Massachusetts Department of Public Health

# COVID-19 COMMUNITY IMPACT SURVEY: SAFETY - INTIMATE PARTNER VIOLENCE

Presented by: Vera E. Mouradian
Team: Vera E. Mouradian, Caroline Stack, Lauren Cardoso, Amy Flynn

*Results as of June 8, 2021*

# REMINDER

This webinar is meant to be watched after you have already seen the CCIS Introduction Webinar.
The introduction contains important background information explaining how to interpret these results, how we did the survey, and how to frame these findings with a racial justice lens so that we can all turn the CCIS data into action!

Visit http://mass.gov/covidsurvey for more!

# CCIS TEAM MEMBERS

## CCIS Project Leads

W.W. Sanouri Ursprung, Lauren Cardoso, Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ben Wood, Lisa Bandoian, Heather Nelson, Amy Flynn, Lisa Arsenault, Abby Atkins

## CCIS Analytic Team

Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ziming Xuan, Matthew Tumpney, Rebecca Han, Lauren Larochelle, Arielle Coq, Anne Marie Matteucci, Lauren Fogharty, Vera Mouradian, Melody Kingsley, Ta Wei Lin, Anna Agan, Justine Egan, Allison Guarino, Elizabeth Showalter, Beatriz Pazos Vautin, Priyokti Rana, Mayowa Sanusi, Emily Lawson, Alana LeBrón, Lauren Cardoso, W.W. Sanouri Ursprung

## CCIS Steering Committee

Lauren Cardoso, W.W. Sanouri Ursprung, Beth Beatriz, Abbie Averbach, Ruth Blodgett, Ben Wood, Sabrina Selk, Nicole Daley, Lisa Bandoian

## CCIS Data to Action Workgroup

Jessica del Rosario, Kim Etingoff, Lisa Bandoian, Andrea Mooney, Ben Kingston, Lauren Cardoso; Dawn Fukuda, Lamar Polk, Hermik Babakhanlou-Chase, Glennon Beresin, Mahsa Yazdy, Emily White, Timothy St. Laurent, Fareesa Hasan, Nicole Roos

## CCIS Data Dissemination Workgroup

Beth Beatriz, Glory Song, Emily Sparer-Fine, Ta Wei Lin, Vera Mouradian, Rebecca Han

# CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.

# PURPOSE AND INTENT

# SAFETY : INTIMATE PARTNER VIOLENCE

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around the pandemic's impacts on intimate partner violence. The goal is that these findings:

- Inform immediate and short-term actions
- Identify ways to advance new, collaborative solutions with community partners to solve the underlying causes of inequities
- Provide data that stakeholders at all levels can use to "make the case" for a healthy future for ALL.

Remember to watch the CCIS Introduction Webinar for important background, tools, and tips to frame these findings with a racial justice lens to turn the CCIS data into action!

Visit http://mass.gov/covidsurvey for all things CCIS!

# SAFETY : INTIMATE PARTNER VIOLENCE

Vera E. Mouradian, PhD
Caroline Stack, MPH
Lauren Cardoso, PhD
Amy Flynn, MS

# INTIMATE PARTNER VIOLENCE DEFINITION

Intimate Partner Violence (IPV) refers to a pattern of behaviors that one person in an intimate partner relationship uses against the other person in the relationship to try to establish power and control over that other person.

**IPV involves current or former:**

- Spouses
- Romantic partners who live/lived together
- Fiances/Fiancees
- Dating Partners

**IPV involves behaviors including, but not limited to:**

- Physical assaults
- Sexual assaults
- Verbal and implied threats to assault or kill
- Controlling behaviors
- Stalking behaviors
- Verbal and implied threats of non-physical harm
- Other types of psychological and emotional abuse
- Financial abuse and exploitation

IPV is sometimes also called Domestic Violence. However, **researchers tend to prefer the term Intimate Partner Violence because**:

1) IPV can involve people who are not or are no longer living together, while the term, "domestic" implies a shared living arrangement
2) In the courts, assaults between people in the same household that do not involve IPV may be called "domestic violence." For example:
   - child abuse
   - elder abuse by an adult child of the victim
   - assaults between siblings
   - assaults between roommates who have no current or prior romantic or sexual relationship

# FRAMING MATTERS

Despite the common belief that survivors of intimate partner violence (IPV) can exercise control over their circumstances and the tendency to focus only on physical injury as an outcome:

- Access to resources affects survivors' ability to attain safety
- Experiencing IPV also impacts mental health and multiple other life domains
- Some groups are at higher risk, but IPV affects people of all genders, races, ethnicities, ages, sexual orientations, disability statuses, educational backgrounds, and incomes

# INTIMATE PARTNER VIOLENCE INDICATORS

## CCIS respondents were asked about two types of intimate partner violence (IPV): physical and/or sexual violence and controlling behavior.

*Adapted from Massachusetts Youth Health Survey (MA YHS), 2019:*

### Physical and/or Sexual IPV

*Since COVID-19 began (March 10, 2020),*

has someone you were dating or married to physically hurt you? (for example, being shoved, slapped, hit, kicked, punched, strangled, forced into sexual activity, or anything that could have caused an injury)

### Control IPV

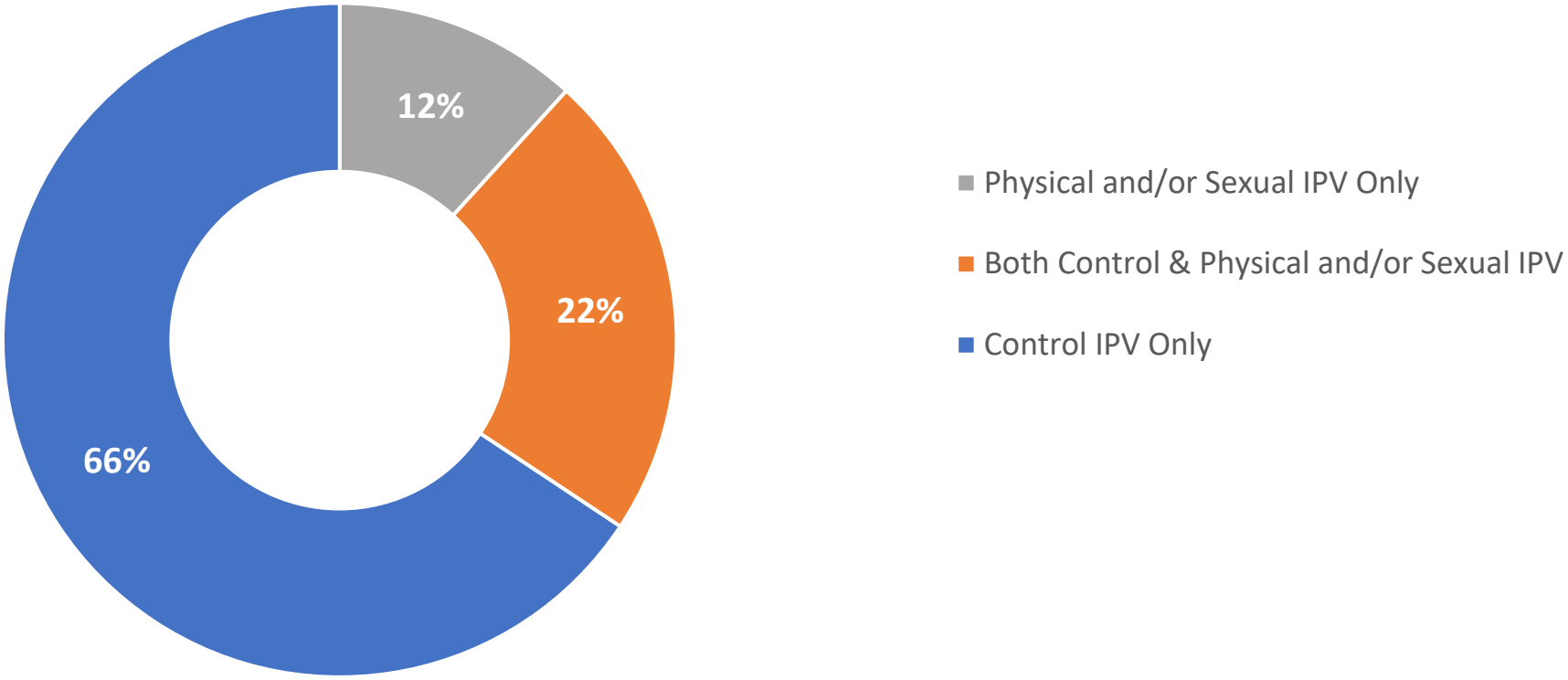
*Since COVID-19 began (March 10, 2020),*

has someone you were dating or married to done any of the following: monitored your cell phone, called or texted you a lot to ask where you were, stopped you from doing things with friends, been angry if you were talking to someone else, or prevented you from going to school or work (including remotely)?

NOTE: All results presented in the following slides are for adults who had ever been in a relationship and refer to the period starting in March 2020 up to when the respondent took the survey, which was between September and November 2020.

# INTIMATE PARTNER VIOLENCE REPORTING PATTERNS

While 1 in 3 respondents reporting IPV during Covid-19 reported experiencing physical and/or sexual violence, **most** respondents reporting IPV(88%) **reported experiencing controlling forms of IPV.**



# INTIMATE PARTNER VIOLENCE REPORTING PATTERNS (cont.)

A majority of adults who reported IPV during Covid-19 reported that it was new or had gotten worse since the pandemic began.

Of those respondents who reported physical and/or sexual IPV during Covid-19, **67% reported that it was new or had gotten worse.**

Of those respondents who reported controlling forms of IPV during Covid-19, **63% reported that it was new or had gotten worse.**

We found other outcome patterns also were the same for the two types of IPV. So, in order to be able to report outcomes in more depth, in the remaining slides we have combined the responses of people who experienced either or both types of IPV into one group called "Any IPV During Covid-19."

# INTIMATE PARTNER VIOLENCE OVERALL RATE

More than **2x** the percentage of MA adults reported experiencing any IPV in just the first 6-8 months of the Covid-19 pandemic than the percentage of adults who reported experiencing any IPV over the course of a full year the last time we asked:

**2.3% in the fall 2020 CCIS Adult Survey vs. 1.1% in the 2005 MA BRFSS**

# INTIMATE PARTNER VIOLENCE OVERALL

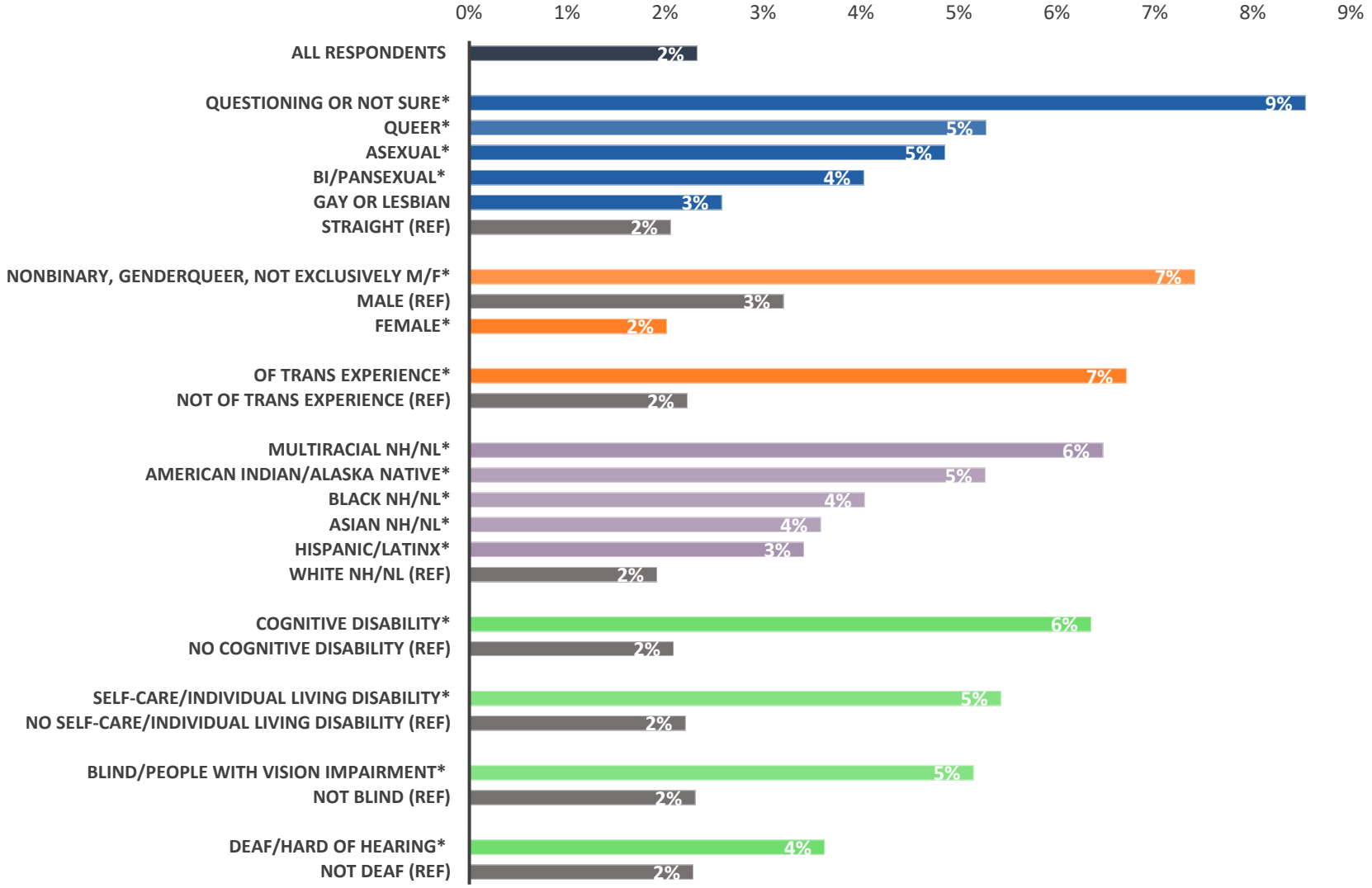
These findings† are consistent with local, national, and international service providers' anecdotal reports of increases in IPV and related service requests during the pandemic

†higher overall rate of IPV reported in the CCIS in relation to a shorter period of time (6-8 months) and the majority of reports indicating that the IPV that was happening was new during that first 6-8 months of the pandemic or worse than before the pandemic began.

# INTIMATE PARTNER VIOLENCE & DEMOGRAPHICS

## Some groups may be particularly in need of IPV screening and follow-up support services.

**Percent of MA Subpopulations Reporting Experiences of IPV During Covid-19 Pandemic**




Experiences of IPV during Covid-19 were reported over **2 to 4x** more frequently by respondents identifying as:

- LGBQA
- Of transgender experience and non-binary gender
- Multi-racial nH/nL, American Indian/Alaska Native, Black nH/nL, Asian nH/nL, and Hispanic/Latinx
- Having a disability

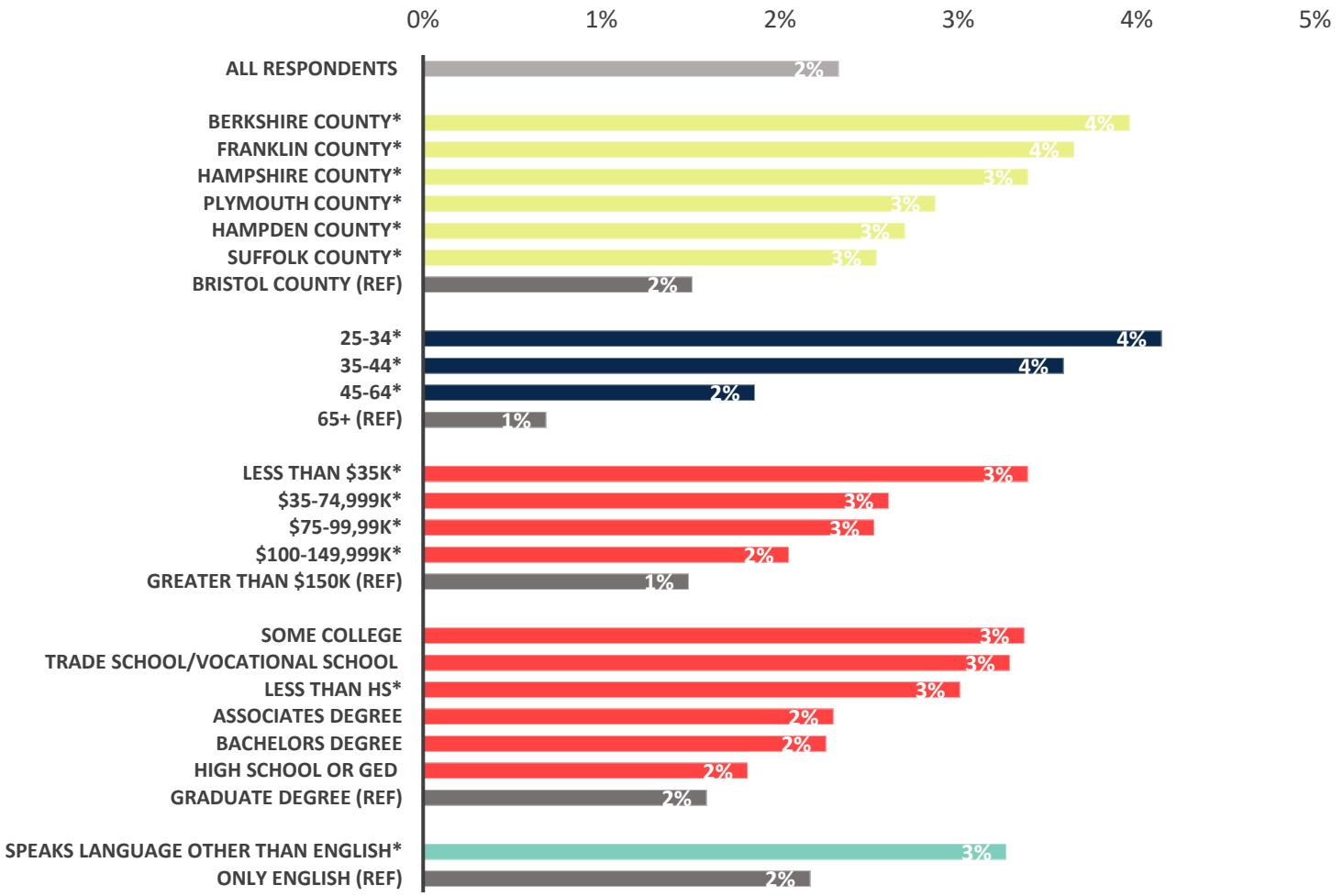
nH/nL = non-Hispanic/non-Latinx;
American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx.
Non-binary gender identity includes respondents identifying as non-binary, genderqueer, and not exclusively male or female.

*Difference is statistically significant at $p. < .05$

# INTIMATE PARTNER VIOLENCE & DEMOGRAPHICS (cont.)

Some groups may be particularly in need of IPV screening and follow-up support services.

**Percent of MA Subpopulations Reporting Experiences of IPV During Covid-19 Pandemic (cont.)**



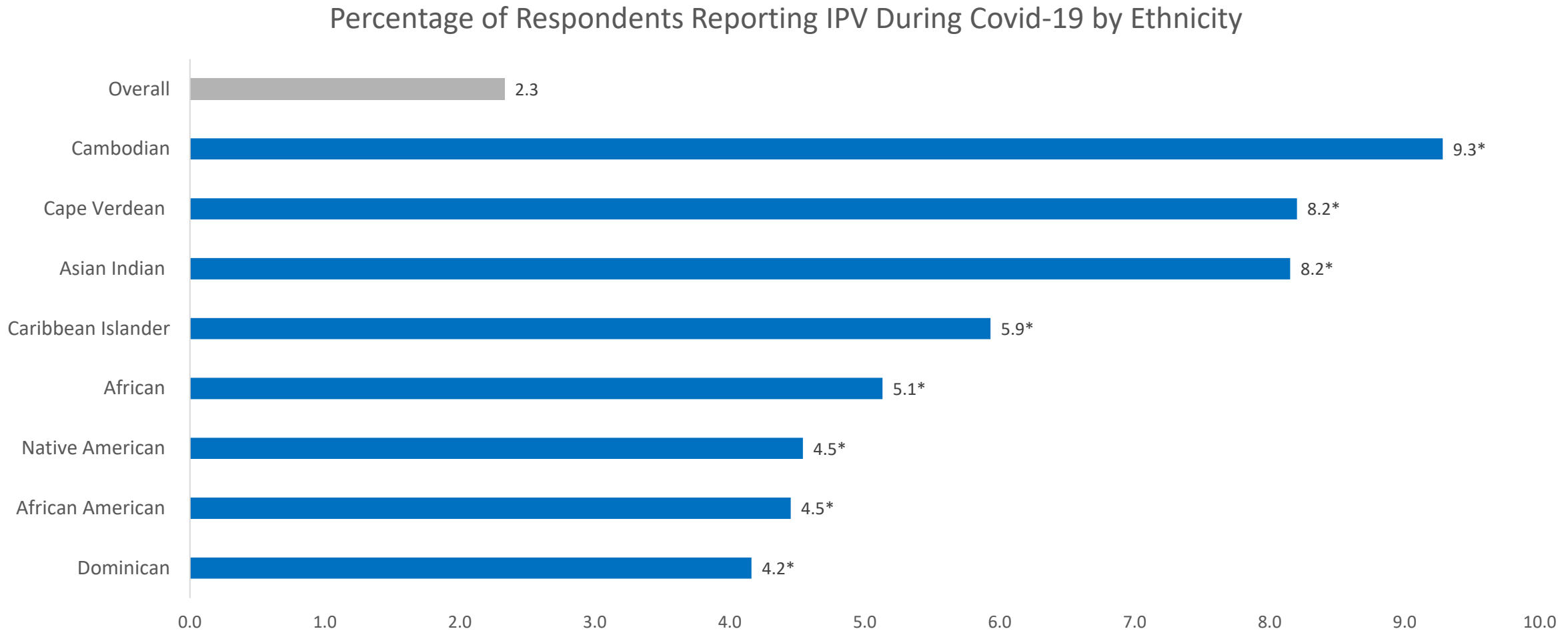

Experiences of IPV during Covid-19 were reported over **1.5 to 3x** more frequently by respondents identifying as:

- Residing in Western MA or Suffolk county
- Younger
- Of lower income
- Of lower educational attainment
- Speaking a language other than English

*Difference is statistically significant at p. < .05. Response categories for which differences were not statistically significant are not represented in graph (see Appendix for those results).

# INTIMATE PARTNER VIOLENCE & DEMOGRAPHICS (cont.)

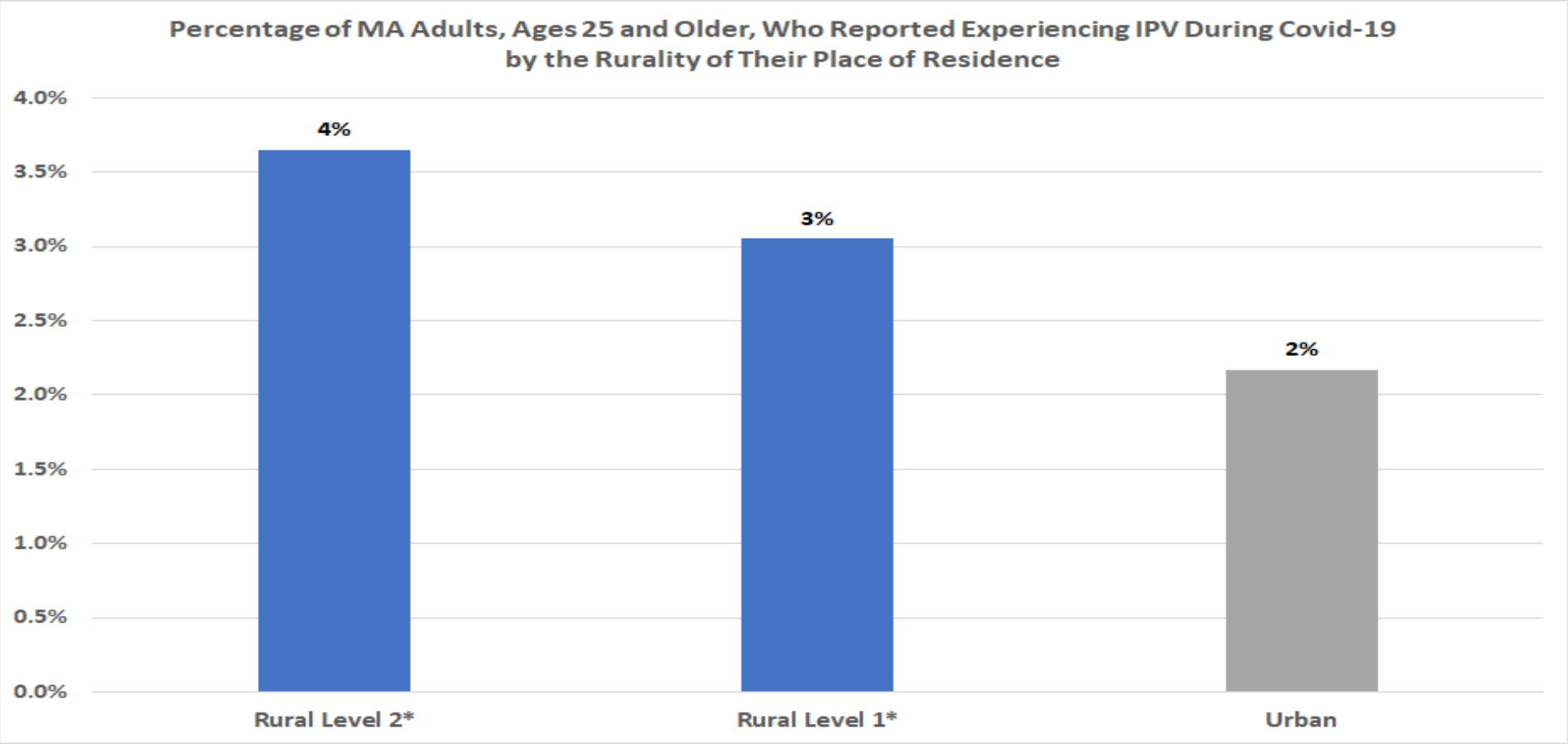
Some groups may be particularly in need of IPV screening and follow-up support services.




*Difference between people identifying as the ethnicity indicated and people not identifying as this ethnicity is statistically significant at $p < .05$.
Ethnicity responses are not mutually exclusive.

# INTIMATE PARTNER VIOLENCE & RURALITY

Adult residents in rural areas of Massachusetts† were more likely than adult residents in urban areas to report having experienced IPV in the first 6-8 months of the COVID-19 pandemic suggesting that **tailored solutions are needed to address structural barriers, based on where people live.**



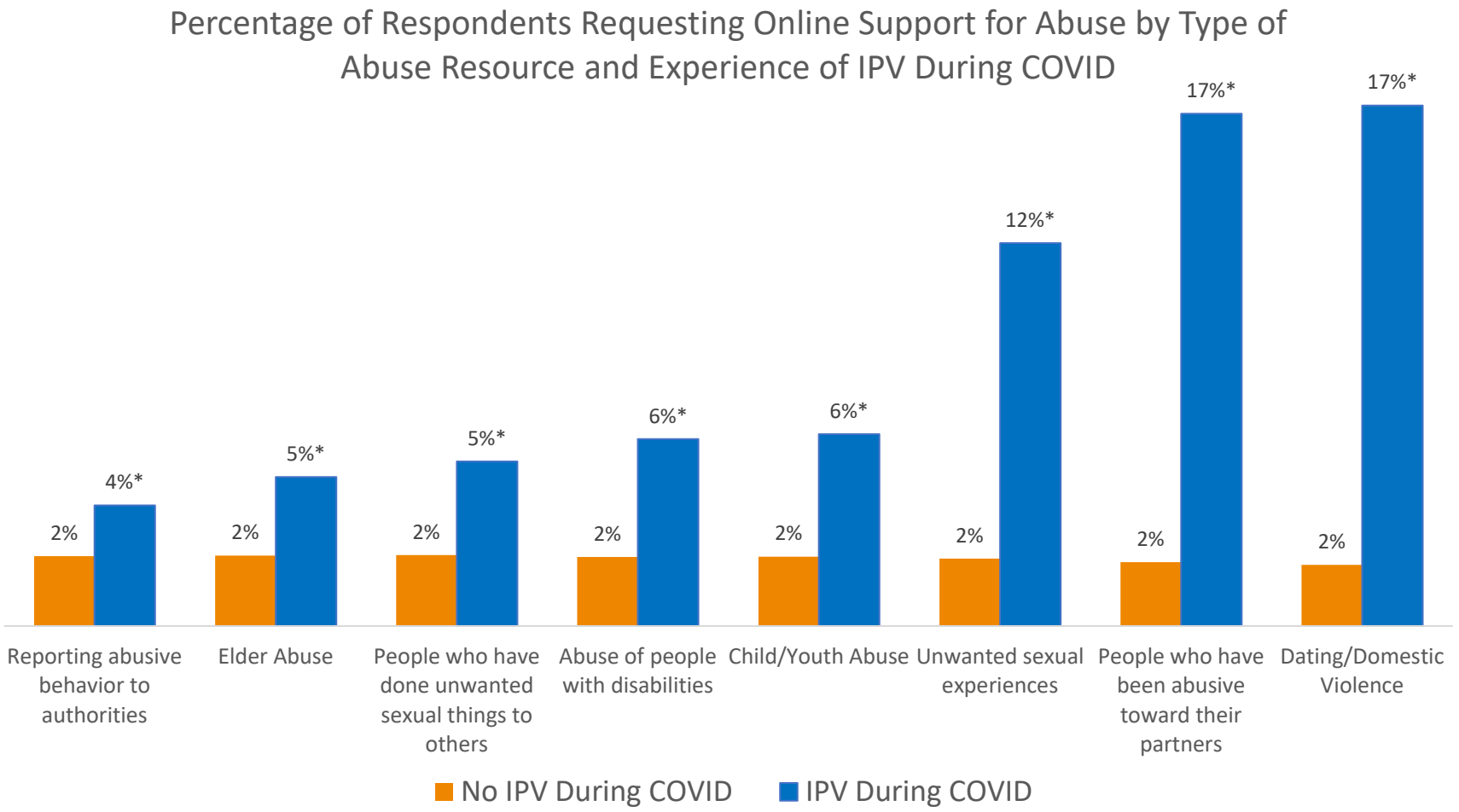

†City-town groupings were based on the MA State Office of Rural Health's MA rural designations. Rural definitions are available at: https://www.mass.gov/doc/rural-definition-detail-0/download. Towns in level two are less densely populated and more remote and isolated from urban core areas than are towns in level one, but both are considered rural.

*Difference is statistically significant at p. < .05

*Difference is statistically significant at p. < .05

# ONLINE SAFETY SUPPORTS REQUESTED BY IPV SURVIVORS

People who reported experiencing IPV during Covid-19 wanted not just IPV survivor services, but also support for other types of abuse.




*Difference is statistically significant at p. < .05

*Reaching Survivors with Resources*

Almost 1 in 4 (22%) survivors who experienced IPV during Covid-19 identified **social media** as a top source for obtaining Covid-19 information –1.5x the percentage of people who did not report experiencing IPV during Covid-19.

... reinforcing the need for tailored outreach to IPV survivors around health information and safety support resources.

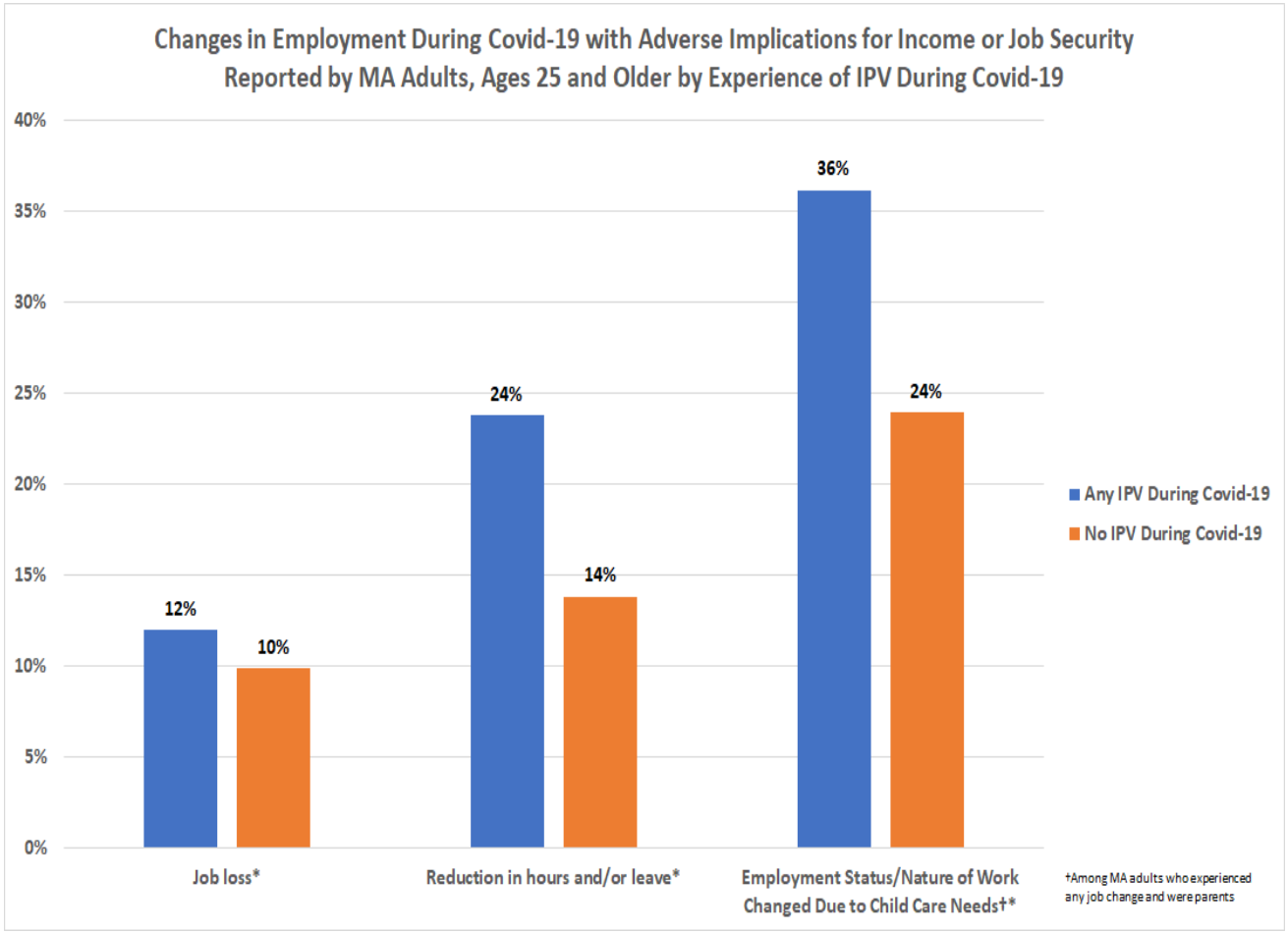
# CHANGES IN EMPLOYMENT & IPV

MA adults who reported experiencing IPV during Covid-19 were more likely than those who did not to report changes in employment during the same time period that adversely affected their personal and household income.

**The lack of stable, independent financial resources is a known barrier to leaving an abusive relationship.**

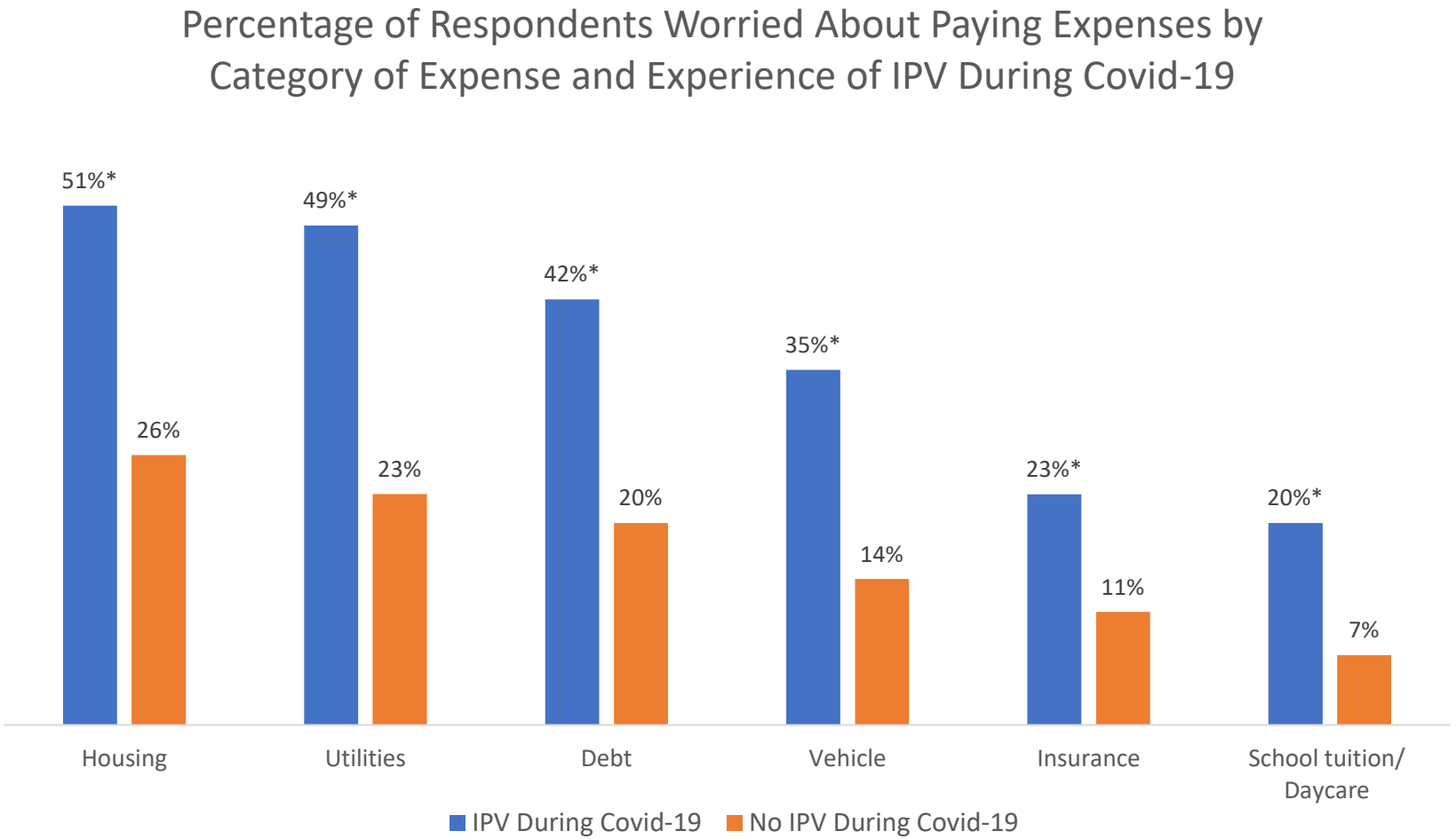
- More than 1 in 10 MA adult survivors of IPV during Covid-19 reported losing a job during this time period
- Nearly a quarter of MA adult survivors of IPV during Covid-19 reported either a reduction in work hours or having to take a leave of absence during this time period
- More than 1 in 3 MA adult survivors of IPV during Covid-19 who were parents and who experienced a change in employment status or nature of work had to make this change due to childcare needs

*Difference is statistically significant at p. < .05.



# WORRIES ABOUT EXPENSES & IPV

76% of MA adults who reported experiencing IPV during Covid-19 were worried about paying at least one expense in upcoming weeks.




*Difference is statistically significant at p. < .05

Out of respondents reporting IPV during Covid-19, respondents identifying as:

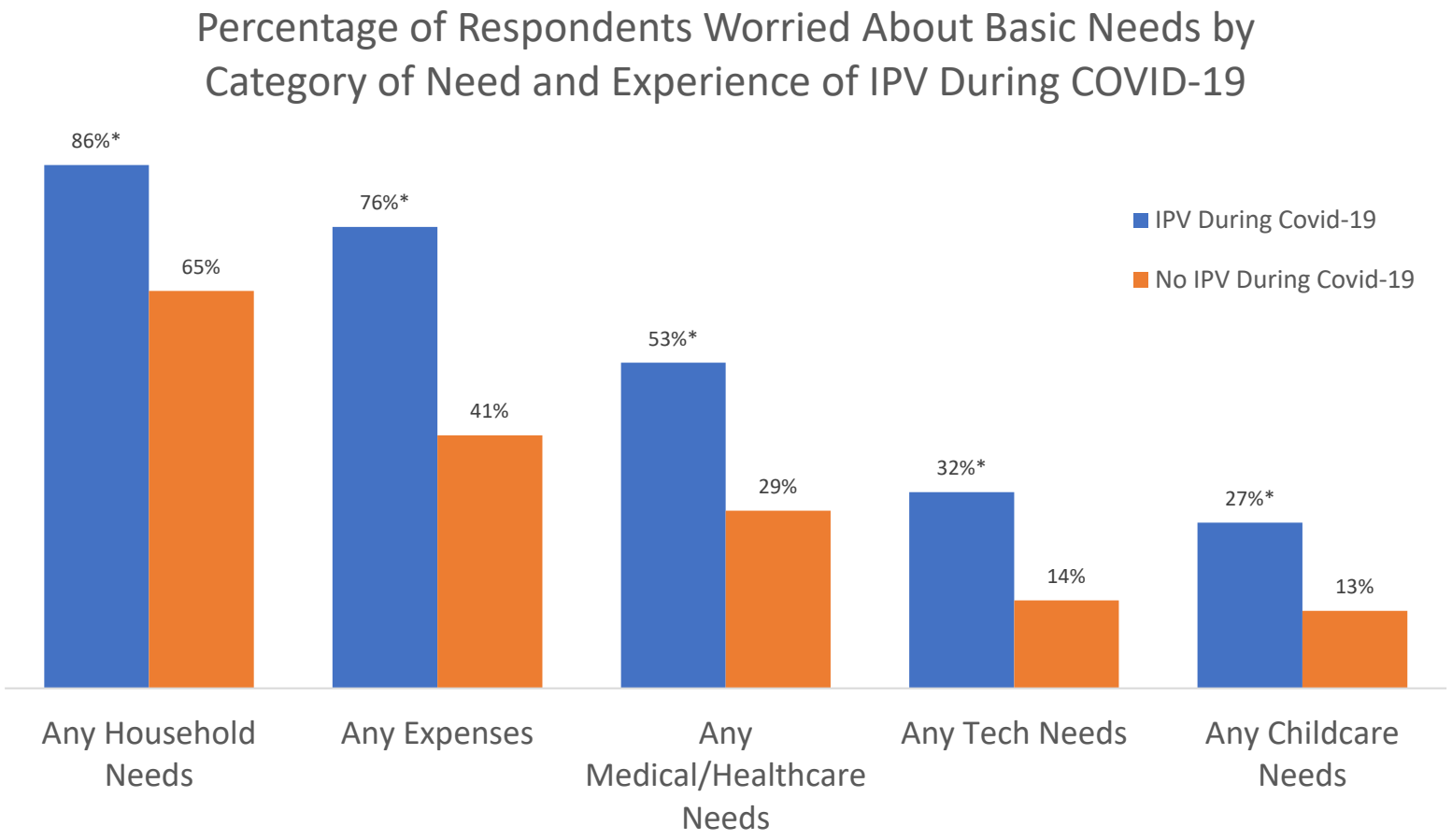
- Women*, Non-binary gender*
- Parents*
- Having a cognitive*, mobility*, and/or self-care/individual-living disability*
- Younger*
- Of lower income*

...were more likely to report worry about at least one expense.†

† As compared to 1) men; 2) non-parents; 3) no cognitive, no mobility, no self-care/ind. Living disability; 4) age 65+; 5) income of $150k+.

# WORRIES ABOUT BASIC NEEDS & IPV

Respondents who reported experiencing IPV during Covid-19 were more likely to worry about basic needs compared to those who did not report experiencing IPV during Covid-19.




| TOP BASIC NEEDS OF CONCERN TO RESPONDENTS WHO REPORTED EXPERIENCING IPV DURING COVID-19 |
|---|
| 1. Cleaning products (61%) |
| 2. Food or groceries (49%) |
| 3. Paper products (46%) |
| 4. Mental or emotional support (42%) |
| 5. Medical care or treatment (37%) |

*Difference is statistically significant at p. < .05

# HOUSING STABILITY & IPV

People who reported experiencing IPV during Covid-19 were more likely than those who did not to also report worries about housing expenses* and needing to move soon*.

## 1 in 2

Survivors were worried about paying housing-related expenses in the next few weeks.

Survivors were 3x as likely to report being worried about needing to move in the next few weeks

## 1 in 4

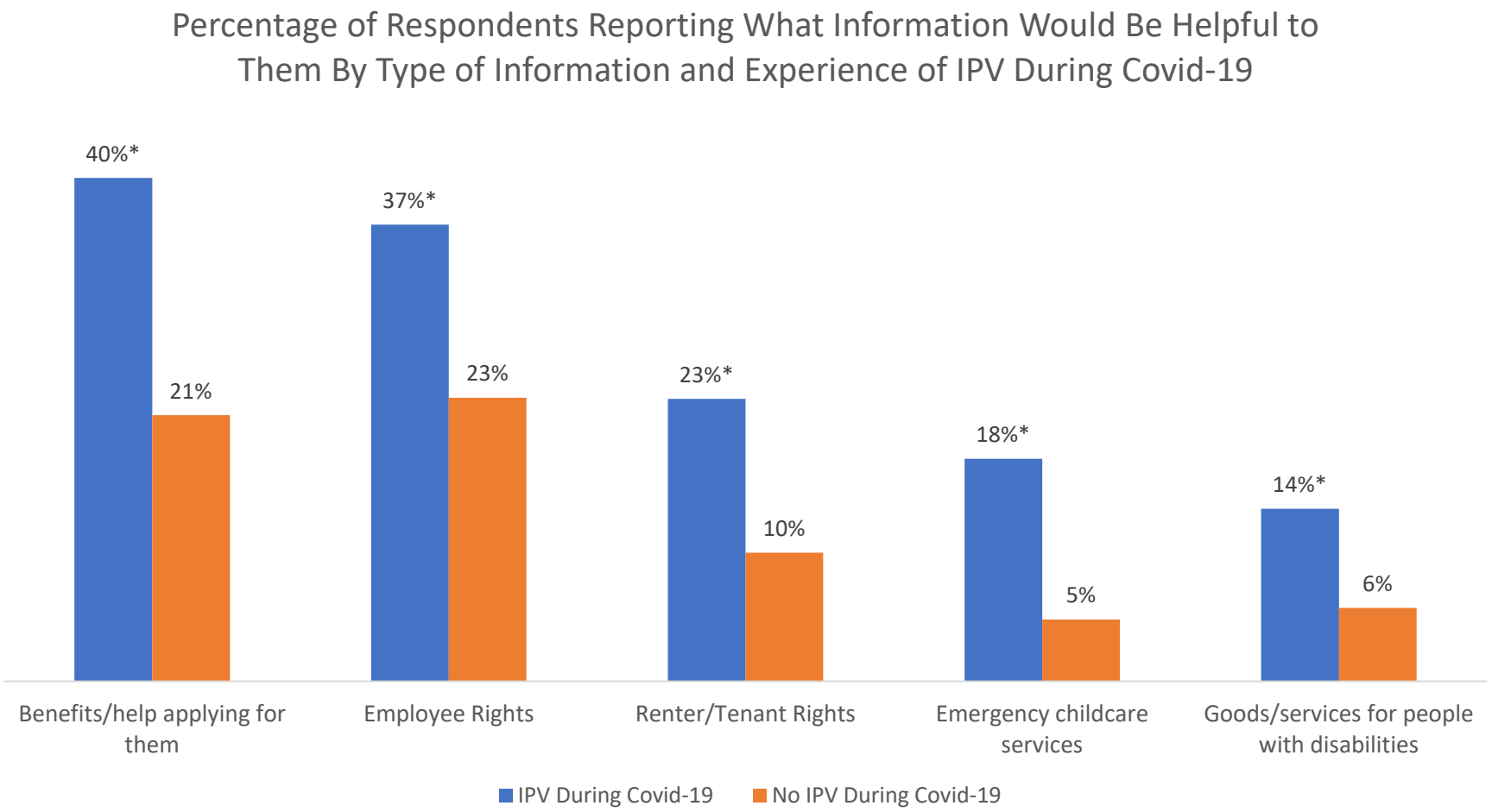
Survivors reported that having "A safe place to stay if I have to move out of my current place" would be useful right now.

…And 7X as likely to report being worried about needing to move because of conflict with roommates/family or because of experiencing abuse at home.

*Difference is statistically significant at p. < .05. Comparisons are to those who did not report experiencing IPV during Covid-19.

# REQUESTED RESOURCES & IPV

Respondents who reported experiencing IPV during Covid-19 were more likely to request information about rights and about obtaining services compared to those who did not report experiences of IPV during Covid-19.




Survivors of IPV During Covid-19 also were **3-11x** as likely to request information regarding:

- immigrant rights (6%*)
- indigenous person rights (5%*)
- translation services to obtain goods and services (4%*)

*Difference is statistically significant at $p. < .05$

# MENTAL HEALTH & IPV

MA adults who reported experiencing IPV during the first 6-8 months of the Covid-19 pandemic were 2x as likely to report experiencing poor mental health than adults who did not report experiencing IPV

Survivors of IPV during Covid-19 were more likely to report:

- 15+ Days of Poor Mental Health* (61% vs. 32%)
- 3+ Symptoms consistent with PTSD†* (49% vs. 25%)

†Attributed to experiences with Covid-19. *Difference is statistically significant at $p < .05$.

# MENTAL HEALTH & IPV

MA adults who reported experiencing IPV during Covid-19 also were more likely than those who did not to report needing certain **mental health resources**, including **resources accessed via non-traditional media**.

**The top 6 mental health resources survivors of IPV during Covid-19 identified as of potential help:**

1. Meeting in-person with a mental health professional for individual or group mental health therapy* (30%)
2. Talking to a mental health professional via video chat* (29%)
3. Using an app on a cell phone or tablet to obtain mental health support* (25%)
4. Talking to a mental health professional over the telephone* (24%)
5. Information on seeing a therapist* (24%)
6. Attending a support group via an on-line platform* (19%)

*Difference from those not reporting IPV during Covid-19 is statistically significant at $p < .05$.

# MENTAL HEALTH & IPV

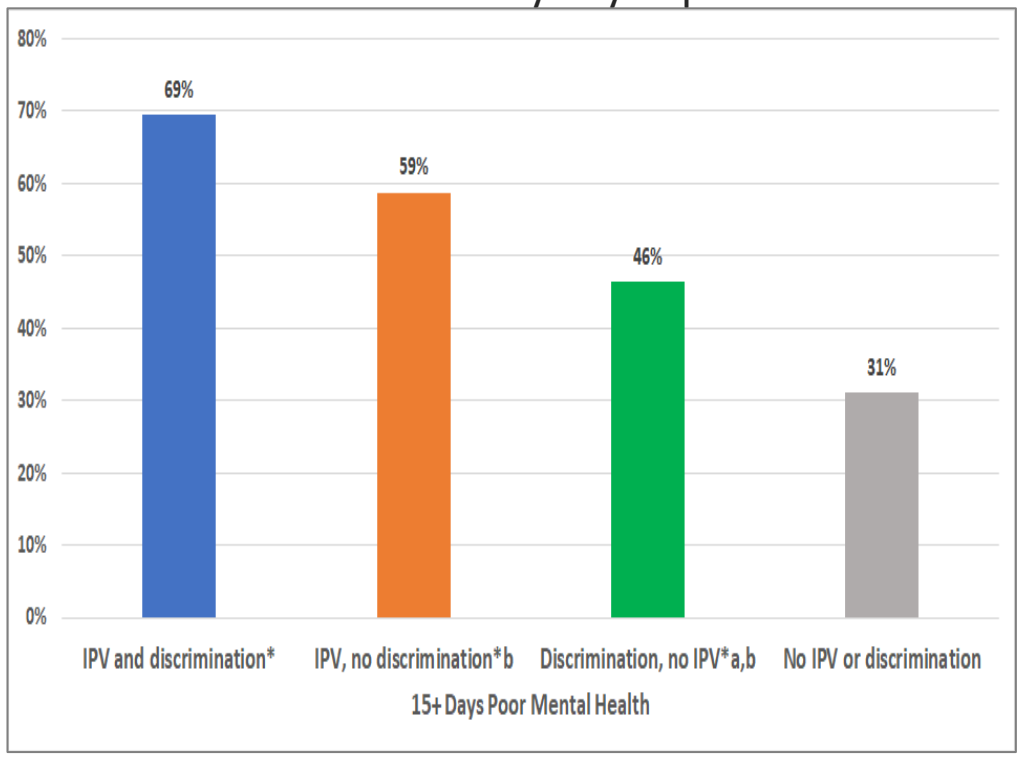
Adults who reported experiencing IPV during the pandemic were **5x as likely to report needing suicide prevention and crisis resources** as adults who did not report experiencing IPV during this time period.*

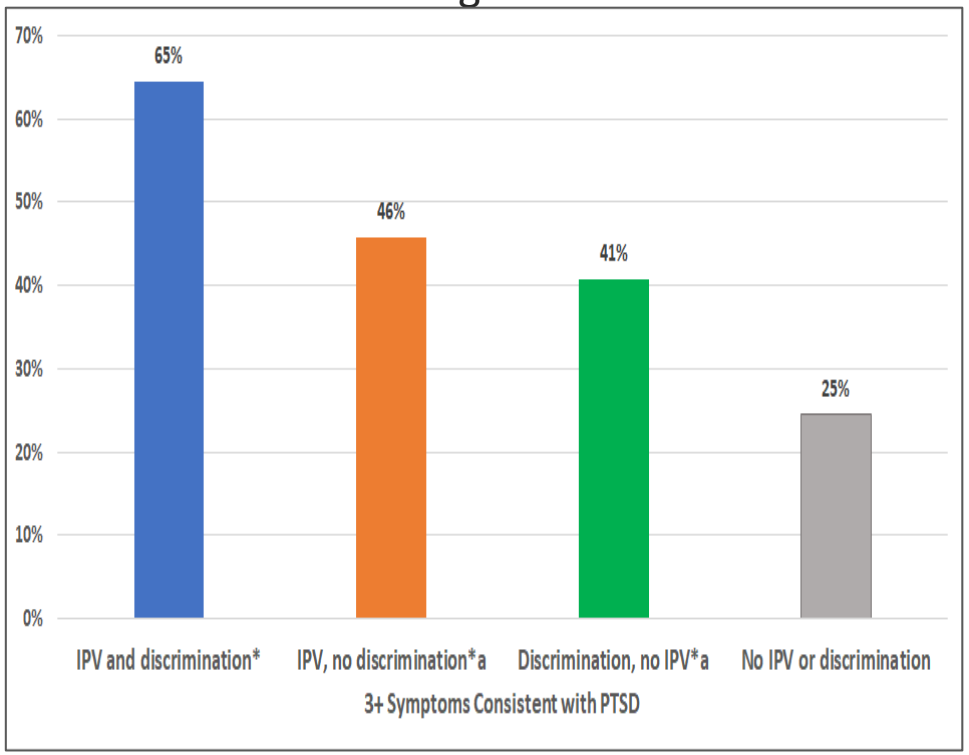
*7.8% vs. 1.4%: This difference is statistically significant at $p < .05$.

# DISCRIMINATION, IPV, & MENTAL HEALTH

Directly experiencing events that may be life-threatening (like a pandemic) and witnessing them happen to others, even just via media exposure, can have negative mental health effects, including symptoms of depression, anxiety and post-traumatic stress disorder. **Negative mental health effects are even more likely for people who also have had other traumatic experiences, like IPV or discrimination, so they may be especially in need of services and support.**

## Percentage of Respondents Reporting 15+ Poor Mental Health Days and 3+ PTSD-like Symptoms in Past 30 Days by Experiences of IPV and Discrimination During Covid-19



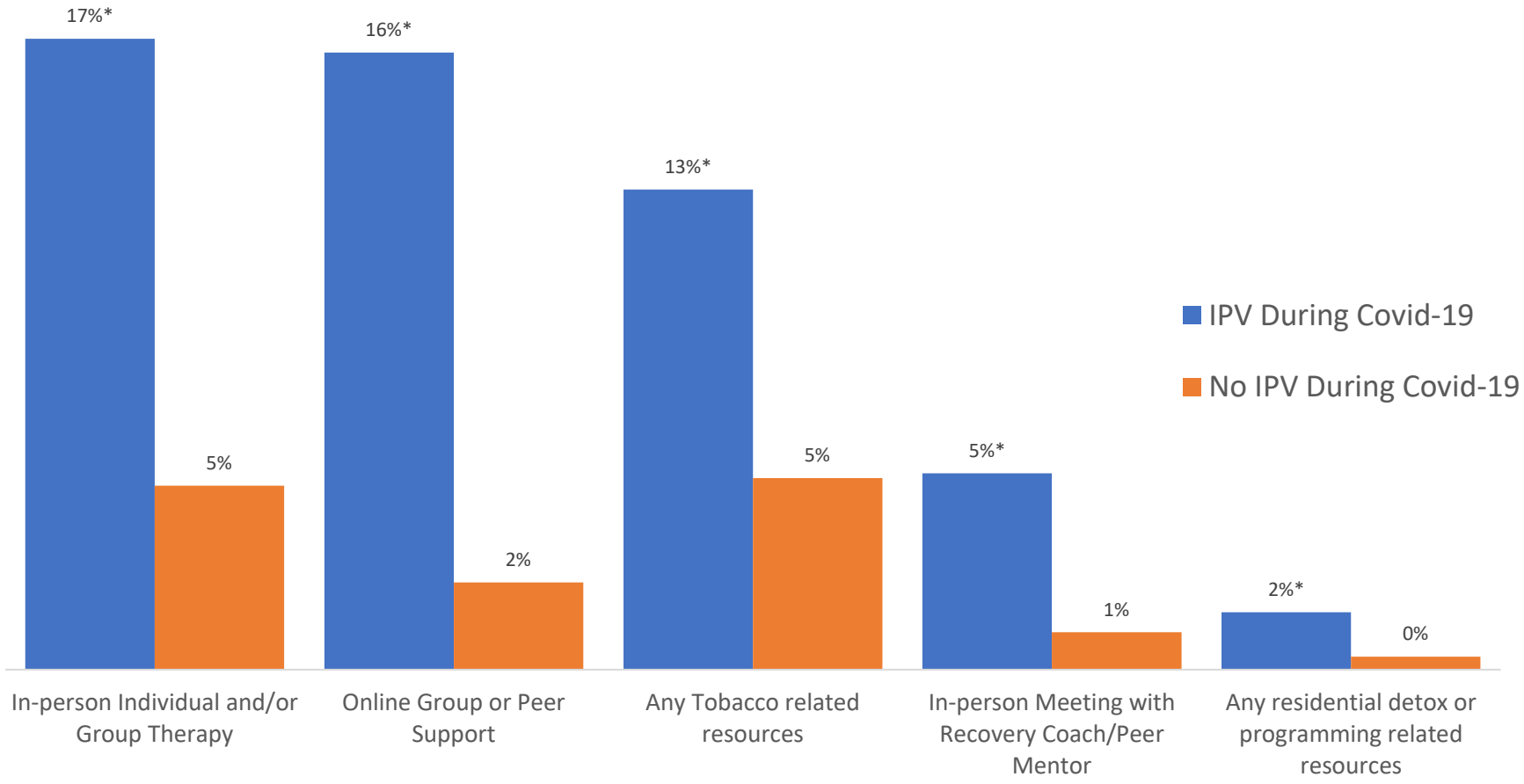

MA adults who had experienced <u>both</u> IPV <u>and</u> discrimination during the pandemic were the group that most frequently also reported each type of poor mental health (more than adults who reported neither experience as well as adults who reported either discrimination alone or IPV alone).

*Difference from referrent group is statistically significant at p. < .05. [a]Difference from "IPV and Discrimination" group is statistically significant at p < .05. [b]Difference between these two groups is statistically significant at p < .05. NOTE: The question on PTSD symptoms was in relation to experiences with Covid-19. The discrimination question was in relation to race and/or ethnicity.

# SUBSTANCE USE RESOURCES & IPV

People who reported experiencing IPV during Covid-19 were more likely to also report use and increased use of substances in the past 30 days and **3x** as likely to request one or more substance use resources.

Percentage of Respondents Requesting Substance Use Resources by Type of Resource and IPV Experience During Covid-19 Among Respondents Reporting Substance Use in the Past 30 Days




**Top 3 Substance Use Resources Requested by IPV Survivors:**

1. In-person Individual and/or Group Therapy (17%)
2. Online Group or Peer Support (16%)
3. Any Tobacco-Related Resources (13%)

*Difference is statistically significant at $p. < .05$

# DELAYS IN HEALTH CARE & IPV

MA adults who reported experiencing IPV during Covid-19 were more likely than those who did not to also report experiencing delays in medical and/or mental health care*; in particular, these were delays in urgent* and both urgent and routine care*.

**Primary care visits were the most common healthcare need to have been delayed** (reported by 62% of survivors of IPV during Covid-19 and 63% of those who did not report experiencing IPV during Covid-19).

The top 3 ***routine*** healthcare needs delayed during Covid-19 for IPV survivors† (after primary care visits) were:

1. Oral/Dental Care (54%)
2. Mental health care* (30%)
3. Chronic disease management (28%)

The top 5 ***urgent*** healthcare needs delayed during Covid-19 for IPV survivors† were:

1. Severe stress, depression, nervousness, or anxiety* (48%)
2. Oral/dental pain* (34%)
3. Chronic disease flare-up (33%)
4. Allergic Reaction* (24%)
5. Severe cold or flu symptoms* (20%)

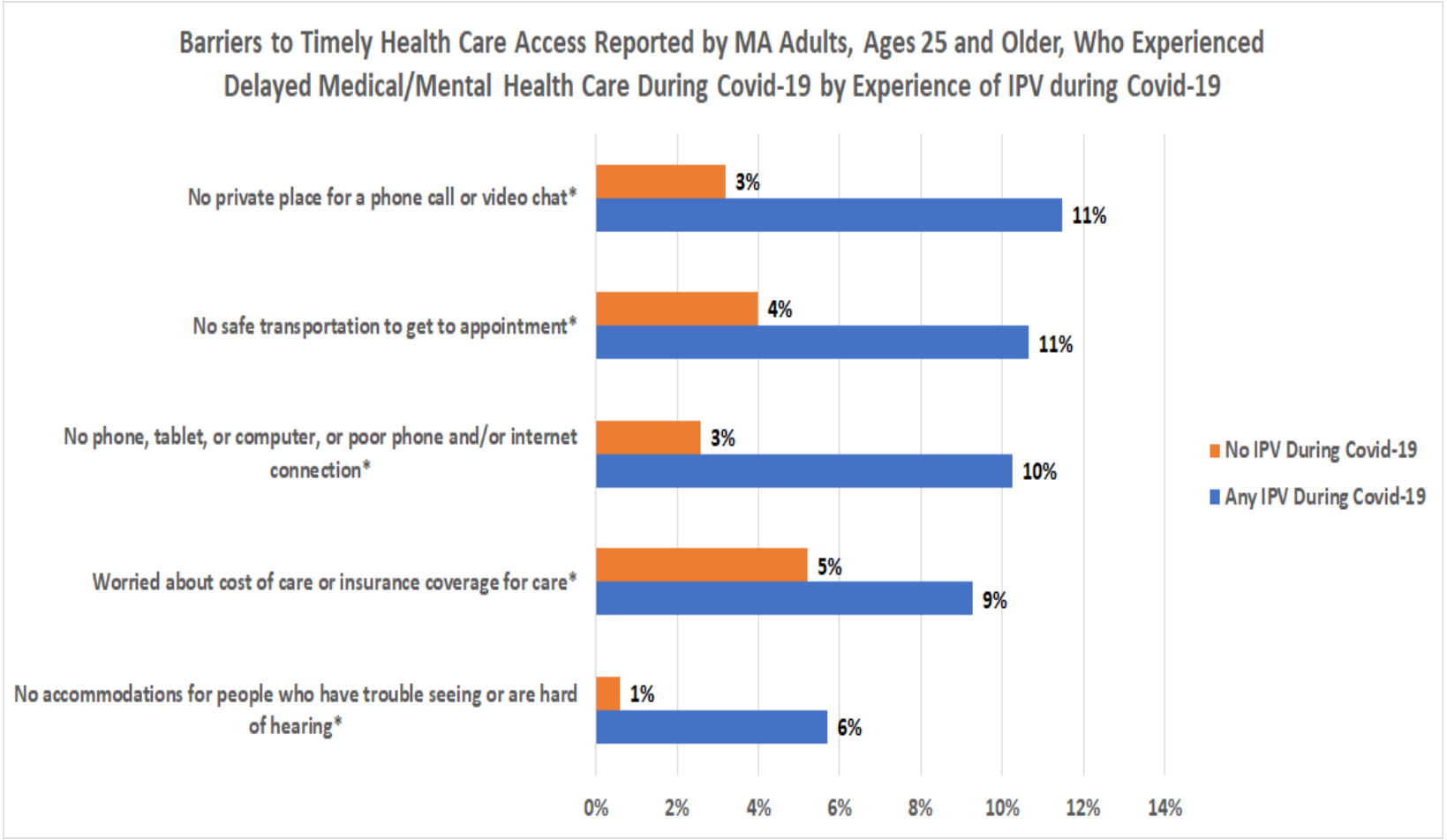
†Delays for these types of health issues were more common for those who reported experiencing IPV during Covid-19 than for those who did not.
*Difference is statistically significant at $p < .05$

# REASONS FOR DELAYS IN HEALTH CARE & IPV

The primary barriers to medical and/or mental health care faced by IPV survivors were **structural**, such as: lack of disability accommodations, transportation, insurance/cost barriers, and technology access.

Regardless of reported experience with IPV during Covid-19, the two most common barriers to timely health care access during this period were:

- Appointment cancellations, delays, and long wait times (55% of those who reported experiencing IPV and 60% of those who did not report IPV)
- Worry about catching Covid-19 by seeing a doctor in person (22% of those who reported experiencing IPV and 24% of those who did not report IPV)




*Difference is statistically significant at p. < .05

# TESTING ACCESS BARRIERS & IPV

Those who reported experiencing IPV during Covid-19 also were **2-5 times more likely** to report structural barriers to testing, including not knowing where to go and cost and insurance barriers.

After not having symptoms, the top reasons for never having been tested among Survivors of IPV During Covid-19 were:

| | | |
|---|---|---|
| 1) Had symptoms but didn't meet testing criteria | 12%* | 3x |
| 2) Didn't know where to go | 11%* | 3x |
| 3) Had mild symptoms | 7%* | 2.5x |
| 4) Test was too expensive | 6%* | 2x |
| 5) Didn't have health insurance | 4%* | 5x |

Higher than those who did not report experiencing IPV during Covid-19

*Differences were statistically significant at $p < 0.05$ level

# KEY TAKEAWAYS

IPV survivors were:

- more likely to experience job losses, reductions in work hours or the need to take leave, and to be concerned about housing stability
- more likely to indicate that they needed a variety of basic resources, including household and technology resources
- less likely to have access to physical and mental health care due to a variety of structural barriers despite being more likely to report symptoms of poor mental health and emotional distress and several types of urgent physical medical care needs

# NEED IPV OR SEXUAL VIOLENCE RESOURCES?

**Call** SafeLink, the MA statewide toll-free domestic violence hotline: **(877) 785-2020**

Deaf and hard-of-hearing callers can reach SafeLink via **video relay service** using the main number **(877) 785-2020**, or by **TTY at (877) 521-2601**.

**Or, visit** https://www.mass.gov/sexual-and-domestic-violence-prevention-and-services for the contact information of agencies who serve:

- Sexual assault and rape survivors (Rape Crisis Centers)
- Domestic violence/IPV survivors and their children (through a variety of service models)
- People who abuse their intimate partners (MA-certified Intimate Partner Abuse Education Programs)

# WANT TO KNOW MORE?

Visit http://mass.gov/covidsurvey for more information on how residents of Massachusetts have been impacted by the pandemic and how we can all work together to turn these data into action!