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Perceptions of Florida Victim Advocates During the COVID-19 Pandemic

Katarina Renee Hamburg

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Perceptions of Florida Victim Advocates During the COVID-19 Pandemic

by


Katarina Hamburg


An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
and School of Criminal Justice in Partial
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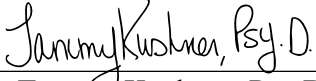
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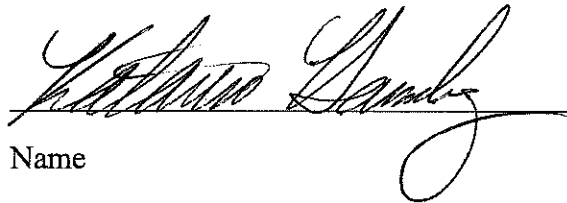
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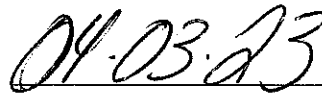
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Abstract

Perceptions of Florida Victim Advocates During the COVID-19 Pandemic. Katarina Hamburg, 2023: Application Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education and School of Criminal Justice. Keywords: domestic, violence, COVID-19, virus, pandemic, criminal, justice, social, study, victim, advocate, service, services, law

In December of 2019, a new virus known as COVID-19 emerged out of Wuhan, China. COVID-19 is a respiratory virus which is highly contagious and, in some cases, lethal. By January 20th, 2020, the United States reported its first case of COVID-19. Between January and December of 2020 there were 18.7 million cases and 329,000 deaths in the United States alone. Globally, during that time frame, there were 79.8 million cases and 1.75 million deaths. Due to the highly contagious and dangerous nature of COVID-19, countries across the world have attempted to promote public health by enacting social distancing measures. These social distancing measures have consisted of national quarantines, border closures, work-from-home schedules, school closures, and stay-at home orders. While these social distancing measures have proven to be effective in slowing the spread of COVID-19, they have also been directly linked to dramatic upticks in domestic violence rates across the world. Rising domestic violence rates mean rising demands on domestic violence resources, including domestic violence advocates. This study aims to generate an understanding of the perspectives of victim advocates on how the COVID-19 pandemic has impacted their jobs in terms of service provision. Specifically, the research in this study has investigated how these victim advocates have adapted to overcome the challenges that COVID-19 brought. This study focused on three specific aspects of service provision: (1) work hours, (2) victim contact, and (3) emotional burnout.

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Chapter 1: Introduction

Background

Out of all of the things that happened during 2020, the one that impacted every single person on a global level was the emergence of COVID-19. COVID-19 is a respiratory virus that is caused by a novel coronavirus named SARS-CoV-2 (WHO, 2020a). According to the World Health Organization (WHO) (2020a), COVID-19 has been proven to be dangerous to the point of being lethal in some cases. The World Health Organization (2020a) identifies the most common symptoms of COVID-19 as fever, dry cough, and tiredness. Less common symptoms are aches and body pains, a sore throat, diarrhea, the loss of taste or smell, and headaches (WHO, 2020a). In severe cases, people may experience shortness of breath, persistent pain or pressure in the chest, confusion, and high temperatures (WHO, 2020a). Approximately 80% of people who become infected with COVID-19 will recover without needing hospitalization, 15% will require hospitalization, and 5% will become critically ill and may die (WHO, 2020a). No one is safe from COVID-19, but the elderly and those with underlying medical problems are most at risk of developing more serious cases of COVID-19 (WHO, 2020a). COVID-19 poses a special danger from other types of sicknesses for two reasons: (1) its incubation period and (2) its level of contagion.

An individual who has been infected with COVID-19 may remain asymptomatic for up to fourteen days (OSHA, 2020). This means that someone could spread the virus without even knowing they have it (OSHA, 2020). This is especially problematic because of how contagious COVID-19 is. The Centers for Disease Control and Prevention (CDC) (2020a) have announced that COVID-19 is airborne. A virus that is airborne can be

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spread to others by simply breathing in the air of someone that has been infected (CDC, 2020a). In addition to being airborne, COVID-19 can also be spread through close-contact, pro-longed contact, or touching a surface or object that has the virus on it and then touching the eyes, mouth, or nose (CDC, 2020a). Due to the fact that COVID-19 is airborne, the CDC (2020a) has recommended that people avoid crowded indoor environments with poor ventilation. COVID-19 is airborne, it is most commonly spread through close contact between infected people and non-infected people (CDC, 2020a). The CDC has defined “close contact” is within 6-feet (CDC, 2020a). Six feet is the magic number because that is the distance that respiratory droplets travel from people’s nose or mouth (CDC, 2020a). Respiratory droplets are those small amounts of spit particles that are produced though coughing, talking, sneezing, or breathing (CDC, 2020a).

Because of how easily COVID-19 spreads, initial efforts were made to reduce population level movement and limit the numbers of people allowed in indoor spaces to prevent crowding. These efforts included shutting down schools, implementing work-from-home procedures, enforcing stay-at-home orders, shutting down non-essential businesses, and limiting how many people are allowed in public places at one time (Jacobsen & Jacobsen, 2020). These types of efforts are formally called “NPIs” which stands for “nonpharmaceutical interventions” (Jacobsen & Jacobsen, 2020, p. 347). Common forms of NPIs that have been seen during the pandemic are shutting down schools, working from home, closing nonessential business, border closures of some countries, and enforcing stay at home orders (Jacobsen & Jacobsen, 2020). Other forms of NPIs might be quarantining and isolating (Jacobsen & Jacobsen, 2020). Jacobsen and Jacobsen (2020) differentiate quarantining and isolating as two separate acts.

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Quarantining is when healthy people who have come in contact with infected people are required to stay away from others for up to fourteen days either until they become symptomatic or enough time has passed that they are no longer contagious (Jacobsen & Jacobsen, 2020). Conversely, isolation is when an infected individual is symptomatic and is required to stay away from healthy individuals in order to prevent spreading the virus to them (Jacobsen & Jacobsen, 2020). In the United States, California was the first to enforce these types of NPIs (Jacobsen & Jacobsen, 2020). Then, the rest of the states followed in suit. Specifically, after 42 states issued stay at home orders of some kind or another, COVID-19 infection rates declined by almost 60% (Castillo, Staghun, & Weston-Farber, 2020). Unfortunately, during this time, domestic violence rates shot up significantly.

After 42 states issued stay at home orders, the overall COVID-19 infection rate declined by almost 60% (Castillo, Staghun, & Weston-Farber, 2020). Even though these efforts to reduce population movement have been helpful against the spread of COVID-19, they have done so at a crucial economic cost. Travel, tourism, trade, and the economy as a whole has taken a noticeable hit (OSHA, 2020). In addition to economic costs, there have also been non-economic costs. Namely, historic increases in domestic violence (Sharma & Borah, 2020).

In 2021, significant strides were made to bring normalcy back to the world. Generally, the development of safe and effective vaccines takes up to several years (Mellet & Pepper, 2021). With the rapid spread of COVID-19 and its alarmingly high fatality rate, several years to develop a vaccine was not an option. The first vaccine, developed by Moderna and the National Institute of Allergy and Infectious Diseases,

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entered human trials on March 16th, 2020 (Mellet & Pepper, 2021). As of September 2021, there were three types of vaccines which have been developed to prevent the spread of COVID-19, Moderna, Pfizer, and Johnson & Johnson (WHO, 2020b). These vaccines were developed to provide immunity from the COVID-19 virus (WHO, 2020b). Of course, this does mean that unvaccinated individuals cannot still contract COVID-19 (WHO, 2020b). Rather, it means that those who are vaccinated are less likely to contract COVID-19 and if they do, it will likely be a less severe case than an unvaccinated person (WHO, 2020b). For many, the creation of these COVID-19 vaccines has provided more freedom and peace of mind to those who fear contracting COVID-19. That being said, there is still a high level of anxiety which surrounds COVID-19 and there are many people who refuse to get vaccinated for a variety of reasons.

Problem Statement

Walker (2013) defines domestic violence as, “any physical, sexual, or psychological abuse that is committed by one person against the other in an intimate relationship with the intent to control the other person.” Florida Statutes narrow that definition to specify that the physical, sexual, or psychological abuse must be initiated by a household member or by a family member towards another household member or family member (F.S. § 741.280(2), 2020)). Family or household members include spouses, former spouses, persons related by blood or marriage, persons residing together as a family or those who have done so in the past, and persons who have one or more children in common (F.S. § 741.280(2), 2020)). Because of the NPIs that have been implemented in every country, domestic violence rates have increased on a global level.

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The CDC defines intimate partner violence as, “physical violence, sexual violence, stalking or psychological harm by a current or former partner or spouse” (CDC, 2020b). Intimate partner violence According to the CDC, there are certain risk factors associated with increased levels of intimate partner violence (CDC, 2020c). These risk factors are economic stress, isolation, and weak health (CDC, 2020c). COVID-19 has further exacerbated all of these risk factors, causing couples who already struggle with these risk factors to face even harder times.

Since the onset of COVID-19, the unemployment rate in the United States has surpassed the unemployment rate seen during the Great Recession. (Congressional Research Service, 2020). Within the first five weeks of states enacting lockdown procedures and efforts to reduce population movement, more than 26 million Americans lost their jobs (Bright, Burton, & Kosky, 2020). 26% of the Americans who maintained their employment feared unemployment within the next year (Bright, Burton, & Kosky, 2020). These massive unemployment rates are attributed to the fact that a sizeable number of non-essential businesses closed, some jobs simply cannot be done from home, and many employers no longer have the financial assets to keep employees on payroll (Congressional Research Service, 2020).

With so many people unemployed, economic stress and financial hardship have become a common theme in many American households. According to Yenilmez and Celik (2020), economic hardships can heighten the risk of marital conflict and relationship stress. This stress then sets the stage for intimate partner violence. Economic insecurity and financial difficulties have been directly linked to poor coping strategies (Potts, O’Donnell, Thompson, Shah, Oertelt-Prigione, & van Gelder, 2020). These poor

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coping strategies are commonly substance abuse, transactional sex such as prostitution, and taking on debt through gambling or some other addictive behavior (Peterman, Potts, O'Donnell, Thompson, Shah, Oertelt-Prigione, & Van Gelder, 2020). Economic insecurity and negative coping strategies also result in acute and chronic stress, which is a trigger for conflict, arguments and IPV (Peterman et al. 2020).

In addition to causing high levels of relationship stress, job loss and financial insecurity also make potential escape less feasible for victims of domestic violence (International Association of Chiefs of Police, 2020). Victims who believe that they cannot sustain themselves are far more likely to stay in an abusive relationship (International Association of Chiefs of Police, 2020). In about a third of domestic violence cases, economic factors render the victim financially dependent on the abuser (Bright, Burton, & Kosky, 2020).

Isolation is one of the most prominent tactics which abusers use to distance their victims from their support systems (Ertran, El-Hage, Thierre, Javelot, & Hingray, 2020). Support systems are often made up of family, friends, or co-workers (Ertran et al., 2020). COVID-19 lockdowns and social distancing policies that are designed to contain the spread of the virus are especially harmful to victims of domestic violence because they often reinforce victim isolation tactics that are commonly used by abusive partners (Goodman & Epstein, 2020). In fact, many abusive isolation tactics are almost perfect parallels of COVID-19 safety measures (Goodman & Epstein, 2020). These abusive isolation tactics come in the form of restricting the number of visitors who come to the home, preventing victims from taking care of sick family members, refusing to allow

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victims to work outside the home, and limiting errands outside of the home (Goodman & Epstein, 2020).

Often, victims have no respite from their abusers and are further isolated because they are not working and cannot see family or friends (Graham, 2020). This is very dangerous because isolation dramatically increases victims' vulnerability (Goodman & Epstein, 2020). The first step to getting out of an abusive relationship is to end the isolation that the perpetrator forces upon their victim (Guerra, 2018). With COVID-19 looming everywhere, community support through virtual means has become more important than ever (Ertran et al., 2020). Unfortunately, when victims live with their partners, they experience what is called "forced isolation" (Bright, Burton, & Kosky, 2020). Forced isolation not only removes social support through isolation but also may involve close behavior monitoring (Bright, Burton, & Kosky, 2020). Behavior monitoring is when the perpetrator monitors the victim's screen time whether it be on the phone or the computer to ensure they are not seeking help or trying to leave the relationship (Bright, Burton, & Kosky, 2020). Intimate partner violence flourishes when the victim is isolated from support systems with nowhere to go. Consequently, domestic violence has flourished in the conditions that have been exacerbated by the pandemic (Sharma & Borah, 2020).

Weak health is a unique risk factor that the COVID-19 pandemic brings because more than ever, people have to think about their own health as well as others. According to multiple domestic abuse advocates, nearly 75% of victims who have reached out for help in the past few months have indicated elevated safety concerns because of COVID-19 (Graham, 2020). In other cases, abusers have threatened to expose the victim to the

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virus or have threatened to contract the virus to force their partners and children to stay at home even longer (Bright, Burton, & Kosky, 2020).

Many times, domestic violence victims' first point of contact is frontline health care workers (Krishnan, Hassan, Satyanarayana, & Chandra, 2020). Frontline health care workers have seen a substantial decline in medical consultations for domestic violence related injuries (Ertran et al., 2020). This decline is likely due to the fact that victims are afraid of contracting COVID-19 by going to hospitals (Bright, Burton, & Kosky, 2020). An alternative theory is that frontline health care workers may be called upon to do other COVID-19 related work and they are too short staffed to handle domestic violence consultations (Krishnan et al., 2020).

Abusive partners have also used COVID-19 to their advantage against their victims by restricting access to medical services (Krishnan et al., 2020). This has been done by withholding insurance cards, cancelling insurance, and spreading misinformation about COVID-19 to control or frighten their victims into not seeking medical assistance (Krishnan et al., 2020). Abusers may also deny access to necessary items such as soap, hand sanitizer, or face masks (Moreira & Pinto da Costa, 2020).

Theoretically, if domestic violence rates have increased during COVID-19, it would make sense that domestic violence resources would be more strained. In reality, however, the opposite was true when COVID-19 first started impacting the United States. Interestingly, the number of people who contacted the National Domestic Violence Hotline in March dropped by 6% compared to March of 2019 (Graham, 2020). This decrease in calls to the National Domestic Violence Hotline was not unique to the United States (Graham, 2020). Norway saw approximately the same percentage of decrease

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(Graham, 2020). Under normal circumstances, victims reach out to domestic violence shelters, families, or co-workers when their abuser is not home (Kaplan & Wong, 2020). Under a stay-at-home order, they may never have a chance to place a call because their abuser is always present (Kaplan & Wong, 2020).

As shelter-in-place orders began to lift across the country, the National Domestic Violence hotline's contact volume increased in April by 15% over the previous year (Graham, 2020). Between March 16 of 2020 to May 16 of 2020, the National Domestic Violence Hotline (2020) reported 62, 413 total contacts made by victims in need of some kind of service. Of those 62, 413 contacts 6, 210 total contacts answered that cited COVID-19 as a key factor in their domestic violence experience (National Domestic Violence Hotline, 2020). The biggest increase in the number of contacts with resource centers has come through emails, texts, secure chat, and video services, which rose 145 percent from the same period a year ago, compared to a 20 percent increase for phone calls to traditional help lines (Graham, 2020). From April through June, there were 4,800 helpline calls and 3,022 electronic contacts statewide, according to the Maine Coalition to End Domestic Violence (Graham, 2020). The number of all helpline calls, text messages, emails and other online contacts received by Maine's domestic violence support agencies rose 49 percent from April through June last year compared to the same period this year (Graham, 2020). With the sudden uptick in digital solutions for domestic violence resources have come noted barriers and limitations (Emezue, 2020). A few of these issues are overextended bandwidth, device, or subscription requirements, information technology (IT) troubleshooting issues, data privacy, and data mining worries (Emezue, 2020).

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With a significant uptick in domestic violence incidents came a significant uptick in domestic violence cases within the legal system. Within the legal system, there are victim advocates who are employed by the State and work in the State Attorney's Office. Although victim advocates work in the State Attorney's Office, they do not particularly "root" for the Defense or the Prosecution. Rather, they "root" for the victim. They advocate what is best for the victim and assist the victim in working through the legal system and obtaining the resources that they may need. Often times, victims have never been involved in the criminal justice system in any way, so the entire process is completely foreign. It is the victim advocate's job to ensure that the victim does not feel left in the dark.

There are victim advocates and then there are domestic violence victim advocates. Not all victim advocates are specifically domestic violence victim advocates, but all victim advocates do have experience with domestic violence cases on a very consistent basis. Domestic violence advocates, as the name implies, specialize in a variety of domestic cases including assault, rape, or battery. Victim advocates are on the front lines. They are the first points of contact that victims have when the case opens. Often time, there are also the last point of contact when the case closes. Victim advocates are often forgotten amidst the sea of courthouse personnel. The judge, the prosecutor, and the defense attorney are usually thought of when court personnel are brought up. Victim advocates do a significant amount of work in the State Attorney's Offices. Although they tend to take a back seat in terms of being in the courtroom, their jobs are no small task. They are the main points of contact for victims, they act as psychological and moral support for victims to face their abusers, and their work does not stop when the clock

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strikes 5. Often times, victim advocates work around the clock because some domestic violence victims can only freely speak when their abusers are not present.

Relevance and Significance

Women have been disproportionately impacted by the pandemic in a financial and in a familial context (John et al., 2020). When service delivery institutions are disrupted, women are called upon to take up the workload (Yenilmez, & Celik, 2020). Schools, day-cares, restaurants, laundromats, and other types of institutions which people rely on are considered service delivery institutions (Yenilmez, & Celik, 2020). This pandemic has put women back at the center of home life as the main caregivers (Yenilmez, & Celik, 2020). These sudden changes can add to stress levels and anxiety within the home (Yenilmez, & Celik, 2020). Globally, women perform $\frac{3}{4}$ of unpaid care work (John et al., 2020). Care work has been considered to be tasks like childcare, caring for sick relatives, and keeping up with house chores (John et al., 2020). While women are clearly in the frontlines and performing several core roles, absorbing the stress and violence, they remain “conspicuously” invisible to policy makers (John et al., 2020). Fortunately, women are not unseen by domestic violence advocates. Domestic violence advocates play such a central part in victims’ struggle to break free of abusive relationships that they are pertinent to the conversation when domestic violence is discussed.

Purpose Statement

The purpose of this study was to understand the perspectives of victim advocates on how the COVID-19 pandemic has impacted their jobs in terms of how they provide their services. Specifically, the research in this study looked into how these victim advocates have adapted and overcome the challenges that COVID-19 has brought in

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regard to three specific elements: (1) work hours, (2) victim contact, and (3) emotional burnout. Data for this dissertation was collected through semi-structured interviews with the victim advocates who are employed by the State Attorney's Office. In order to preserve confidentiality, personal identifying information about victim advocates and their job locations will not be provided.

This dissertation has been organized into five chapters. The first chapter explains in more detail what COVID-19 is and the impact it has had on domestic violence. The chapter concludes with how COVID-19 has impacted domestic violence resources and why there is a need to learn about such an issue. The second chapter sets out the current literature that is available about COVID-19 in the context of domestic violence. It also highlights the gap in literature that exists about how domestic violence resources have handled the pandemic and the need to fill that gap. The third chapter outlines the methodology of the research techniques and data collection techniques that were utilized in the study. The fourth chapter presents the results of the study. The fifth chapter discusses the results of the research, limitations in the research, and implications of the findings as well as recommendations for future research in the field.

Chapter 2: Literature Review

Introduction

The goal of this dissertation was to shed light on victim advocates during the COVID-19 pandemic from a service provider point of view. Unfortunately, with how novel COVID-19 is, the literature available was scant. What literature was available mainly focuses on domestic violence victims and how COVID-19 has created an environment which fosters domestic violence. There is no doubt that domestic violence poses a safety risk to the public, but in the midst of a pandemic, it has taken a back seat in terms of research topic priority. This literature review examines the current research on domestic violence and the history of domestic violence resources and intervention. From there, the literature review goes on to outline what the current literature has to offer in regard to domestic violence in the context of COVID-19. Finally, it concludes with pointing out the gaps in the literature that this dissertation seeks to fill.

Domestic Violence Research

What is domestic violence? Domestic violence is violence within the context of a domestic relationship (Walker, 2013). What constitutes a domestic relationship? In Florida, a domestic relationship is narrowly defined as a relationship between household members or former household members, spouses and former spouses, family members related by blood or marriage, and those who have one or more children in common (F.S. § 741.280(2), 2020)). Simply because someone is in a dating relationship with someone does not mean that their relationship qualifies as “domestic” per the Florida statutes. This is a common misconception.

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Domestic violence is distinctly unique from non-domestic violence because there are elements of control, manipulation, and isolation that are not generally found in non-domestic violence situations (Johnson & Ferraro, 2000). Although domestic violence encompasses several different types of relationships, intimate partner violence will be the front and center focus of this study. Intimate partner violence *can* be perpetrated by women, but it is perpetrated by men a vast majority of the time. This is evidenced by how domestic violence is talked about in societal contexts (Johnson & Ferraro, 2000). Conversations about domestic violence tend to wrap around men beating women (Johnson & Ferraro, 2000). This is because the foundation of understanding intimate partner violence is built upon the power and control wheel (Appendix B).

Figure 1 (Appendix B)

Power and Control Wheel



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Reprinted from National Domestic Violence Hotline. (2022).

Power and Control: Break free from the abuse. <http://www.thehotline.org/identify-abuse/power-and-control/>

The power and control wheel was developed by the Domestic Abuse Intervention Project in Duluth, Minnesota in 1984 (CAWS, 2022). The power and control wheel looks at the dynamics of intimate partner violence from a patriarchal standpoint which is still very relevant to today, 38 years later (CAWS, 2022). The power and control wheel is very important to understanding the dynamics of intimate partner violence because it highlights that violence is not an isolated incident, but rather a series of incidents (CAWS, 2022). It is coercion and threats, intimidation, economic abuse, isolation, emotional abuse, using children in common against the victim, minimizing denying, and blaming, and using male privilege to the abuser's advantage (CAWS, 2022). All of these types of aggression leave the victim to be vulnerable to being accepting of physical violence because their self-worth has been diminished so significantly (CAWS, 2022). The power and control wheel is a very useful tool in understanding the elements that make domestic violence unique to other types of violence (Appendix B).

Another key tool in educating the public on intimate partner violence is called the cycle of violence wheel. Perhaps the commonly asked question when discussed victims of intimate partner violence is, "Why don't they leave?" This tool helps to answer that question. The cycle of violence wheel depicts the three stages that an abusive relationship cycles through (Shelter for Help in Emergency, 2022). The three stages are: (1) calm phase, (2) the tension phase, and (3) the crisis phase (Shelter for Help in Emergency, 2022). In the calm phase, the abuser is charming and charismatic (Shelter for Help in Emergency, 2022). This is where the abuser shows the victim how good things can be by

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promising the victim that he'll get help and change and be "the man he knows he can be (Shelter for Help in Emergency, 2022). In the tension phase, the victim has to walk on eggshells and make sure that everything is perfect so as to keep the abuser happy (Shelter for Help in Emergency, 2022). This is the stage where the victim is on edge on all the time wondering what is about to happen (Shelter for Help in Emergency, 2022). Then, the crisis phase is when the violence happens (Shelter for Help in Emergency, 2022). This is the when the destructive rage, the physical violence, and the threats are worse than ever. The length and the intensity of these cycles vary depending on the couple. The fact of the matter is that abusive relationships are not always abusive. The victim stays because they know how good things can be. Unfortunately, that is how victims end up caught in the cycle of an abusive relationship.

Figure 2 (Appendix C)

Cycle of Violence Wheel



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Reprinted from Shelter for Help in Emergency. (2022).

Cycle of Violence. <http://www.shelterforhelpinemergency.org/get-help/cycle-violence>

Understanding what domestic violence is and the dynamics of it are fundamental in helping victims of domestic violence. Having a basic knowledge of domestic violence is also conducive when creating laws and policies to protect victims of domestic violence. Domestic violence is a topic that is often cringed at when brought up in public and social settings. Why? From a cultural standpoint, it tends to be looked down upon to air out the “dirty laundry” of familial settings. This results in domestic violence victims staying silent and suffering in private because they are afraid of being shamed and told that they are betraying the trust of their household members by spilling dark secrets. Shockingly, America did not begin to criminalize domestic violence until the early 1970’s (Fagan, 1996).

History of Domestic Violence Resources and Intervention

Once domestic violence became criminalized, it slowly became a growing issue among law enforcement agencies (Fagan, 1996). Law enforcement officers began to receive training in crisis intervention and handling emotionally charged situations (Fagan, 1996). Often times, domestic violence situations arise out of alcohol or drug related issues. In such cases, law enforcement safety can be at risk (Fagan, 1996). For this reason, some police departments took on “hands off” policies which encouraged *not* making arrests in domestic violence situations (Fagan, 1996, p. 8). Eventually, legislators realized that the “hands off” approach was not effective. By the 1980’s, 47 out of 50 states had passed domestic violence legislation that was geared towards protecting victims of domestic violence (Fagan, 1996). From there, advocacy groups began lobbying

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for funding victim services and domestic violence shelters and resources were initiated (Fagan, 1996). Within the past thirty or so years, legislation has expanded from protecting domestic violence victims to also mandating treatment for perpetrators of such violence. For instance, there are now court ordered batterer treatment programs which focus on the perpetrator of the violence as opposed to the victim (Fagan, 1996). This is very important because it takes the blame off of the victim and moves it onto the one who is committing the violence. Unfortunately, the prosecution of domestic violence still poses tremendous difficulty in states where cases cannot be prosecuted without victim cooperation. As it stands, there are many state attorneys' offices which do not prosecute domestic violence cases without victim cooperation. Prosecutors do not work for the victims. They work for the State, however, in a vast majority of state attorney offices, the victims drive the boat in regard to how far the case progresses. With policies like these intact, domestic violence cases are more often than not dismissed. Changing the law to allow for the prosecution of domestic violence cases without victim cooperation would greatly increase the number of domestic violence cases that are prosecuted as opposed to dismissed. This type of prosecuting would be called "evidence-based prosecution (Claypoole, 2005). Evidence based prosecution refers to a method of prosecution which looks at the available independent corroborate evidence to prove the elements of the crime without relying on victim testimony or cooperation (Claypoole, 2005). It would be greatly helpful if it were legislated into criminal law that domestic violence cases could be prosecuted using evidence based prosecution across the United States. While domestic violence advocacy and intervention has come a very long way, it still has quite a way to go.

Domestic Violence in the Context of COVID-19

Although the COVID-19 pandemic is a novel sickness, the level of crises and unrest it has set the stage for is not new. It is a well-known fact that crises and times of unrest have been linked to increased interpersonal violence and gender-based violence (Peterman et al. 2020). Previous studies have shown that during times of war, natural disasters, and pandemics, women are more vulnerable and likely to become victims of domestic violence (Kumar, 2020). The reason for this is because women are usually the central caregivers and when crises and times of unrest fall upon us, they are the ones who carry the biggest workload.

When the 2004 Indian Ocean earthquake and tsunami happened, violence against women increased. One study reported a fourfold increase in rates of intimate partner violence against women in Mississippi after Hurricane Katrina in 2005 (Kofman & Garfin, 2020). Then, when the Ebola outbreak hit West Africa in 2014, an uptick of rape, sexual assault and violence against women and girls was reported to have been largely documented as collateral damage (Peterman et al. 2020). The very next year, the 2015-2016 the Zika Virus epidemic marked increases in domestic violence as well (Yenilmez, & Celik, 2020). Traumatic events such as those listed have inherent social dimensions to them because they disrupt social institutions and cause disruptions in service delivery institutions (Witzmann & Behrman, 2016). Further, such events increase stress and uncertainty among households which are both catalysts for domestic violence (Weitzmann & Behrman, 2016).

Though the COVID-19 pandemic shares key similarities with prior disasters such as high levels of stress and uncertainty, the pandemic also presents unique differences

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(Kofman & Garfin, 2020). Unlike in other disasters where members of the community come together for mutual support and help, COVID-19 has isolated people from their community. Further, COVID-19 has been used as a weapon by abusive partners as a means to threaten or isolate victims (National Domestic Violence Hotline, 2020). In some cases, abusive partners have taken advantage of the novelty of COVID-19 by using misinformation to control or blame the victims for potentially contracting or spreading the virus (Peterman et al., 2020). Another unique element of COVID-19 is that it is a brand new virus that the world has never seen before. In events of natural disasters, most people have been through earthquakes, hurricanes, floods, or tornados at some point in their lives. Therefore, they or someone they know will have an idea of how to prepare and what to do in the worst case scenarios. When COVID-19 came, people were in fear because they had no idea how to protect themselves or others. Peterman and their colleagues (2020) pointed out several pathways which uniquely link pandemics to increased levels of violence against women. These pathways include crises related unrest, reduced health service availability, and mandatory lockdowns. All of these pathways either create high tension and stress or limit the resources available to domestic violence victim (Peterman et al., 2020).

During times of crises, whether they be natural disasters or pandemics, there are clear breakdowns in societal infrastructure at the onset of such events (Peterman et al., 2020). Societal infrastructures that are affected are transport, food, sanitation, legal security, and other types of governance structures (Peterman et al., 2020). When societal infrastructures are impacted, service delivery institutions are also impacted. Yenilmez and Celik (2020) identify service delivery institutions as schools, day-cares, restaurants,

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and laundromats (Yenilmez, & Celik, 2020). Consequently, a vast number of women were burdened to cook, feed, and take care of the household on a more extreme level than before such disruptions happened (Kumar, 2020). The closure of schools has further exacerbated this burden because women are generally the primary caregivers to children (Kumar, 2020). Overall, women's mobility and family contact have been restricted due to lockdown, physical and social distancing which may provide support and protection (Kumar, 2020). Consequently, women have been unable to reach out to support systems when they find themselves in abusive situations.

McCrary and Sanga (2020) noted that the sudden lockdowns and school closures increased the percentage of people at home during regular working hours from 45% to 85%. With more people being at home during regular working hours, domestic violence calls surged during weekday daytime hours from 8am-5pm when most adults and children would have otherwise been working, at school, or doing extra-curricular activities (McCrary & Sanga, 2020). McCrary and Sanga (2020) assembled a database of approximately 52 million emergency calls made from 14 large U.S. Cities during the first few months of the COVID-19 lockdowns. Of the 52 million 911 calls, about 1.6 million (3%) were domestic violence related (McCrary & Sanga, 2020).

Reduced Health Services Availability

Health care providers and emergency first responders are always the first official points of contact for women who suffer from any violence of violence (Yenilmez, & Celik, 2020). With the COVID-19 pandemic, health care providers and emergency first responders have been overburdened with individuals who have been infected with COVID-19 or who may have been infected (Yenilmez, & Celik, 2020). With the attention

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of health care providers and emergency first responders focused on tackling the pandemic, victims of domestic violence may not be on the top of the priority list (Yenilmez, & Celik, 2020). Additionally, many health care providers and emergency first responders have been recruited from their general positions to COVID-19 related duties (Yenilmez, & Celik, 2020). Another issue that has arisen with COVID-19 in the health care realm is that domestic violence victims may be denied access to public health services out of fear that health workers may be infected (John et al., 2020). In Liberia that is exactly what has been happening (John et al., 2020). Victims of domestic violence who are infected with COVID-19 or have been exposed to COVID-19 are being turned away to preserve the health of health care workers (John et al., 2020). Situations such as these act as deterrents for victims of domestic violence to seek the medical help they need.

Isolation

The most dangerous part of the COVID-19 lockdowns is that they have made it almost impossible for victims of abusive relationships to leave said relationships. If victims are forced to stay at home, they risk physical or emotional violence, but if they decide to leave, they risk exposure to COVID-19, a highly infectious and potentially lethal virus (Kofman & Garfin, 2020). Many domestic violence shelters have either shut their doors or limited their capacity to such a low number that many domestic violence victims are turned away (Buttel & Ferriera, 2020). This results in domestic violence victims having nowhere to go to escape the abuse (Buttel & Ferriera, 2020).

Economic Impact

Anderberg and their colleagues (2013) conducted a study to determine the impact of male unemployment as opposed to female unemployment on domestic violence. They

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found that males who are in fear of losing their jobs or who have lost their jobs are more likely to abstain from abusive behavior (Anderberg, Rainer, Wadsworth, & Wilson, 2013). Therefore, male unemployment alludes to decreased intimate partner violence.

The proposed reasoning behind this is men who are unemployed have an economic incentive to avoid abusive behavior in order to prevent the loss of financial support from their partner (Anderberg et al., 2013). On the other hand, female unemployment leads to elevated levels of intimate partner violence (Anderberg et al., 2013). When women are at a high risk of unemployment, their economic dependence on their partner prevents them from leaving the relationship (Anderberg et al., 2013). Therefore, female unemployment leads to increased intimate partner violence.

Based on data collected in the 2018 American Community Survey, nearly half of all working women worked in low wage jobs (Bateman & Ross, 2020). In 2018, nearly half of all working women amounted to about 28 million women (Bateman & Ross, 2020). A large majority of these working women worked face to face jobs in food service, retail, or some other form of non-essential business. Based on these statistics, it would logically make sense that women have been disproportionately affected in terms of job loss and financial insecurity by the COVID-19 layoffs (Bateman & Ross, 2020).

Women who were less affected by these layoffs were those who worked in health care and grocery workers, essential businesses (Bateman & Ross, 2020). Between the study conducted by Anderberg and their colleagues (2013) and the data collected in the 2018 American Community Survey, it is evident as to why domestic violence rates have skyrocketed during the pandemic.

Vaccinations

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COVID-19 first came to the United States in January of 2020 and within two months, human trials on the first vaccine had begun (Mellet & Pepper, 2021). The vaccine was developed by Moderna and the National Institute of Allergy and Infectious Diseases (Mellet & Pepper, 2021). After the Moderna vaccine came out, the Pfizer and the Johnson & Johnson vaccines came out (Mellet & Pepper, 2021). As of September of 2021, more than 372 million doses of COVID-19 vaccinations have been administered, fully vaccinating over 174 million people (Carlsen, 2021). This number amounts to approximately 52.7% of the United States' population (Carlsen, 2021). These vaccines were developed to provide immunity from the COVID-19 virus (WHO, 2020b). Of course, this does mean that unvaccinated individuals cannot still contract COVID-19 (WHO, 2020b). Rather, it means that those who are vaccinated are less likely to contract COVID-19 and if they do, it will likely be a less severe case than an unvaccinated person (WHO, 2020b).

Law Enforcement

When the COVID-19 lockdowns first became prevalent, 911 calls to law enforcement that dealt with domestic violence decreased at an alarming rate. This stark decrease in calls is likely due to the fact that most victims of domestic violence call 911 after the perpetrator has left the scene (Campbell, Hicks, Thompson, & Wade, 2017). Campbell, Hicks, Thompson, and Wade (2017) conducted a study to find out how many domestic violence calls are made by victims and why. They found that 78% of calls to police reporting domestic violence calls from the victim themselves (Campbell et al., 2017). In only 7% of those cases, the suspect was on scene when the officers arrived (Campbell et al., 2017). This indicates that victims of domestic violence tend to wait to

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until the perpetrator is gone before calling 911 (Campbell, 2020). Current shelter in-place measures likely leave victims of domestic violence trapped in home with these perpetrators for an extended period of time, limiting opportunity to safely report any incidents that may be occurring (Campbell, 2020).

Another way that COVID-19 has impacted law enforcement is that police officers have been strongly discouraged from making arrests for any crimes other than felonies (John et al., 2020). This discouragement in arrests other than felonies roots from the fear of COVID-19 outbreaks in jails and prisons (John et al., 2020). In order to avoid potential COVID-19 outbreaks, jails and prisons have released a mass number of prisoners to reduce crowding (Telles, Valenca, & Barros, 2020). Among these prisoners being released are perpetrators of domestic violence (Telles et al., 2020). These perpetrators then remain outside of incarceration when they commit further acts of domestic violence because law enforcement is being discouraged from making arrests.

Domestic Violence Resources

With domestic violence rates increased around the world, domestic violence resources have been stretched thin (Bright, Burton, & Kosky, 2020). Goodman and Epstein (2020) described the efforts of domestic violence resources to adapt to COVID-19 restrictions as “nothing short of Herculean.” As many domestic violence shelters and in-person services have had to halt or severely limit their in-person interactions, they have found new ways to provide services through phone calls, video conferencing, and other non face-to-face methods (Goodman & Epstein, 2020). Advocates have pushed hard to transform the structure of domestic violence shelters to some kind of format that reduces resident and staff exposure to COVID-19 (Goodman & Epstein, 2020). One of

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the solutions that advocates have offered is for state and local governments to fund hotel rooms for stranded survivors (Goodman & Epstein, 2020). In some states, these efforts have succeeded. Domestic violence resources are working as hard as they can to adjust to a COVID era, but there is a little empirical evidence available to determine whether or not these efforts have been effective (Bright, Burton, & Kosky, 2020).

While COVID-19 is rampant, digital interventions have become crucial to socially and physically isolated victims (Emezue, 2020). Specific digital responses have consisted of domestic violence hotlines, web services, and virtual meetings (Emezue, 2020). According to Emezue (2020), some domestic violence victims prefer the practicability and confidentiality that digital interventions offer. Digital interventions are unique in the sense that they prioritize victim privacy and anonymity if desired (Emezue, 2020). Further, they offer personalized real time access to domestic violence screening, risk awareness, and support services that may not otherwise be available on a 24-7 basis (Emezue, 2020).

Because of the large role that isolation and loneliness play in domestic violence cases, it is pertinent that domestic violence resources ensure that victims are able to engage in authentic, meaningful, and mutual interactions (Goodman & Epstein, 2020). Through such interactions, victims will feel that they are seen fully as individuals rather than just people with problems (Goodman & Epstein, 2020). Goodman and Epstein (2020) proposed a two pronged approach which would potentially help domestic violence advocates in lessening the effects of isolation and loneliness in victims. A two pronged approach could effectively propel domestic violence advocates toward building survivors' social connectedness. The first prong is that domestic resources must work to

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eradicate practices which may unintentionally exacerbate survivor loneliness (Goodman & Epstein, 2020). The second prong is that domestic violence resources must develop a broad range of strategies designed to counter victims' intimate, relational, and collective loneliness (Goodman & Epstein, 2020).

Struggles and Barriers

Domestic violence resources have adapted to COVID-19 as best they can, but there are still barriers which greatly impact the effectiveness of the services they provide. These barriers range from internal barriers that the domestic violence resources themselves face to barriers that victims face in accessing those resources. Some domestic violence victims may face structural and practical barriers to accessing domestic violence resources while sheltered in place (Emezue, 2020). They may not have access to computers or cell-phones in their own homes. With COVID-19 closing nonessential businesses, victims may not have access to public libraries or other businesses which may have computers. For survivors who do have access to computers or cell-phones, they may experience internet connectivity issues or high data burden issues (Emezue, 2020). Digital barriers can heavily impair victims in seeking help out of their abusive situations. With in-person contact being limited or not allowed in places that might offer help, these barriers can prove detrimental.

For the limited domestic violence resources that still offer in person services, service providers may fall ill to COVID-19, may come into contact with those infected and have to quarantine, or may be directly affected by a loved one who has COVID-19 (Slakoff, Aujla, & PenzeyMoog, 2020). The domestic violence shelters that have stayed open have tried to prioritize the health of their current residents as much as possible by

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not commonly accepting new residents (Jarnecke & Flanagan, 2020). The sudden transition from offering in person services to digital services has presented increased stressors and budgetary constraints for administrators (Slakoff, Aujla, & PenzeyMoog, 2020).

Domestic violence victims often struggle with having any control over their own lives at all. Some abusers will take the extra time and effort to closely monitor their victims' actions to the point where their victim cannot seek help. Abusers are known to use controlling methods like digital trackers, GPS, and spyware to monitor their victims' (Emezue, 2020). Additionally, abusers may try to impersonate the victim and gain entry into what are supposed to be safe spaces for domestic violence victims (Emezue, 2020). With COVID-19 protocols, many victims are left with their abusers in an environment where they are monitored around the clock and have no way to have privacy of their own (Emezue, 2020). In such cases, any calls that the victim may make to support lines or health care services can be controlled or overheard by the abuser (Moreira & Pinto da Costa, 2020). Some abusers force their victims to hand over control to their email and other online accounts, compromising their capability to look for help or divulge the abuse either to formal support services or even to friends and family members (Moreira & Pinto da Costa, 2020). When creating and implementing safe tech based spaces for victims in the area of COVID-19, social service providers and technologists must consider the realities of technology based coercive control (Slakoff, Aujla, & PenzeyMoog, 2020).

Many domestic violence resources do not have the financial capability or necessary contacts to outsource their services to rural communities. Hansen and Lory (2020) conducted a cross-sectional clinic based survey to find out how domestic violence

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resources provide for rural communities. They found that the mean distance to the nearest domestic violence resource for rural victims were three times further than urban victim (Hansen & Lory, 2020). Over 25% of the women surveyed lived over 40 miles from the closest domestic violence resource (Hansen & Lory, 2020). In this study, rural women also reported higher levels of severity of physical abuse than their urban counterparts (Hansen & Lory, 2020). This study shows that domestic violence resources need to try and develop ways to reach women in rural communities.

Conclusion

Even with the wide variety of niche topics that have been addressed in the research of COVID-19 and domestic violence, domestic violence advocates seem to have been left out. COVID-19 itself and the unique challenges that come with it have been well studied as have the impacts of COVID-19 on domestic violence from a global standpoint. It would stand to reason that domestic violence advocates would also be studied, and they were, but not from a qualitative standpoint. The literature that currently discusses domestic violence resource comes from a quantitative standpoint. This study aims to fill in that gap in the literature and shed light on domestic violence advocates during the COVID-19 pandemic from a service providers' point of view using qualitative methods.

Research Questions

RQ 1: What are the perceptions of Florida victim advocates on the challenges of victim contact and barriers created by the COVID-19 pandemic?

RQ 2: How can victim advocates across the United States better prepare for future pandemics?

Chapter 3: Methodology

Research Design

The purpose of this study was to explore how domestic violence advocates have been affected by COVID-19 from a service provider point of view. Because the purpose of the study was to explore perceptions, a qualitative design method was more appropriate than a quantitative design method. Quantitative research focuses on questions like how many and how often while qualitative research focuses on questions like why and how (Creswell & Poth, 2018). Qualitative research is most helpful when there is a problem or issue to explore (Creswell & Poth, 2018). There are four main qualitative research approaches (Percy, Kostere, & Kostere, 2015). They are ethnography, case study, grounded theory, and phenomenology (Percy, Kostere, & Kostere, 2015).

Ethnographic studies aim to learn about the innerworkings of specific customs, behaviors, practices, and other facets of a peoples' culture (Percy, Kostere, & Kostere, 2015). An ethnographic study would be appropriate for a researcher who wanted to learn about a specific culture or religion. Case studies focus one specific thing, person, or event in order to delve into a deeper understanding of that one topic (Percy, Kostere, & Kostere, 2015). In case studies, a researcher may use multiple sources of data and data collection techniques to gather the maximum amount of information possible (Percy, Kostere, & Kostere, 2015). Grounded theory is a type of research which takes data from people in order to develop an explanation or a theory (Percy, Kostere, & Kostere, 2015). A grounded theory research method may be useful to a researcher who is trying to come up with a theory or an explanation for why something happens or does not happen. The last qualitative research approach, phenomenology, is used to investigate the lived

experiences of specific events (Percy, Kostere, & Kostere, 2015). A researcher who uses this method is interested in the textures, qualities, and structures of the cognitive events that an individual goes through while experiencing a specific event (Percy, Kostere, & Kostere, 2015).

Methodology

Sometimes, even though a topic is best suited for a qualitative study, it may not fit neatly into one of the above mentioned qualitative methods. Sometimes, it is necessary to work outside of existing methods in order to gain the most out of a study. According to Kahlke (2014), established methodologies may be an awkward fit for many studies. This current study was one of those. The topic of this study did not fit into an ethnographic model. There are no cultures, religions, or groups of peoples' to be examined on a sociocultural level. A case study did not quite fit either. Even though there are multiple domestic violence advocates that were studied, and they could have been considered multiple different things, they were all being studied in the context of one event, the COVID-19 pandemic. Grounded theory was not the right method either because there were no explanations or theories that were being developed. The phenomenological method was the closest to what the topic of this study was, but it was still not quite right. Victim advocates were interviewed, but the focus of the interviews was not on them as individuals. After careful research and consideration, the qualitative method best suited for this research study was the generic qualitative model.

Generic Qualitative Model

The generic qualitative model does not claim any allegiance to one specific qualitative method (Kahlka, 2014). The generic qualitative model draws techniques from

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the ethnographic model, the case study, the grounded theory, and the phenomenological qualitative methods. For example, this study shed light on how domestic violence advocates experienced the COVID-19 pandemic. Even though no theories were formulated, nor specific explanations provided, the study may serve as a basis for theories in the future. The study also drew from the phenomenological model by asking individuals about their personal experiences and collecting data from those answers. Generic qualitative studies seek to understand how people interpret, construct, or make meaning from their world and their experiences (Kahlke, 2014). This was a perfect match for this study.

Participants

The participants that were be involved in this research were the victim advocates employed by the State Attorney's Office. The State Attorney's Office that was involved in this research was comprised of four counties. The victim advocates that were selected for this research worked within these four counties. The victim advocates that worked in the State Attorney's Office all range in terms of how much experience they have and what their experiences are. For this reason, there was not any set criteria for victim advocates to meet other than that they must have had to work in their capacity as domestic violence advocates during the COVID-19 pandemic.

Although not all of the victim advocates within the State Attorney's Office are domestic violence victim advocates, they all have personal experience with domestic violence cases and work on them on a very consistent basis. These individuals are on the front lines of domestic violence cases from the time someone is arrested to the time a case is resolved. They have specialized and up-close knowledge that outsiders may not

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have. For instance, outsiders have no way to understand how COVID-19 has impacted domestic violence within the legal system. Victim advocates offer a unique perspective of domestic violence service providers within the legal system because they are not pro-defense or pro-prosecution. They are pro-victim. The intent of this study was to recruit between 5-8 participants or until saturation was reached.

Participants were recruited via e-mail. An e-mail was sent to all of the victim advocates within the State Attorney's Office. This e-mail explained that a research study was to be conducted that was going to focus on domestic violence amidst the COVID-19 pandemic. It was made known that these victim advocates would be participating in semi-structured interviews. It was also made known that these interviews were absolutely voluntary.

Data Collection

Studies which utilize the generic qualitative model can use any data collection technique they wish. Most often, they use semi-structured interviews or focus groups (Kahlke, 2014). This study involved semi-structured interviews. In these interviews, the questions asked were more broad. The questions were aimed at focusing on the operations and adjustments that victim advocates had to make during the COVID-19 pandemic vs. what they did before. This way, there can be a clear distinction between how the domestic violence advocates generally work vs. how they work during a pandemic. The interview lasted no longer than an hour per person. If necessary, follow up interviews were going to be conducted, however, that was not necessary.

Data Analysis

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In qualitative studies where interviews are used as the main form of data collection, data is commonly analyzed while data is being collected (Kahlke, 2014). This form of data analysis calls for organized note-taking and at least semi-structured questions. This proposed research will analyze the data as it is being collected. In an effort to remain close to the data and ensure accurate findings, researchers who use this data analysis method use codes (Kahlke, 2014). Codes can be keywords, numbers, or letters that are assigned to assigned data points (Kahlke, 2014). The researcher then takes those codes and presents their findings in “everyday language” (Kahlke, 2014).

When analyzing data while it is being collected, there are three different data analysis methods which can be used. One is called thematic analysis, one is called inductive analysis, and the last is called theoretical analysis (Braun & Clark, 2006). Thematic analysis is most appropriate when the researcher intends to find repeated patterns throughout a series of interviews (Braun & Clark, 2006). Situations in which a researcher may use thematic analysis is to investigate subjective experiences of objective things. For example, if a researcher wanted to understand one’s experience as a manager or one’s experience of a specific kind of medical treatment. Inductive analysis is data driven and does not attempt to find patterns. Inductive analysis is perfect for when the researcher is observing a certain event or time period (Percy, Kostere, & Kostere, 2015). The last type of data analysis is theoretical analysis. Theoretical analysis is used when the research topic itself has some predetermined categories by which to examine the data (Percy, Kostere, & Kostere, 2015). This type of data analysis may be best when the researcher is attempting to learn about three separate and unique themes that relate to the

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same overall issue (Percy, Kostere, & Kostere, 2015). Out of all of these types of data analysis, thematic analysis was the most appropriate for this study.

Chapter 4: Results

Introduction

The purpose of this study was to generate an understanding of the perspectives of victim advocates on how the COVID-19 pandemic has impacted their jobs in terms of how they provide their services. Specifically, the research in this study aimed to look into how these victim advocates have adapted to overcome the challenges that COVID-19 brought. Rather than looking at how victim advocates adapted to overcome the general challenges that COVID-19 brought, this study focused on three specific aspects: (1) work hours, (2) victim contact, and (3) emotional burnout. Data was collected using semi-structured interviews comprised of 17 questions (Appendix A) with victim advocates who are employed by the State Attorney's Office.

Sample

The number of victim advocates employed by the State Attorney's Office tends to fluctuate often due to high turnover rates. The victim advocates were reached out to via e-mail as laid out in Chapter 3. Amongst the seventeen victim advocates that were reached out to, ten responded and eight elected to participate in this research study. This slightly less than 50% participation rate is likely due to the high number of caseloads, low amount of free time, and general understaffing issues within the State Attorney's Office.

Not all eight all of these victim advocates specialize in domestic violence, however, they do deal with domestic violence cases on a regular basis. In fact, only four of these victim advocates exclusively work on domestic violence cases. As anticipated, all eight participants requested that their identities be kept anonymous. For that reason,

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the participants will be called names other than their true names throughout the dissertation.

Figure 3 (Appendix D)

Sample Results

Participant #	Sex	Experience directly with domestic violence	Experience indirectly with domestic violence	Years of experience as a victims' advocate
1	Female	Yes		5
2	Female		Yes	3
3	Female	Yes		2
4	Male	Yes		13
5	Female		Yes	2
6	Female		Yes	3
7	Female	Yes		8
8	Male		Yes	4

Interview Questions

The semi-structured interviews with the victim advocates were scheduled with the victim advocates and conducted in person. The interviews took approximately 20 minutes each and followed the semi-structured interview format which was outline in Chapter 3.

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The questions asked can be found in Appendix A. Throughout the interviews, the victim advocates were very open and willing to speak with me about their experiences and to answer the questions that I asked them. I have provided the questions and summarized the participant's responses, including quotations when pertinent and appropriate.

1. What made you want to be a victim advocate?

Victim advocates can come from all kinds of backgrounds and this interview question was intended to draw out that diversity. Some victim advocates were inspired to become victim advocates because they grew up with or around domestic violence in their personal levels. Others became victim advocates because they wanted to make a difference in the world by working closely with victims and ensuring that they did not feel alone throughout the legal process. The remaining victim advocates wanted to become victim advocates to understand the legal system better and what better way than to work alongside the court system?

2. How long have you been a victim advocate?

The victim advocates that were interviewed varied in their experience levels. The most experience victim advocate began in 2013 and the least experienced victim advocate began in 2021. Four victim advocates began after 2020 and the remaining four began before 2020.

3. Have you worked as a victim advocate anywhere else?

There was only one victim advocate who had experience anywhere else as a victim advocate.

4. What kinds of cases do you work on as a victim advocate?

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Four of the eight victim advocates worked exclusively with domestic violence cases, both at the misdemeanor and the felony level. The remaining four victim advocates with all cases that were not domestic violence cases which involved victims. For instance, the victim advocates who worked exclusively with domestic violence cases handled domestic violence injunction violations, domestic violence battery and aggravated battery, domestic violence assault, and rape and sexual assault cases in which the relationship between the victim and defendant qualified as “domestic” under Florida Statutes. The victim advocates who worked with all cases that were not domestic violence cases handled burglary, criminal mischief, fraud, violent crimes, and any other crimes that did not involve a domestic relationship between the victim and defendant, but still had a victim.

5. What kind of things do you do as a victim advocate?

All eight of the victim advocates are responsible for the same daily duties in their jobs. They call victims, family, and friends of the victims, and sometimes even witnesses who could be of help in proving the case against the Defendant. In addition to phone calls, victim advocates also arrange in-office appointments for people who prefer to have a sit-down conversation with the advocate and/or the prosecutor assigned to the case. Further, victim advocates help victims navigate the criminal justice system by telling them about the criminal justice system, what to expect, when to come to court, and how to be best prepared for court. Victim advocates often act as therapists for victims who need emotional and mental support for the situation that they are in. Most importantly, victim advocates are not pro-prosecution or pro-defense. They are pro-victim. This means that they are not interested in conviction rate. They are interested in helping the victim get what the victim

needs in the most efficient and least emotionally taxing way possible. Victim advocates also aid in victims filling out drop charges forms and filling out financial aid forms as well as relocation assistance paperwork. It is essential for victim advocates to be familiar with local resources and have good relationships with the points of contact of those local resources.

6. When is your first point of contact with victims?

All eight of the victim advocates have the same first point of contact. Their job is to call the victim before the case is seen in first appearances. According to the Florida Rules of Criminal Procedure, an individual who is arrested and charged with a crime must appear before a judge in person or by electronic audiovisual device (TV/ZOOM/Video) within 24 hours of their arrest (Florida Rule of Criminal Procedure § 3.130, 2022). This is what is known as the Defendant's first appearance (Florida Rule of Criminal Procedure § 3.130, 2022).

First appearances are for when people do not bond out within the first 24 hours of their arrest either because they cannot or simply have not yet (Florida Rule of Criminal Procedure § 3.130, 2022). In the state of Florida, domestic violence cases must be seen before a judge and the Defendant cannot bond out until they are seen by a judge (Miller, 2018). Sometimes, victim advocates are successful and sometimes they are not.

This first point of contact is very important because victim input makes a significant difference on how high the monetary bond is set and what bond conditions are ordered (F.S. § 903.047, 2022). When the judge sets monetary bond and puts non-monetary bond conditions into place, this sets up safeguards to keep the victim safe pending the end of the case. Things that the judge can order include, but are not limited to the following: (1) no

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contact with the victim, (2) no violent contact with the victim, (3) an active GPS monitor, (4) a one-time visit with law enforcement (to grab personal belongings so that the Defendant can find somewhere else to stay that isn't with the victim, and (5) no alcohol/drugs to be accompanied with random testing (F.S. § 903.047, 2022). Unfortunately, if the victim advocate cannot get in contact with the victim and there is no victim input at first appearance, the judge is left to guess at what the victim may want.

7. When is your last point of contact with victims?

The last point of contact with victims is the close of the case. Once the case is closed whether that be through a dismissal, a resolution, or through trial, that is the last point of contact with the victim advocate. There are, however, some cases where victims will follow back up with the victim advocate after a case has closed. Bradley, Christina, and Marilyn accounted that they have had victims come back after a case has been closed to say thank you. This is not to say that victims do not suddenly stop responding to the victim advocates. This happens quite frequently, but the standard last point of contact with the victim is the end of the case.

8. Aside from the COVID-19 pandemic, have you ever worked as a victim advocate in any other pandemic?

The four victim advocates who did not start until after 2020 reported that they had never worked in any other pandemic. Three of the victim advocates reported that they worked during the 2018-2019 flu season. The 2018-2019 season caused 28,000 flu deaths and 380,000 flu related hospitalizations in America (CDC, 2020d). Although the flu season would not be considered a pandemic, it still affected their work experience and therefore will be recorded in this study. The victim advocate with the most experience who started

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working as a victim in advocate in 2010 worked through the 2009-2010 influenza pandemic as well as the 2018-2019 flu season (Pooja, Gupta, Gaurisha, Agarwal, & Anuhba, 2021). The World Health Organization counted that the total numbers of cases were between 700 million to 1.4 billion, but the number of deaths were just over 18,000 (Pooja et al., 2021).

9. If so, was it different from this one?

The victim advocate who worked through the 2009-2010 influenza pandemic said that the reception desk screened people who came into the office for any flu like symptoms and masks were provided through the office, but they were rarely worn. The victim advocates who worked through the 2018-2019 flu seasons reported that many office appointments were cancelled and instead conducted over the phone. Overall, though, office operations did not change.

When asked what was different from prior pandemics in comparison to the COVID-19 pandemic, the victim advocates provided similar answers across the board. Unanimously, they agreed that the COVID-19 caused a surge of panic and with it came office policy changes and precautions. Among those office policy changes and precautions were the implementation of ZOOM meetings, mandatory mask policies and mandatory screenings for all state attorney visitors. Not only did office policies change, but victim advocates also noted a difference in prosecution decisions between prior pandemics and the COVID-19 pandemic. Victim advocates saw that many more domestic violence cases were dismissed during the COVID-19 pandemic than during any prior pandemic. They indicated that this differentiation was due to the State Attorney policy implemented during COVID-19 which directed prosecutors to only ask the judge for incarceration for extremely

serious crimes. The intent behind this policy was to free up as much space as possible in the jails and prisons in order to reduce overcrowding and COVID-19 outbreaks.

10. Do you believe that you have seen a change in domestic violence rates?

The victim advocates who worked exclusively with domestic violence cases did see a noticeable change in domestic violence rates, however, the ones who did not work exclusively with domestic violence cases did not.

11. Do you believe that domestic violence rates have increased or decreased?

All eight victim advocates believed that domestic violence rates increased.

12. Have your duties changed during the COVID-19 pandemic?

None of the victim advocates reported any changes in their duties during the COVID-19 pandemic.

13. Have your work hours changed during the COVID-19 pandemic?

Two victim advocates experienced a change in work hours during the COVID-19 pandemic because between February and May of 2020, the county that they worked in implemented staggered work from home schedules for everyone. The staggered work from home schedule made it so that some people worked three days per week while others worked two days per week, and it would alternate every week. The goal of this schedule was to reduce overcrowding and personal contact in the office. The two victim advocates who worked with this schedule said that while they appreciated the office's efforts to reduce COVID-19 infection, it made their work harder. Victim advocates are not allowed to work from home, so their work hours were lessened, but their workload kept on rising. This resulted in them falling behind on their caseload. Valerie said, "I really appreciated the State Attorney's Office looking out for my health, but I do wish they would have

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allowed us to work from home because we could have been even more efficient from home 5 days per week than in the office for only 2-3 days per week.”

Three victim advocates reported that their work hours changed by increasing. They reported that they had to stay later more often because their caseloads were very high, however, the State Attorney’s Office did not allow them to work more than 10 hours of overtime per week. Tiffany shared, “My case load was so high, but I couldn’t do anything about it because an extra ten hours per week barely made a dent.” Although, they were not working more than 50 hours per week, they still experienced an increase in work hours from their usual 40 hour week.

The remaining three victim advocates did not experience any changes in their work schedules during the COVID-19 pandemic.

14. Have you faced any new barriers in your job since the onset of COVID-19?

All eight victims expressed that they did face new barriers with the onset of COVID-19, but they emphasized a stark increase in difficulty with (1) reaching out to victims and (2) strain on victim resources. In regard to reaching out to victims, victim advocates reported that victims changed their numbers without notifying the victim advocates, victims would move away without a trace, or they would simply just choose to not answer the phone or respond to mail. Due to the high unemployment rates during COVID-19, it was highly possible that many victims did not have the financial resources to keep their phones turned on. Victim advocates also reported that it was much more difficult to bring victims in for office interviews to speak face to face. One reason for this is that victims were afraid of contracting or spreading COVID-19. Another reason for this is that victims were trapped at home with their abuser, and unable to leave without their

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abuser knowing. One victim advocate said, “There are many cases that stick with me and several of them are from the COVID-19 era because there were some very serious domestic violence cases in which the victim just stopped communicating with me out of the blue. I don’t know what happened to them.”

As for resource strain, victim advocates reported that once the stay at home orders began lifting and businesses began to open up again, victim resources became overwhelmed at an alarmingly quick rate. Victim advocates stated that women’s shelters, relocation programs, and women’s services offering clothes, food, and other essentials were having to turn people away due to resource exhaustion. Some victim advocates tried to refer victims out to other counties, but other counties were struggling as well. One victim advocate recalled having to advise a victim to stay where she was because there were no resources to help her and telling her to leave without necessary resources would set her up for failure. Overall, victim advocates found victim resources to be extremely strained with no real solution other than funding which was not available.

Has the COVID-19 pandemic changed you do your job permanently?

All eight of the victim advocates reported that their job changed permanently. This is because the State Attorney’s Office implemented new ways of doing things. Victims now have the option to appear at certain hearings by ZOOM. Before COVID-19, victim advocates had the ability to use an office phone to text victims if they could not get a hold of them by phone. Once COVID-19 hit, these phones were used significantly more. Additionally, victim advocates have had to be more adaptable to remote forms of technological communication. There have certainly been less in person office

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appointments, so they are on the phone much more than they were before the COVID-19 pandemic.

Aside from the State Attorney's Office implementing new ways of doing things, the local domestic violence resources have become overburdened and the shelters have become overcrowded. As a way to combat these issues, many of the local domestic violence resources are requiring victims to get on waiting lists to get the help they need whether it be financial assistance or relocation assistance.

15. Have you experienced emotional burnout during the COVID-19 pandemic?

When asked about emotional burnout, the victim advocates were open and provided very candid answers. Emotional burnout was described to the victim advocates as a form of compassion fatigue that comes when one is dealing with highly emotional situations over a long period of time. Five victim advocates reported that they did experience emotional burnout and three reported that they did not.

The ones who stated that they did not experience emotional burnout expressed that they had very strong support systems within their personal life. They had supportive friends, family, and spouses who were there to comfort them when they needed it or when they needed to just talk to someone. Other victim advocates shared that they go to therapy on a regular basis which greatly helped them with feelings of emotional burnout. The victim advocates that did not report emotional burnout also shared that they had a close working relationship with other victim advocates which indicates a form of solidarity among victim advocates all working through the pandemic.

The victim advocates who did report emotional burnout all expressed feelings of guilt and shame that they could not do more for the victims that they worked with. They

noted that often times, they referred victims to external victim resources but later found out that the victims were turned away. Sometimes victims were turned away people shelters were at maximum capacity and sometimes victims were turned away from relocation services because the relocation services had run out of funds. Other times, victim advocates would work very hard alongside a victim throughout the life of a case only for the victim to decide that they did not want to move forward and instead would rather see the case dismissed. Marilyn highlighted this by saying, "I love my job, but it was very hard to put my everything into a case only to see it get dropped because the victim chose not to go forward. That happened a lot." Interestingly, these victim advocates differed from the victim advocates who did not struggle with emotional burnout because they did not attend therapy on a regular basis or have a particularly close working relationship with over victim advocates.

16. What advice do you have for other domestic violence advocates working during the pandemic?

All eight of the victim advocates who were interviewed had valuable advice. One of the victim advocates advised to not tell victims to leave abuse relationships during a pandemic. The reason being is that victim resources were so limited during the pandemic that victims would leave their abusive relationship and be forced to return shortly thereafter due to a lack of resources and funding. This put the victims at an even greater risk of physical harm and violence. Another victim advocate advised to learn about domestic violence resources in the area and even the surrounding areas in case the ones within the area are at maximum capacity. That same advocate informed that the majority of victims

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do not realize the resources that are available to them. A third victim advocate advised that it is very important to keep with technology and be competent in using the latest communication platforms such as ZOOM or text messaging apps. They stressed this because they were not particularly knowledgeable or good at technology and when the COVID-19 pandemic hit, they struggled with the learning curve of learning so many things at once.

Other victim advocate focused their advice on more emotional facets as opposed to highlighting the resources available. For instance, one of the victim advocates advised to try and get a full timeline of the victim's relationship with their abuser as opposed to focusing on the one incident that brought victim into the office. The victim advocate went on to say that patterns of violence, whether domestic or not, happen in cycles. One abusive incident is just a snapshot in that timeline. Another victim advised that victim advocates need to put in extra effort to focusing on themselves and their mental health during stressful times like pandemics. They expressed that they had a very hard time emotionally during the pandemic not only in their job, but also their personal life. They went on to elaborate about how important their social supports were such as their family, friends, spouse, and therapist. A different victim advocate advised that victim advocates should try to avoid using any kind of guilt against victim advocates such as "think of your kids" or "think of those around you" as a means to encourage victims to leave abusive situations. They went on to say that often times, victims already have a deep sense of guilt and shame that they are in the position that they're in so it is important not to worsen their mental state.

Themes Overview

A qualitative analysis of the interview data was completed utilizing the thematic analysis method discussed in Chapter 3. Thematic analysis is used when the researcher intends to find repeated patterns throughout a series of interviews (Braun & Clark, 2006). A detailed look into the answers of each interviewee was conducted. In reviewing the data and key words which focused on the three aspects of focus of the dissertation, work hours, victim contact, and emotional burnout, four themes were developed through the analysis of the semi-structured interview process with the participants. These themes emerged as a result of patterns and ideas which were noted during the interviews and readings of the interview notes.

Theme 1: Sample participants did experience a significant change in work hours during the COVID-19 pandemic, but not in the expected way.

Going into the study, it was expected that victim advocates would be overworked and overloaded, thereby increasing workload as well as work hours. This assumption was proven incorrect. Out of the eight sample participants, five participants experienced significant changes in work hours, however, not all five of those participants experience increased work hours. Interestingly, in efforts to lower exposure to COVID-19, two victim advocates from one office reported a decreased in work hours after a staggered schedule was implemented. This staggered schedule only required them to work two- and three-day weeks. These two victim advocates were not expected to work from home or on the weekends or when they were not in the office. This staggered scheduled was short lived once was the State Attorney's Office location realized that such a schedule was not sustainable for a long-term plan. Three other victim advocates noticed that their work hours did increase, however, the State Attorney's Office did not have the budget to pay them

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overtime in excess of 10 hours per week. Therefore, their hours did not go above 50 hours per week during the COVID-19 pandemic. One of these three victim advocates said, “I feel behind on my caseload, but I couldn’t get ahead because I was not allowed to work enough overtime to stay ahead.” The remaining three participants did not notice any changes in their work hours. One of those three participants even said, “I thought I would be missing out on soccer games and school plays during the COVID-19 pandemic, but I was pleasantly surprised that I was able to manage my caseload effectively and be there for my family.”

Theme 2: Sample participants did find making victim contact more difficult during the COVID-19 Pandemic.

Only four of the eight sample participants were able to discuss the differences between what it was like working during the COVID-19 pandemic and “normal times.” The reason for this is that the other four had begun working after the COVID-19 pandemic had already started. All four of the participants who were able to speak on the matter reported higher levels of difficulty in making victim contact during the COVID-19 pandemic. Specifically, all four of the aforementioned participants, reported changes in office operations, restrictions on in-person interviews, and the utilization of novel technological methods to interact with victims. They elaborated that although in person contact was made more difficult during the COVID-19 pandemic, their jobs were made possible by technological method such as ZOOM and over the phone interviews. Bradley was one of the participants who was able to discuss the differences between what it was like working during the COVID-19 pandemic and “normal times.” Bradley said, “I worked during the 2009-2010 influenza pandemic and the 2018-2019 flu season, and the COVID-19 pandemic hit harder than both pandemics combined.” Marilyn said, “I never worked in

any other pandemic, but I pray I don't have to work through another one. The instability made me nervous every day."

Theme 3: Sample participants did experience emotional burnout during the COVID-10 pandemic.

Five of the eight sample participants reported experiencing emotional burnout during the COVID-19 pandemic. It was reported that the emotional burnout did not stem so much from the case load, but from the feelings of helplessness that the victim advocates felt. Victim advocates felt that no matter what they did, the cases would not move forward because of the court backlog, victims would not cooperative with the prosecution of the case out of fear, or the victims had no resources to leave their abusive situation. Based on the interview answers of the individuals who did not suffer emotional burnout, it was discovered that therapy and mental health prioritization was very helpful in preventing emotional burnout. Katie reported the following, "As the pandemic continue, the levels of violence in my cases kept on increasing and I have to believe that it was the result of being pent up for too long with nowhere to go." Joanna did not experience emotional burnout but said the following, "If it wasn't for my family and friends to support me and my religious therapy attendance, I don't think I would have made it through."

Theme 4: Sample participants recognized the desperate need for victim resources during times of crisis.

Six of the eight sample participants reported that they greatly struggled with the lack of victim resources in the area during COVID-19. There were numerous times that they would refer victims to local resources and those victims would be turned away due to capacity limitations or financial reasons. Participants noted that this added to their feelings

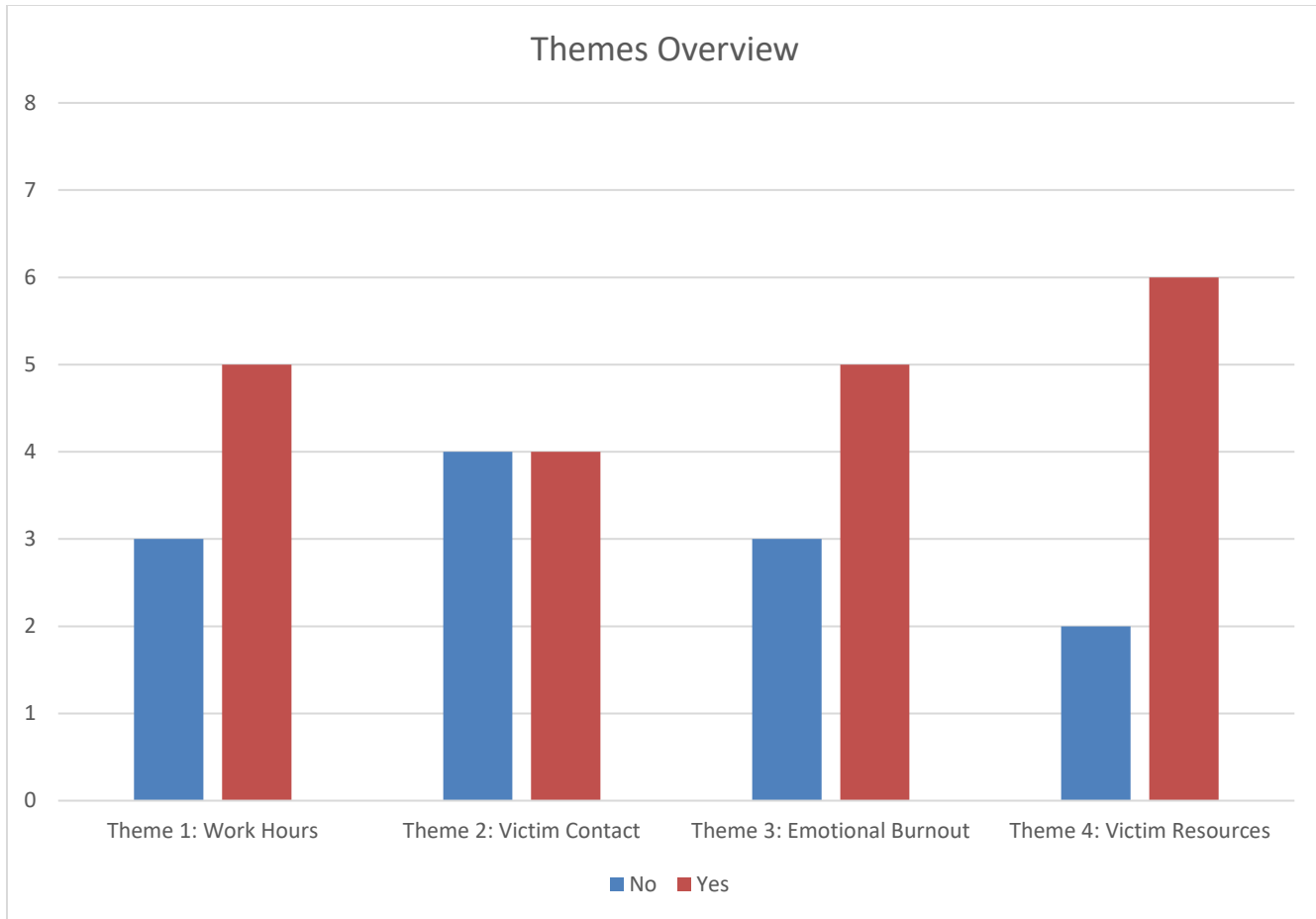
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of hopelessness which they previously reported. The most common resources that victims were being turned away from were domestic violence shelters and domestic violence relocation programs. Domestic violence shelters were having to turn away people because of COVID-19 capacity restrictions and domestic violence relocation programs were not provided with monetary grants sufficient to be prepared for a pandemic. This barrier in victim resources is supported by the research conducted by Buttel and Ferreira (2020) in their piece, “The hidden disaster of COVID-19: Intimate partner violence. Valerie said, “I wanted so badly to help these victims and my job is to refer them to local resources. There were multiple times I referred victims to local resources where they were later turned away. I felt I failed them as a victims’ advocate.”

Figure 4 (Appendix E)

Themes Overview

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Chapter 5: Discussion

Introduction

The current literature regarding domestic violence in the context of COVID-19 heavily focuses on the dynamics between the victim and the abuser and the victim and the court system. There is even some literature on the dynamics between the abuser and the court system, but there is a definitive gap in the literature when it comes to bridging the victim with the court system. This bridge between the victim and the court system are the victim advocates. The research which was conducted in this study was instrumental in closing this gap in the literature. A quantitative study would not have captured the perceptions of Florida victim advocates in the same way that this qualitative study did. By allowing the victim advocates to answer the interview questions in their own way and in their own words with their own personal experiences, a whole new field of potential research has been introduced to the current literature. Further, other victim advocates can utilize this study to help themselves be better victim advocates and to be better prepared for any future pandemics. After all, everything is less scary once it has already been done.

The literature review provided a context and a baseline for the current research that has been completed domestic violence. Additionally, it provided insight into how COVID-19 impacted domestic violence from a generic standpoint. Specifically, the literature review provided information on the environmental factors which foster domestic violence and how those factors were exacerbated by COVID-19. It also shed light on how COVID-19 impacted society, the economy, and public protocols and safety measures. Although the existing literature did cover how domestic violence impacted COVID-19, it was from an abstract standpoint. The information available was limited to

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generic statistics and generic resource availability. There is certainly a long way to go before the literature becomes specific enough to adequately cover the impact that COVID-19 has had on domestic violence. There is no current literature which elucidates domestic violence advocates and their perceptions and experiences during the COVID-19 pandemic. In fact, there is no literature at all which elucidates domestic violence advocates' points of view nor is there any which elucidate domestic violence resources to an adequate amount which would assist future policies and legislation. This research fills the gap in the literature.

Themes were developed from the perceptions of Florida victim advocates during the COVID-19 pandemic. The responses of many of the sample participants were similar in some ways and different in others, but that is the beauty of qualitative studies involving human beings. Everyone has different ideas and perceptions depending on their backgrounds and the experiences they carry with them throughout their lives. The three themes identified in this research should be taken into consideration when formulating new policies and procedures in handling the training of victim advocates and the disbursement of funds for victim resources.

Interpretation

The present study aimed to identify and understand the perceptions of Florida victim advocates during the COVID-19 pandemic. I worked to increase this understanding by answering two research questions:

RQ 1: What are the perceptions of Florida victim advocates on the challenges of victim contact and barriers created by the COVID-19 pandemic?

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RQ 2: How can victim advocates across the United States better prepare for future pandemics?

The answer to these research questions were given in the accumulation of the answers provided by the sample participants. The themes identified in this study suggest that the State Attorney's Office was not prepared to handle a pandemic on this scale. The change in work hours depending on the location of the State Attorney's Office, the lack of cohesion in office policies regarding in-person office visits, and the lack of victim advocate resources to battle emotional burnout are all indicators of this lack of preparedness. Further, the need for funding and resources for victims themselves is abundant, but it is vital to not forget about the needs of the domestic violence advocates as well, the frontline workers.

Context

This is the first qualitative study on the perceptions of Florida victim advocates during the COVID-19 pandemic. The study does have a small sample size and the geographic distribution does limit the accuracy and variation in responses, however, the themes presented in the data analysis do in fact show insight on the perceptions of Florida victim advocates during the COVID-19 pandemic. They also lay the groundwork for future studies on victim advocates during other pandemics, economic crises, or local/national/global emergencies such as famine or war. Since the data is not yet widespread on domestic violence advocates and resources during the COVID-19 pandemic due to the novelty of COVID-19, this study gave it a start.

Implications

The findings of the study have significant implications for training and educating the public.

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1. Training and preparation should be priorities at state attorneys' offices when it comes to intimate partner violence and domestic violence cases. There is a visible lack of training and preparation when it comes to how victim advocates handle domestic violence victims during times of emergencies and pandemics.
2. Not only is training and preparation important for state attorneys' offices, but mental health treatment and support is also vital to prevent emotional burnout in victim advocates. This study made it clear that victim advocates need emotional support to do their job to the best of their ability.
3. The prosecution of domestic violence cases would be greatly increased if Florida legislature were to turn to evidence-based prosecution laws as opposed to victim driven prosecution. As it stands, a great deal of domestic violence cases are dismissed and the perpetrators are let loose without any repercussions because Florida is not an evidence-based prosecution state.
4. Victim advocates and victim resources should be funded at a higher level so that state attorney's offices and local agencies can be better equipped to handle pandemics like COVID-19. Many victims were turned away from shelters because of overcrowding or depletion of resources.
5. Legislators need to be mindful of victims who are trapped with their abusers at home when they implement "lockdown and stay in place orders." Often times, victims' only opportunities to escape their situation are through runs to the grocery store or other essential trips for the home. The negative impact of "lockdown and stay in place orders" can be mitigated by things like text message

PSAs announcing information about victim resources or TV broadcasting announcements.

Limitations

Prior to the interviews being conducted, there were anticipated limitations. One of these anticipated limitations was that victim advocates may be hesitant to divulge their weaknesses as individuals. Thankfully, this limitation did not turn out to be an issue. Quite the opposite happened. Instead, the victim advocates were very open and willing to discuss their weaknesses as it related to emotional burnout. They were also very insightful in providing their answers to what kind of advice they would give to other victim advocates. It was also anticipated that victim advocates would be wary of giving too much information. This anticipated limitation was greatly mitigated by ensuring the victim advocates that their identities would not be revealed in this research study. Given how overloaded domestic violence resources were amidst the pandemic, it was anticipated that victim advocates may not have the time to provide in-person interviews. This was in fact an issue in this research study, however, the victim advocates did their best to answer the questions as fully and completely as possible. More information could have been gathered had the interviews been longer, however, the victim advocates are dealing with understaffing issues as well as strenuous conditions of high caseloads.

In addition to anticipated limitations, there were three specific limitations which were not anticipated which came up during the research study. The first was the low response rate. Out of seventeen domestic violence advocates, only eight participated in this research study. This could be due to many reasons which could include but are not limited to lack of interest, lack of time, high case load, high stress, or general fatigue. The

second limitation which came up was that the State Attorney's Office in the 1st Circuit is heavily understaffed on domestic violence advocates. Unfortunately, only four of the eight victim advocates that were interviewed specialize in domestic violence cases. The last limitation which came up was that the results may not give an accurate view of all victim advocates because only victim advocates in the 1st Circuit were interviewed. The research results may have been different if victim advocates from numerous different counties and numerous different states had participated.

Future Directions

There are great opportunities for future research in this field. Specifically, research studies can be done on the likelihood of a victim to go back to their abuser after having worked with a victim advocate. A study could be done on the likelihood of a victim to utilize local domestic violence resources with vs without a victim advocate. Third, a study could be done on the effectiveness of domestic violence advocates on prosecution rates and conviction rates. Fourth, a study could be done on the gender differences between male victim advocates versus female advocates. The possibilities for future research are endless when we switch the lens from the standard point of view to a different one.

Summary

The findings of this research study show that victim advocates have a great deal to offer in the literature field, but they have to be a part of the research in order to do so. Additionally, the findings of this research highlight just how big of a part that victim advocates play in the criminal justice system. They are the first and last points of contact for the victims. In states that do not prosecute using evidence-based prosecution methods,

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the victim is the star witness of the case (Claypoole, 2005). Without victim cooperation, many cases are dismissed or pled down to significantly less charges and in turn sentences (Claypoole, 2005). Victim advocates are at the center of the answer to increasing conviction numbers in states where the victims are absolutely essential to the prosecution of crimes.

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Appendix A
Interview Questions

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1. What made you want to be a victim advocate?
2. How long have you been a victim advocate?
3. Have you worked as a victim advocate anywhere else?
4. What kinds of cases do you work on as a victim advocate?
5. What kinds of things do you do as a victim advocate?
6. When is your first point of contact with victims?
7. When is your last point of contact with victims?
8. Aside from the COVID-19 pandemic, have you ever worked as a victim advocate in any other pandemic?
9. If so, was it different from this one?
10. Do you believe that you've seen a change in domestic violence rates?
11. Do you believe that domestic violence rates have increased or decreased?
12. Have your duties changed during the COVID-19 pandemic?
13. Have your work hours changed during the COVID-19 pandemic?
14. Have you faced any new barriers in your job since the onset of COVID-19?
15. Has the COVID-19 pandemic changed you do your job permanently?
16. Have you experienced emotional burnout during the COVID-19 pandemic?
17. What advice do you have for other victim advocates working during the pandemic?

Appendix B
Power and Control Wheel

Power and Control Wheel



Appendix C

Cycle of Violence Wheel

Cycle of Violence Wheel

Crisis Phase

- The blow up
- Worse than before
- Threats
- Destruction
- Fear for your or your child's safety
- Drug and/or alcohol abuse



The majority of IPV survivors
will leave an abusive partner

7-12 times

before they leave
for the last time

Calm Phase

- The person you fell in love with
- Never happen again
- I'll get help
- I love you

Tension Phase

- Walking on eggshells
- Everything has to be perfect
- Always worrying or in fear of what if
- Feeling "something" is about to happen

Appendix D
Sample Results

VICTIM ADVOCATES AMIDST COVID-19

Sample Results

Participant #	Sex	Experience directly with domestic violence	Experience indirectly with domestic violence	Years of experience as a victims' advocate
1	Female	Yes		5
2	Female		Yes	3
3	Female	Yes		2
4	Male	Yes		13
5	Female		Yes	2
6	Female		Yes	3
7	Female	Yes		8
8	Male		Yes	4

Appendix E
Themes Overview

VICTIM ADVOCATES AMIDST COVID-19

Themes Overview

