitted participants like Kiki expressed a sense of relief with the Tele-health system and the Mobile advocates which were helpful when reaching out and rendering needed services to clients. She observed:

> I think that's one benefit of COVID-19 is, now we have this Tele health option…some clients are like, I want to come for therapy, but I just don't want to drive there. Well, then you can do it from home. So, I think that has helped. We also have a mobile advocate position in our areas where our advocate come to you, I mean, as long as it's safe…we're actually one, only one in the state, we got that grant through Arizona for the mobile advocate.

Except for a few participants who had to halt some services completely, almost all other participants shared similar views about the mode and changes to service delivery. In general, most agencies during the pandemic offered the same services as they did before the pandemic, but with slight modifications.

Periodic Evaluations

Regarding strategic group evaluations, the excerpts from Nina and Val were typical examples that demonstrated how collective responsibility actions implemented within the

organizational level helped them during the pandemic. They spoke of the daily meetings and debriefing sessions they had to keep them in the loop of things.

> Nina: … It was all new and nobody knew what to do so, we did start meeting once a week doing that on zoom… we created a new platform for us all to meet once a month on zoom, all the directors of the of the domestic violence agencies, just so we could talk about; how are you doing this, how are you doing that…
>
> Val: …My boss, set up a zoom meeting every day at four o'clock or 4:15, and so we would get together, all three of us to discuss things that had gone on during the day, what we've been up to, what kind of things we were doing with that sort of thing…

The responses from Nina and Val indicated how help period evaluations in form of weekly and monthly meetings helped them to stay organized in their performance of their duties to their clientele and among themselves.

In another response, Deba stressed on the positive impact of the pandemic. Her comment suggested how the team work by directors of most agencies contributed in successful service delivery. She affirmed that:

> …Part of what I think why things did go as smoothly as they did is because every Thursday all of the directors would have a zoom call from across the state and everyone would talk about what they were doing that helped, or what ideas, what pamphlets or posters or what not, so everybody, can work together to try and keep things going as smoothly as possible.

As the only participant who viewed the pandemic as a blessing in disguise. She further added by stating that "I would say that another good thing about the pandemic is it brought the domestic violence centers closer together because it was everybody's problem." Nina, Val and Deba's responses do not only indicate the importance of collaborative efforts in helping victims and

survivors of domestic and sexual assaults but also the effectiveness in self and group evaluations especially during the pandemic.

How Rural Clients Can Be Better Served

Despite the challenges that comes with rurality, that is, their lack of transportation, the tendencies of stigmatization that comes along with their highly connected yet small groups of individuals, the inaccessibility of essential resources due to their distant geographical area and isolation from larger communities, participants affirmed that rural client who experience domestic violence can receive better service provision as their counterparts in the urban areas. When I inquired on how victims/survivors in rural communities can be better served, almost all participants had very similar responses about the programs that were developed and had been in existence to increase awareness and visibility in the rural communities they serve. This last section did not garner clear themes, but participants did provide helpful insights into how to better serve their clients.

One major theme kept emerging in all the response from participants: the growing efforts to give more visibility to domestic violence issues. Thus, they mentioned how their school and community outreach, the use of most social media platforms and other helpful mediums were used to create awareness of their existence, as well as the various services they provide. In different wordings participants kept reemphasizing the need for the intensification of awareness programs as it was done aforetime. Mena's personal account of her experience gives a better understanding in this regard.

Intensification of Awareness Programs

Until moving to Fargo, Mena explained how her growing up in a small town contributed to her ignorance of domestic violence issues and the various services that were available to such

victims. “Knowing where to refer people, because a lot of people don't know that there's services out there” were the rationale that affirmed most participants stance on educating all groups of people to increase awareness and visibility. Mena explained that

> I think the biggest thing is education for the service providers in those rural areas, and, knowing the signs to look for because we have so many people that will call in seeking shelter and they don't even realize that what they're going through as abuse, because they've just known it for so long, like it's just the way it is.

Kiki and Shweta spoke of domestic violence and sexual assault awareness events and outreach programs that their agencies organize in schools and the communities they serve. They state:

> Kiki: …So we go into the schools a lot to do some prevention, we normally get the kids to buy in and [we] do some education on healthy relationships…
>
> Shweta: …We try to get out into the county and put up posters and have information about our center so that if someone is dealing with domestic violence or sexual assault, they can reach out to us… we put them in like women's bathrooms, our posters and stuff so if they're out and they use the bathroom then they might see our poster and then they'll just be like oh OK., I can call them if I need help…

Using a formal and informal approach to curb the occurrences of domestic violence, Kiki and Shweta’s responses indicates how people are educated in matters regarding domestic violence issues and outlets that one could reach out to in the times of need.

The excerpts from Val were similar to the responses of Kiki and Shweta. In addition to other visibility programs, Val spoke of her agency’s efforts in using social media to create awareness of their existences and the services offered to targeted population.

> You know, we've reached out through things like Facebook account, we go into the schools and do whatever we need to do to reach out to let people know what services we provide and what we can do to help them out with prevention. I've been on the radio light and TV, I've been doing all kinds of things to let people know that we're available to them both in an emergency and outside of an emergency and so we've reached out in that respect yeah.

Aside her agency uses of social media to create visibility, Val specifically mentioned an upcoming program that her agency had planned to have within their community of service. She expressed that:

> …We're already doing that in many, many ways, we've been here since 1981 and so we're pretty well-known entity within our community, and we have the trust of the community that is well deserved to be honest, so we try and stay out there, we try and be present out there in the Community. Like in June, we're going to have a run for the community, and it's something that's going to bring people from all over the community and bring awareness with respect to domestic violence and sexual violence prevention here in our community. So that's just one of the things that we're doing here.

Although Ella reaffirmed the thoughts of other participants, she was the only participant whose initial response that "…we hadn't done any outreach in a few years and that's detrimental to the success of some of our victims' ability to heal," echoed the challenge that her agency faced in establishing an effective awareness and visibility programs for the community they serve. She further expressed.

> So, we've been talking about reestablishing outreach programs we're probably going to have to hire another advocate in order to do that, so that we have enough employees here

in the office at the same time, when another advocate can go out and about Mclean county and meet with people and let people know throughout our county that we still exist.

The synopsis of the participants suggested a need to intensify awareness programs for the purposes of educating members of their served communities about domestic violence and sexual assaults issues, and increase the visibility of these agencies as far as the services they offer are concerned.

In understanding the impacts of covid-19 pandemic on the domestic violence victim serving agencies and professionals, two set of themes surfaced as professionals explained the services they rendered to their clients before the pandemic and all through the pandemic. The first set of themes; reliance on collaboration to provide services transportation barriers and homogeneity of clients and the stigma associated with seeking support and services not only focused on the services provided to clients, but also reflected challenges that most agencies faced prior to the pandemic, as well as their exacerbation as a result of the pandemic. The second set of themes on; the reduction of people seeking services, rising intensification of abuse, severed relationships due to staff turnovers, staff burn out and the intensification of awareness program gave answers to the two research questions of this study.

CONCLUSION

My research highlights a number of important findings about the impacts of COVID-19 pandemic on domestic violence victim-serving agencies and professionals. The two set of themes, that is, (reliance on collaborations to provide services, transportation barriers and homogeneity of clients and the stigma of seeking support and services), and (reduction in people seeking services, rising intensity of abuse, severed relationship with collaborators due to staff turnovers, staff burnout and intensification of awareness programs) that surfaced helped to answer the two research questions guiding this project: how has the pandemic affected victim-serving agencies' and professionals' ability to provide services to rural victims of domestic violence and what strategies did agencies develop during this time and how can they better serve victims/survivors in rural communities? The first set of themes in the study not only reflected both the challenges providers faced prior to the pandemic, but also, how those challenges were exacerbated as a result of the pandemic, revealing the impacts on domestic violence victim serving agencies and professionals.

Firstly, the reliance on collaboration to provide services to victims were affected by the severed relationship with collaborators due to high staff turnovers. The impact of this was evident in the strains that came along in the communication lag leading to slow responses for the immediate needs of participants clientele, and the difficulties in navigating court processes virtually. Secondly, transportation barriers for both the clienteles and the professionals were impacted by the pandemic in the instances where clients were stuck with their abuser as a result of the stay-at-home orders. Hence, the two-sided effects as clients were unable to reach out to professionals and vice-versa led to the reduction in people seeking services and consequently, a rising intensity of abuse following the stay-at-home orders, thus resulting mental health breakdown and needs. Lastly, the impact of the pandemic on the homogeneity of clients and the stigma associated with

seeking support and services resulted in a combined effect as it reflected in the reduction of people seeking services, leading to the rising intensity of abuse and mental health needs.

While the introduction of the tele-health services was a timely and helpful resource in reaching out and rendering needed services to clients during the pandemic, the collective responsibility actions implemented through periodic strategic group evaluations and debriefing sessions within agency staff and among directors of agencies within rural North Dakota proved effective in the smooth running of each agency's daily operations. Implementation of awareness programs to give more visibility to matters regarding domestic violence issues seem to be a vital aspect of findings as that kept recurring in the responses of my participants.

Indeed, numerous research studies have been conducted on the issues of domestic violence. This project adds to this rich body of knowledge by focusing on agencies and professionals in rural areas rural areas of North Dakota. The focus of the few research studies focus on urban-based victims/survivors and their needed services. In addition, while professionals and agencies are equally important to be studied because of the pivotal roles they play in the lives of these victims/survivors, there is, unfortunately, little to no attention given to them. Again, my timely project not only shed light on the peculiar challenges in rural areas, but reflected other similar rural areas and how the discussed challenges were exacerbated by posing difficulties to both victims/survivors as well as the agencies and professionals in the giving and receiving of services following the emergence of the pandemic.

There are several limitations in my study. The first is the small sample size. The difficulty in finding participants was a challenge. Also, the nature of the work of the participants led to a few constraints. Some prospective participants were unable to be interviewed, because of their busy schedules with their clientele. Others who agreed to be interviewed, kept rescheduling,

resulting in delay of my data collection. Furthermore, there were series of interruptions and pauses in my interviewing process because some participants had to respond to some immediate emergencies or calls from their clients who needed help. Interruptions and pauses also came about as a result of the slow internet connectivity that some participants experienced. Having the interviews via zoom rather than in-person afforded me the convivence in the data collection phase, however, it posed as a limitation because of my inability to see the physical space and understand how that might impact the understanding of service provision and rendition. Lastly, because coding process was done single-handedly, there is a possibility of an oversight to other important comments that would have been helpful in the write-up. In that regard, I acknowledge oversights as a limitation to the study.

Despite these limitations, my study gave an in-depth understanding on how the pandemic impacted the domestic violence victim serving agencies and professionals were obtained through the generated themes. During the interview some participants made comments that most research focuses only on matters regarding victims/survivors with little or no attention paid to professionals who are working in the field. Thus, this study highlights the significant role professionals play and highlights the need for more research to be done about professionals and agencies located in rural areas of the country. Specifically, future studies should focus more in matters relating to, their limited resources and collaborative partnerships with other victim-serving agencies, staffing and work load. Furthermore, although there have been studies on child abuse and neglect, one participant urged that further studies should focus on child abuse and neglect in regards to domestic violence as she indicated that “I talked about that child abuse and neglect piece, I think that was a big issue that nobody really talked about. You know, kids were in school and that's where a lot of

our reports came from…" Future research in matters regarding domestic violence should include examining the neglect and abuse of children.

As researchers are playing their roles in exposing social issues within rural areas, I recommend that policy makers at all levels, should support the efforts of rural service providers be it in terms of finances or other equally important amenities that are lacking in rural areas but evidently resourceful to urban communities. This is particularly the case in supporting providers own well-being to mitigate burnout and stress that they face on the job. Finding ways to support collaborative communication strategies would be one area of focus.

Just as tele-health was beneficial to service providers during the pandemic, more of such convenient services renditions should be implemented so as to aid in case of any unforeseen circumstances that may occur in the future. Whiles incentives can be geared towards volunteering in rural areas to reduce the work load and minimize staff burnouts, relating state agencies that focus on matters regarding of domestic violence can serve as a mediator in pulling needed resources to strengthen the collaborations between rural agencies and other services providers/agencies in urban communities.

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APPENDIX A. TENTATIVE THESIS TIMELINE

Goal	Start Date	End Date	% Completed
Select Thesis Committee	09/25/2020	01/07/2021	100%
Conduct extensive literature search to develop thesis research question	10/31/2020	03/03/2021	100%
Construct and finalize proposal with advisor		03/12/2021	
Submit draft to committee for review		03/25/2021	
Submit and Defend Thesis Proposal	03/22/2021	03/22/2021	
Submit IRB		03/31/2021	
Set up interviews	04/12/2021	IRB Approval	
Conduct interviews, writing	04/19/2021	05/03/2021	
Data analysis writing	05/10/2021	06/10/2021	
Write results, Discussion Section	05/10/2021	06/10/2021	
Submit Draft to advisor for review	06/11/2021	06/18/2021	
Incorporate advisor suggestions	06/21/2021	06/25/2021	
Provide Committee with completed thesis	06/25/2021	07/02/2021	
Defend thesis		07/06/2021	

APPENDIX B. INTERVIEW SCHEDULE

Background information

- Can you tell me which agency (or agencies) you work for?
- Which department do you work in?
- What are your roles/duties/responsibilities in your department?

Serving population

- How would you describe the population you serve?
- What is the make-up of your serving population?
    - By race
    - Residential location
    - Social class and economic status
    - Level of education
    - Age
    - Occupation
- Tell me about the services your department offered before the pandemic?
- Which of these services were patronized the most?
- What is the mode of offering these services?
- What are some of the barriers that your rural clients face?
- Can you describe the challenges you encountered in serving rural victims/survivors?
    - How did you handle it?
    - How effective have these been?
- Do you collaborate/partner with other organizations when serving your clients?
    - If yes, what organizations? How would you describe the collaboration?
    - How effective can you say they were?

During the pandemic

- Did your agency/department record any changes in victim's help-seeking during this pandemic as compared to previous years?
- What changes were made to the services in your agency/department?
- Tell me about the services that were fully operational during this time.
    - What was their mode of operation?
    - How effective were they?

    - What challenges did you encounter?
        - If any, how were you able to handle these to still meet the needs of your working population?
- Would you say that the safety and health guidelines affected your ability to serve your population effectively?
- Tell me about your collaborative partnership with other agencies during this time.
    - How easy or challenging is it?
- What do you suggest can be done to better serve victims/ survivors in rural areas?
- Are there any colleagues working in rural areas that would be willing to participate in my study?

APPENDIX C. DEMOGRAPHIC INFORMATION

- What is your age?
    - 25 -30
    - 31 -35
    - 36 – 40
    - 41 – 45
    - Above 65
- What is the name of your agency?
    - RACC
    - YWCA
    - Other
- How long have you been working with your agency?
    - 1-5 years
    - 6-10 years
    - 11 -15 years
    - Above 15 years
- Did you have any working experience in this field prior to working with your agency?
    a. If yes, what experiences are those?
- What is your current employment status?
    a. Less than 20 hours
    b. 21 hours to 30 hours
    c. 40-hour or more