



University of
New Haven

University of New Haven

Digital Commons @ New Haven

Honors Theses

Student Works

12-23-2022

The Impact of the COVID-19 Pandemic on Risk Factors for Fatal Intimate Partner Violence and Domestic Violence Services Provided

Faith E. Alves

Follow this and additional works at: <https://digitalcommons.newhaven.edu/honorstheses>



Part of the [Criminology and Criminal Justice Commons](#)

UNIVERSITY OF NEW HAVEN
HONORS PROGRAM

2022-2023 Honors Thesis

The Impact of the COVID-19 Pandemic on
Risk Factors for Fatal Intimate Partner
Violence and Domestic Violence Services
Provided

Faith E. Alves


A thesis presented in partial fulfillment of the requirements of the Undergraduate Honors
Program at the University of New Haven.

Thesis Advisor:



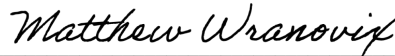
(Signature)

Department Chair:

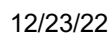


(Signature)

Honors Program Director:



(Signature)



Date

The Impact of the COVID-19 Pandemic on Risk Factors for Fatal Intimate Partner Violence and
Domestic Violence Services Provided

Faith E. Alves

Department of Criminal Justice

University of New Haven

Table of Contents

Abstract.....	4
Impact of the COVID-19 Pandemic on Risk Factors for Fatal Intimate Partner Violence and Domestic Violence Services Provided	5
Literature Review.....	6
Intimate Partner Violence.....	6
Risk Factors for IPV and Intimate Partner Homicide (IPH).....	6
IPV and Social Upheaval	8
The COVID-19 Pandemic and IPV	8
Impacts of the COVID-19 Pandemic on Domestic Violence Services.....	11
Police-Social Service IPV Intervention	12
The Lethality Assessment Program	13
Current Study.....	15
Method	15
Data.....	15
Measures	17
Risk for Fatal IPV	17
Services Provided.....	18
Results.....	19
Descriptive Statistics.....	19
Changes in Risk Factors for Fatal Domestic Violence	20

Changes in Service Provision	20
Discussion	21
Changes in Risk Factors for Fatal IPV	21
Changes in Service Provision	23
Law Enforcement Services	23
Criminal Justice Services	24
Domestic Violence Services	24
Limitations and Directions for Future Research	25
Limitations	25
Directions for Future Research	26
Policy Limitations	27
Conclusion	28
References	29
Tables	39
Appendix	41

Abstract

The current study assessed the COVID-19 pandemic-related changes in risk factors for fatal intimate partner violence (IPV) among female victims. It additionally analyzed IPV services received before and during the pandemic. Data came from a system that most domestic violence (DV) agencies in Connecticut utilize to record their contacts with their clients, including an initial screening through a police-social service intervention. Results indicated that unemployment of the partner was significantly higher in the during-COVID group. Additionally, the delivery of criminal justice services was significantly higher in the pre-COVID group whereas delivery of law enforcement services was significantly higher in the during-COVID group. The results of this study can provide directions to DV agencies in their responses to women in violent relationships during societal upheaval that impacts an entire nation. The results can aid agencies in recognizing the fatal nature of IPV during natural disasters. The law enforcement and criminal justice agencies should use the results of this study to make adjustments to their IPV responses during times of societal upheaval in order to respond quickly and more effectively to high risk victims.

Keywords: Lethality Assessment Program, intimate partner violence intervention, COVID-19 pandemic, domestic violence services

The Impact of the COVID-19 Pandemic on Risk Factors for Fatal Intimate Partner Violence and Domestic Violence Services Provided

Due to the COVID-19 pandemic, many countries imposed guidelines such as social distancing orders to protect their citizens against the spread of the COVID-19 virus. The first recorded case of COVID-19 was in Wuhan, China in December 2019 (Ashby, 2020). The United States responded to COVID-19 cases by implementing measures to mitigate the spread of the disease. Such measures included social distancing and stay-at-home orders, which were first implemented in March 2020 (Ashby, 2020). Many communities within North America and the United Kingdom responded to an influx of hotline calls and DV calls for help in the first two weeks of the pandemic (Kaukinen, 2020; Kourti et al., 2021; Piquero et al., 2020). The United Nations Secretary, Antonio Guterres (2020), discussed the increase of the response to COVID-19 on IPV on April 5th, 2020:

We know lockdowns and quarantines are essential to suppression COVID-19, but they can trap women with abusive partners... Over the past weeks, as the economic and social pressures and fear have grown, we have seen a horrifying surge in domestic violence.

The present study investigated the impact of the COVID-19 pandemic on the risk factors for fatal intimate partner violence (IPV)¹ as well as the impact on services provided. Due to many services being stopped or paused due to social distancing mandates or moving to online options such as Zoom, many DV services were unable to connect to certain victims. In the early days of the pandemic, victims of IPV may have experienced an increased level of violence due to the inability to access shelters or supports including friends, family, and IPV services (Ravi et al.,

¹The use of the term domestic violence encompasses different types of violence within households including IPV, violence against the elderly, and violence against children. For the purpose of this study, IPV will be used to reference the violence within intimate relationships. The term domestic violence will be used primarily when referencing services for IPV victims.

2021). In examining the changes in risk factors and the provision of services before and during the COVID-19 pandemic, we can determine to what extent the pandemic impacted IPV in the lives of high-risk victims via risk factors and services received in the context of the pandemic.

Literature Review

Intimate Partner Violence

IPV is a widespread problem as well as a public health issue, especially during times of societal upheaval. There are numerous definitions of IPV, which are often broad. In contrast, the NISVS specifically defines IPV as events of “sexual violence, stalking, physical violence, psychological aggression, and intimate partner violence-related impact [which includes] concerns of safety, missing at least one day of work/school, or need for services” (Smith et al., 2018, p. 7) by any current or previous intimate partner. In 2006, the World Health Organization determined that approximately 30-60% of women globally had been victims of IPV (Alejo, 2014), and the National Intimate Partner and Sexual Violence Survey (NISVS), conducted in the United States, found that 43.6% of females have been subject to sexual violence, physical violence, and/or stalking (Smith et al., 2018). According to Smith et al. (2018), one in four women have reported sexual violence, physical violence, and/or stalking compared to 1 in 10 men experiencing sexual or physical violence or stalking. Fatal IPV is the most serious form of IPV (Dutton et al., 2018). In 2019, 65% of all murder-suicides were IPV fatalities, of which 95% were femicide-suicides (Violence Policy Center, 2020).

Risk Factors for IPV and Intimate Partner Homicide (IPH)

Risk factors for IPV are circumstances, characteristics, or conditions that place individuals at an increased risk of being a victim (Shenderovich et al., 2016). Almis et al. (2018) found that both partner-generated risks and life-generated risks impact the life of the victim.

Partner-generated risks stem from physical abuse from a violent partner (Davies, 2017). Life-generated risks come from life circumstances, such as poor health (Davies, 2017). Almis et al.'s (2018) study found that women who have history of depression, low educational standing, low socioeconomic status, alcohol abuse, and childhood exposure to violence are more at risk for becoming victims of IPV.

Since the 1990s, there has been a decline in the rates of IPV in the United States (Kaukinen, 2020). Kaukinen (2020) attributed these changes to a decrease in financial status of the victim and perpetrator, women's dependence on marital status, and increased awareness of IPV services as well as signs and symptoms. Connecticut averages approximately 112 homicides a year and 14 IPH occurrences per year (CCADV, 2021; CTDPH, 2020), meaning that IPH occurrences make up approximately 12.5% of Connecticut homicides annually. In 2015, there were 3,938 homicide incidents and 64% of female homicide victims were killed by an intimate partner (US Federal Bureau of Investigation, 2015; Websdale et al., 2019).

Risk factors for femicide, or intimate partner homicide (IPH), include physical violence within the relationship, unemployment, drug abuse, ownership of a firearm, presence of child that is not theirs, and physical separation from the abuser (Campbell et al., 2003). Campbell et al.'s (2003) study revealed that women who have children from a previous marriage and are now involved in a violent relationship are more at risk for IPH. The study also revealed that abused women who leave their violent partners are also more at risk for IPH than those who stay in the relationship. Campbell et al. (2003) added couples who live together but are not married to the list of IPH risk factors. Some risk factors for IPH overlap with risk factors for IPV. These overlapping risk factors include sexual assault, stalking, suicide threats or attempts by the abuser, and child abuse (Campbell et al., 2003). Importantly, Campbell et al. (2003) found that only 50%

of the victims at risk for lethal IPV believed their abuser was capable of IPH. It appears that little research has been conducted that focuses on the impact of the COVID-19 pandemic on the risk factors for fatal IPV. The importance of research into the risk factors aids in discovering to what extent periods of significant social disruption impact victims at high risk of serious IPV.

IPV and Social Upheaval

Hurricane Katrina and the 2010 Haitian earthquake are other examples of societal upheaval also impacted victims of IPV. Homicide rates also mirrored the decline of IPH with a decrease from 10.7 to 5.1 homicide victims per 100,000 people from 1980 to 2013 (Sumner et al., 2015). During Hurricane Katrina, Schumacher et al. (2010) found that 45.2% of women experienced psychological IPV following the hurricane as compared to the 33.6% of women who reported experiencing psychological IPV prior to the hurricane. Additionally, there was a 95% increase in the presence of physical violence within the relationship before and after Hurricane Katrina (Schumacher et al., 2010). The increased risk of victimization of IPV is negatively impacted by the presence of post-traumatic stress disorder and post-incident depression (Schumacher et al., 2010). The results are also similar for the 2010 Haitian earthquake. While the prevalence of IPV in Haiti before the earthquake was high (59.6%), after the earthquake the prevalence of IPV increased to 62% of women reporting abuse (Campbell et al., 2016). Thus, it is important to examine the impact of the COVID-19 pandemic on victims of IPV.

The COVID-19 Pandemic and IPV

Recent studies have shown that the COVID-19 pandemic substantially increased risk factors for IPV (Kaukinen, 2020). Examples included increased stress levels, unemployment, confinement/isolation, and health anxiety. Lyons and Brewer (2022) found that the increased

unemployment levels and increased time spent at home not only increased the stress level between the victim and the abuser but reduced the opportunities many victims had to leave.

While keeping the community safe from the spread of COVID-19, the community of IPV victims were placed at even greater risk (Kaukinen, 2020). The United Kingdom reported that IPV calls increased in the first week of stay-at-home orders (Kaukinen, 2020). A similar short-term spike lasting approximately 1-2 weeks was also reported in Dallas, Texas (Piquero et al., 2020). Several studies in North American reported a 12% increase in IPV reports and a 16% increase in first time abuse reports (Kourti et al., 2021). The Rape, Abuse, and Incest National Network (RAINN) reported a 22% increase in calls during the first month of lockdown to the National Sexual Assault Hotline (Piquero et al., 2020). These reports are consistent with exposure reduction theory which posits that IPV severity will increase due to the stressors such as finances and health anxiety, and proximity of the victim and their aggressors (Caman, 2017). Exposure reduction theory postulates that factors that decrease the interactions between partners such as education and employment decrease the risk of violence (Caman, 2017). Based on this principal, Hsu, and Henke (2020) argue that IPV is a crime of opportunity and therefore the increased proximity of individuals due to COVID-19 protocols creates more opportunities for violence.

Due to the stay-at-home orders during the pandemic, abusers were able to assert more control over decision-making (Kaukinen, 2020; Ravi et al., 2021). The mandated stay-at-home orders mirror IPV in forms such as isolation from family and friends and controlling the movements of the victims (Piquero et al., 2020). This government-ordered confinement can cause extreme stress for IPV survivors and cause additional trauma (Ravi et. al, 2021). This additional trauma can result in victims altering their behaviors and reactions to interactions,

smells, sounds, and places by acting as triggers (Pain, 2020). For example, a victim may come to associate the smell of rubbing alcohol or hand sanitizer with abuse which can trigger an emotional or behavioral response. Ravi et al. (2021) discuss the issue of abusers “weaponizing COVID-19” (p. 2). The weaponization can come in the forms of fear tactics, forbidding the use of sanitizing products, or withholding medical treatment.

The COVID-19 pandemic has had unique impacts on IPV. Many victims of IPV depended economically on their partners due to a lack of education or employment or a combination of both (Kaukinen, 2020). Due to social distancing, higher unemployment rates, and transition of education from in-person to virtual, the chance of leaving the violent intimate partner became more difficult. Kaukinen (2020) noted that any finance-related distress is likely to increase violence or aggression due to reduced finances. Research has suggested that social isolation conditions are associated with an increase of alcohol abuse which can increase the prevalence of IPV (Kaukinen, 2020). Victims blame the violent and abusive behaviors on the increased consumption of alcohol due to the stay-at-home orders while abusers use alcohol as a justification for their behaviors (Kaukinen, 2020).

Ravi et al. (2021) noted an increase in new victims of IPV due to social distancing and stay-at-home orders. They found that the DV services available during the COVID-19 pandemic were extremely limited, and many of their participants felt isolated. Additionally, the participants reported an escalation of violence and IPV risk factors they experienced. Ravi et al.’s (2021) study revealed that the increase in specific risk factors such as additional pandemic-related stress, unemployment, reduction in income, and lack of social support increased the risk of IPV.

Impacts of the COVID-19 Pandemic on Domestic Violence Services

DV agencies provide a range of services for victims of IPV. They provide advocacy for the criminal justice and civil/legal system issues. In addition, they aid victims in navigating the criminal justice system including interactions with law enforcement. In addition, DV agencies provide support, crisis intervention, and safety planning with victims. Little research has been conducted that focuses on the impact of the COVID-19 pandemic on the provision of DV services to victims of IPV. The provision of services is an important focus due to the lack of access that times of significant societal upheaval can have on individuals seeking DV services (Kaukinen, 2020).

The COVID-19 pandemic resulted in an increased need for IPV services. The National Domestic Violence Hotline (2020) reported an increase in calls due to stay-at-home orders with people in unsafe home situations and a lack of access to formal and informal support (Wood et al., 2020). Leslie and Wilson (2020) found a 7.5% increase in IPV service calls in several major cities throughout the United States. Kaukinen (2020) suggested that the impact of unemployment rates due to the COVID-19 pandemic on victims of IPV includes the inability to end violent relationships due to social distancing and isolation from others including families.

The pandemic brought challenges to DV service providers. IPV hotline operators, services, and first responders adapted constantly in order to evolve with the ever-changing climate with the COVID-19 pandemic and its impacts on IPV (McLay, 2020). There were many innovative adaptations for DV service delivery through chat, text, video, or meeting clients whether it be at their homes or another safe place of their choice (Wood et al., 2020). Some of these adaptations were not sufficient to meet the needs of clients who may not utilize video services because of potential abuser retaliation due to utilizing the services within the shared

residence (McLay, 2020; Piqero et al., 2020; Wood et al., 2020). Data on services received through agencies during the pandemic showed a decrease due to pandemic-related mandates (e.g., social distancing, quarantine orders), which prevented many victims from seeking social service assistance (Kaukinen, 2020). Despite the initial one-to-two-week spike of calls as seen in Dallas, Texas and the United Kingdom, a decrease in calls for assistance could be due to a lack of access to a safe place to call and/or the inability to research DV services and support in leaving due to the COVID-19 prevention methods (Kaukinen, 2020; Ravi et al., 2021).

Before the pandemic, the need for housing for IPV survivors was already high. However, due to social distancing, the number of open beds became even more limited during the pandemic (Nnawulezi & HacsKaylo, 2020; Wood et al., 2020). By having limited resources (e.g., beds, services, personnel) combined with an increased level of need resulted in individuals left unaided. The pandemic left many individuals with minimal access to services as the stay-at-home orders forced victims of IPV to isolate with their abusers (Kaukinen, 2020; McLay, 2020).

Police-Social Service IPV Intervention

Police and social services often work together on IPV intervention. Often called a collaborative approach to family violence, police-social service IPV intervention recognizes the unique needs of IPV victims and the limitations of law enforcement intervention (Giacomazzi & Smithey, 2004; Rauhaus et al., 2020).

Ward-Lasher et al. (2017) examined how a team comprised of an officer and a social service agent perform follow up assessments to IPV victims to provide additional resources. Victims who received the follow up assessment were less likely than victims who did not receive a follow up assessment to make a future report to the police (Ward-Lasher et al., 2017). Victims of IPV who seek formal support (police and social services) are less likely to be revictimized by

their abusers (Augustyn & Willyard, 2020). Augustyn and Willyard (2020) found that the hesitancy of IPV victims in contacting formal support systems is mostly due to fear of retaliation by the abuser. However, those who do contact formal support systems do so because of the extreme violence they are experiencing. IPV victims who seek support from police agencies are more likely to seek support from social service agencies than IPV victims who do not, which may be attributed to one system urging the victim to contact the other system for protection or support (Augustyn & Willyard, 2020).

The Lethality Assessment Program

One police-social service IPV intervention is the Lethality Assessment Program (LAP), which was created to improve the effectiveness of law enforcement's response to IPV calls. The LAP helps identify IPV victims at high risk for lethal IPV and then connect them with services (Dutton et al., 2018). During an IPV call, a law enforcement officer utilizes the 11-question LAP screen to evaluate if the victim is at risk for lethal IPV (Dutton et al., 2018). These 11 questions were developed from the Danger Assessment (DA) for law enforcement officers to use during DV calls (Campbell et al., 2003; Dutton et al., 2018). The DA was initially designed to assess the risk of women victims of IPV killing their male abuser as well as being murdered by their male abuser (Campbell et al., 2009). The DA is a 21-question tool that assesses risk factors of IPV (Campbell et al., 2009). The LAP was derived from the DA as a specific assessment tool utilized in the field by law enforcement officers during DV calls. A victim's affirmative response to any one of the first three questions that assess the most serious risk factors for IPV (i.e., threats to kill, perpetrators use of a weapon, and belief of capability of homicide), the victims are flagged as "high danger" for fatal IPV (CCADV, 2020; Dutton et al., 2018). If the victim answers no to the first three questions but gives positive responses to three out of eight remaining questions,

they screen in as high danger (CCADV, 2020). The risk factors covered include the perpetrator's access to a firearm, attempts to choke the victim, acts of jealousy and controlling behavior, physical separation of the couple, perpetrator's unemployment, suicide attempts by the perpetrator, perpetrator's knowledge of a child that is not theirs, and following/spying/leaving threatening messages (CCADV, 2020). After the victim screens in as high risk, the law enforcement officers contact a local IPV hotline where either the victim or the officer on behalf of the victim speaks with an advocate (Dutton et al., 2018). If the victim chooses to speak with the advocate, the advocate will recommend services and partake in safety planning with the victim. If the victim does not wish to speak with an advocate, the officer will discuss safety planning strategies with the advocate and then relay those plans to the victim.

The main goal of the LAP is to connect high-risk IPV victims with social services during a police response to a DV call (Messing et al., 2015). Dutton et al. (2017) found that law enforcement officers and victim advocates agreed that the LAP enabled victims access to support, services, and resources, as well as to realize the seriousness of their situation. Additionally, Messing et al.'s (2015) study showed that victims who spoke to an advocate after being screened were more likely to engage in protective actions such as seeking a protective order and going into a shelter and were less likely to report extreme IPV in the future.

The LAP was developed by the Maryland Network Against Domestic Violence (MNADV) in collaboration between law enforcement agencies and DV advocacy organizations to implement intervention during a IPV incident (Messing et al., 2015; MNADV, LAP: Overview). Currently, the LAP has been implemented in 39 states (MNADV, LAP: Overview). Messing et al.'s (2015) study focused on the effectiveness of the LAP in reducing IPV or increasing rates of safety planning. The study found that there was an increase in safety planning

and protective strategies between the group of women who would have screened in as high risk and the group of women that did screen in as high risk (Messing et al., 2015). However, there was no significant change in the presence of IPV between the groups (Messing et al., 2015). According to these findings, the LAP is assumed to be a successful intervention strategy aid post IPV incident.

Current Study

The goal of this study was to assess the extent to which risk factors for IPV and IPV related service delivery were impacted by the COVID-19 pandemic among a sample of high-risk female IPV victims. Due to prior research being focused on the more immediate effects of the pandemic on IPV during the initial two to three weeks following the initial lockdown, this study focused on the six months prior to DV services moving online to the pandemic and the six months afterward. This study sought to answer the following research questions:

- To what extent did the COVID-19 pandemic impact the risk factors for fatal IPV?
- To what extent did the COVID-19 pandemic impact the delivery of services provided by DV agencies?

Method

Data

The data provided for the study were from the Efforts to Outcome (ETO) system. The ETO system is utilized by 16 out of the 18 domestic violence agencies in Connecticut to record the details of every contact with their clients, including an initial LAP screen. Each catchment area has a dedicated LAP telephone line implemented through collaboration with CCADV and each membership agency for advocates to take calls from police officers and speak to victims of IPV about the services available to them and develop a safety plan. Often, officer calls go

directly to the CCADV's SafeConnect Program, a DV resource platform which then diverts the call to the proper agency for the geographical area.

The individuals in this study were victims of IPV within the state of Connecticut. Between September 15, 2019 and September 16, 2020, 3,567 adult female IPV victims were screened in using the LAP; 1,094 victims screened in during September 15, 2019- March 15, 2020 (pre-COVID data) and 2,473 victims screened in during March 16, 2020-September 16, 2020 (during-COVID data set). Victims identified as male, under the age of 18 and those screened in based on officer belief were excluded from the study. A random sample of victims was taken from the two time periods and resulted in a sample of 320 victims in the pre-COVID data and 321 victims in the during-COVID data set.

In the pre-COVID data, the mean age was 35.50 ($SD = 10.87$). Advocates were required to indicate the sexual orientation and race/ethnicity of the victim based on their assessment. With regard to race, 31.9% ($n = 102$) of the participants were marked as unknown race, 25.3% ($n = 81$) were identified as White, 22.5% ($n = 72$) Latina/Hispanic, 16.6% ($n = 53$) African American/Black, 1.9% ($n = 6$) other, 0.9% ($n = 3$) Asian, 0.6% ($n = 2$) multiple races, and 0.3% ($n = 1$) did not know or refused to answer. The majority of victims were identified as heterosexual 61.6% ($n = 197$), 14.4% ($n = 46$) unknown, 0.6% ($n = 2$) bisexual, and 0.6% ($n = 2$) asexual. Nearly a quarter of the advocates did not provide an answer to this question (22.8%, $n = 73$).

For the during-COVID data, the mean participant age was 34.47 ($SD = 10.27$). The participant's race and ethnicity were mostly unknown at 38.0% ($n = 122$), 21.8% ($n = 70$) were identified as White, 19.6% ($n = 63$) identified as Hispanic/Latina, 15.6% ($n = 50$) African American/Black, 1.9% ($n = 6$) other, 1.6% ($n = 5$) multiple races, 0.9% ($n = 3$) Asian, and 0.6%

($n = 2$) did not know or refused to answer. As with the pre-COVID data, the majority of victims in this time period were reported to be heterosexual 47.7% ($n = 153$), 38.9% ($n = 125$) unreported, 11.5% ($n = 37$) unknown, 1.6% ($n = 5$) gay/lesbian, and 0.3% ($n = 1$) bisexual.

Measures

For the current study, the independent variable is the timeframe (i.e., pre-COVID-19 pandemic, during the COVID-19 pandemic). The dependent variables are the 11 risk factors assessed in the LAP and the nine services that the advocates provide.

Risk for Fatal IPV. The risk for IPV was assessed using the LAP screen (see Appendix A for the LAP assessment form). Officers record whether the victim said Yes or No, or if the victim did not answer any of the questions on the LAP form. The first three questions of the LAP assess the most serious risk factors and include threats to kill the victim and/or children, perpetrators use of a weapon or threats to use one, and whether the victim believes that the perpetrator might try to kill them. When a victim responds Yes to any of these three questions the victims are identified as high danger for fatal IPV (CCADV, 2020; Dutton et al., 2018). When this happens the protocol is triggered, and the officer calls a LAP hotline. The remaining eight questions on the screening tool include perpetrator's access to a firearm; attempts to choke the victim; acts of jealousy and controlling behavior; separation after living together or being married; perpetrator's unemployment; suicide attempts by the perpetrator; perpetrator knowledge of a child that is not his or hers; and following, spying, or leaving threatening messages (CCADV, 2020). If the victim answers No to the first three questions but says Yes to four out of the eight of the remaining questions, they are screened in as high danger and the protocol for calling the LAP hotline is triggered (CCADV, 2020). Protocol dictates that officers notify victims of their right to refuse to answer any questions during the LAP assessment. The protocol also

requires the officers to inform the victims that their responses could be used in criminal or civil court processes.

Services Provided. In the ETO system, advocates check a box that corresponds to each service that was provided to the victims at the time of contact. The advocates are provided with definitions of each service during training in line with Victims of Crime Act (VOCA), Violence Against Women Act (VAWA), and Family Violence Prevention and Services Act (FVPSA) definitions. Each member organization is independently owned and therefore have different rules and guidelines they must follow. However, each membership organization should utilize the definitions given through VOCA, VAWA, and FVPSA. The advocates are informed that they can provide victims with more than one service at each contact.

The services provided could include safety planning, crisis intervention, counseling/support, provision of information or referral, law enforcement intervention, victim advocacy, criminal justice advocacy, civil/legal advocacy, or hospital/medical advocacy. Safety planning involves discussion with a victim regarding shelter, protective orders, and ways to keep safe within the home. Crisis intervention refers to assisting victims who have called in looking for shelter, are in an active crisis, as well as all first-time contacts. Counseling/support is checked off anytime an advocate spends more than 10 minutes speaking with a victim about a IPV situation which may include emotional support, active listening, validation, or guidance. Information/referral is a service that involves an advocate's potential referral(s) to other DV agencies that may be able to offer needed support. Information refers to the identification of services and support available to victims. Referrals include direct connection to an additional community-based agency to serve the victim's needs. Law enforcement intervention refers to when an advocate speaks to police or probation officers on behalf of the victim. Advocacy

involves aiding victims in feeling heard by other parties including civil or criminal court proceedings. Criminal justice related services include support and assistance provided to victims during the criminal or juvenile court process including post-sentencing services. Civil/legal services include discussion regarding child support, protective orders, divorce, immigration, and custody issues. Included in civil/legal services is transportation and/or accompaniment to civil court and childcare or respite care required to enable the victim to attend all court proceedings. Lastly, hospital and medical services refer to advocates speaking to medical staff regarding the victim.

Results

Descriptive Statistics

The most frequent risk factor for fatal IPV in the pre-COVID data and during-COVID data was controlling and jealous behavior (79.7%, $n = 255$; 79.8% $n = 256$, respectively). The least frequently reported factors in pre-COVID data were use of a weapon (29.7%, $n = 95$) and abuser suicide attempts (24.7%, $n = 79$). In the during-COVID data the risk factors reported least frequently also included abuser suicide attempt (23.1%, $n = 74$) but also included abuser knowledge of a child that is not theirs (29.9%, $n = 96$). The most frequent services rendered in the pre-COVID and during-COVID data were the use of safety planning (55.2%, $n = 174$; 54.7%, $n = 175$, respectively). In both time periods, criminal justice services (18.0%, $n = 57$; 5.9%, $n = 19$, respectively) and advocacy services (17.4%, $n = 55$; 22.7%, $n = 73$, respectively) were the least used.

Changes in Risk Factors for Fatal Domestic Violence

Chi-square tests of independence were utilized to determine whether statistically significant differences exist between the frequency with which the two samples of women

reported each risk factor. Table 1 presents the results. Only one LAP risk factor changed between the groups. For the pre-COVID group, 41.3% ($n = 132$) indicated that their partner was unemployed whereas 54.2% ($n = 174$) indicated their partner was unemployed in the during-COVID group.

Changes in Service Provision

Chi-square tests of independence were conducted to examine whether there were significant changes in DV service provision between the pre-COVID and during-COVID time periods (see Table 2). Two DV service provisions varied significantly between the groups. For the pre-COVID group, 18.0% ($n = 57$) of victims received criminal justice related services, compared to 5.9% ($n = 19$) of victims in the during-COVID group. For law enforcement, in the pre-COVID group advocates indicated 32.1% ($n = 102$) of victims utilized law enforcement services compared to 49.8% ($n = 160$) in the during-COVID group.

The results for the analysis of changes in crisis intervention and provision of information/referral approached significance. For the pre-COVID group, 46.9% ($n = 149$) of victims received crisis intervention services as compared to the during-COVID group in which 53.6% ($n = 172$) received those services. For the pre-COVID group, 41.8% ($n = 132$) of victims received services related to information and referral whereas only 34.7% ($n = 111$) received those services in the during-COVID group. There were no significant differences in the provision of counseling, safety planning and advocacy between the two time periods. There were not enough data from victims who received hospital/medical or civil/legal services to be analyzed.

Discussion

This study examined changes in risk factors for IPV and services rendered six months pre-COVID and the first six months during COVID among women who received a police/social

service IPV intervention. Results indicated that unemployment of the perpetrator was the only risk factor out of 11 that increased significantly between the two time periods. Additionally, provision of criminal justice-related services decreased, and law enforcement advocacy increased, whereas the remaining services were unchanged between the two time periods. The implications of these results are discussed below.

Changes in Risk Factors for Fatal IPV

Unemployment rates increased throughout the United States during the COVID-19 pandemic. Due to the increased technological advantages, many jobs and education requirements were met online through telework and Zoom meetings. However, more than 100 million unemployment claims were filed during the pandemic (Stettner & Pancotti, 2021). The unemployment rate in the United States reached 14.8% in April 2020 (Guo et al., 2022). On the local level, Connecticut's unemployment rate in April 2020 was 7.9% (U.S. Bureau of Labor Statistics, 2020). Pre-COVID unemployment rates in Connecticut averaged at 3.9% for 2018, making the during-COVID-19 unemployment rates almost double (U.S. Bureau of Labor Statistics, 2022). The current study found that there was a significant increase in victims stating that their partner was unemployed during-COVID as compared to pre-COVID (54.2% vs. 41.3%, respectively). The study's findings are consistent with Connecticut's increased unemployment rate.

With stay-at-home orders and increased stressors of the pandemic such as unemployment, distance learning, and potential financial trouble due to unemployment, law enforcement prepared for additional calls for family violence (Piquero et al., 2021). Many news outlets such as Forbes, NPR, and the New York Times reported on the surge of DV calls and cases (Neuman, 2020; Taub, 2020; Togoh, 2020). In March, April, and May of 2019, there was a 7.5% increase in

DV calls which appears to be due to calls from households that had not previously reported DV (Leslie & Wilson, 2020). Hsu and Henke (2021) reported a 5.3% increase in family violence; however, they asserted that this was an underestimate since victims who felt trapped at home or were economically dependent on their abuser were less likely to call law enforcement officers.

Results suggest that certain dynamics in abusive relationships did not change as a result of this societal upheaval. Based on this study, 10 risk factors remained unchanged between the two time periods. Attempts to leave after living together or being married remained unchanged, possibly due to the pandemic-related stressors such as unemployment. The option of moving out and away from an abusive relationship was further complicated by an increase in unemployment levels resulting in an overall decrease in physical separation of intimate partners, which further complicates housing (Steinhoff et al., 2021). Other risk factors are typical measures of control in abusive relationship and appeared unaffected by the social upheaval caused by the pandemic. That is, results of this study found that abuser's use of a weapon; threats to kill; access to a firearm; attempts at choking; acts of jealousy and controlling behavior; perpetrator attempt at suicide; following, spying, or leaving threatening messages; and the victim's belief that their abuser may attempt to kill them were persistent across the two time periods. Risk factors such as abuser's use of a weapon, threats to kill, access to a firearm, and a victim's belief that their abuser may attempt to kill them are unlikely to be impacted by societal upheaval due to the nature of the factor. For example, possession of a firearm is not impacted by a pandemic. If the perpetrator owned a firearm before the COVID-19 pandemic, he will likely continue to own that firearm during the pandemic.

Within the first six months after the pandemic-related mandates were being enforced, many individuals were in an adjustment period. Due to the study measuring the first six months

of the pandemic, the effects of the pandemic were only beginning to be felt and therefore, stressors may have been less impactful. In addition, the financial impact of the pandemic may have been mitigated through the Coronavirus Relief Fund by the U.S. Treasury Department through the Coronavirus Aid, Relief, and Economic Security Act (CARES). The CARES Act established a fund for the Pandemic Unemployment Assistance Program (PUA) and the stimulus money which made direct payments to families to aid in the adjustment period, up to \$1,500 per adult and \$500 per child. PUA provided up to 39 weeks of coverage for individuals who were unable to work due to COVID-19 related issues (Connecticut Department of Labor). Connecticut Department of Labor stated that the PUA was in effect from February 2, 2020 until September 4, 2021. It is probable that people were receiving some of the stimulus money during the later months of the study time period. It is possible that the stimulus money and the PUA, stressors associated with unemployment were mitigated at some point during the first six months of the pandemic.

Changes in Service Provision

Law Enforcement Services. Law enforcement advocacy services increased from the pre-COVID time period to the during-COVID time period. Law enforcement officers were classified as essential workers during the COVID-19 pandemic under the emergency services sector (Department of Homeland Security, 2020). Leslie and Wilson (2020) found that family violence calls increased nationwide by over 7% during the height of the COVID-19 pandemic. It is possible that the increase in calls for police intervention and law enforcement services is due to advocates referring victims to law enforcement services rather than criminal justice services. This may be attributed to criminal justice services experiencing the effects of the COVID-19 pandemic, which are discussed below.

Criminal Justice Services. On March 12, 2020, the Connecticut court system mandated the hearings of top priority cases only (State of Connecticut Judicial Branch, 2020). DV cases, civil protection orders, and DV victim notification hearings were all considered top priority, but the current study showed a decrease in the provision of criminal justice services. The decrease may be attributed to the court system's pandemic mandates. Even though some options were open in the court system, certain jobs were suspended to mitigate the effects of the pandemic. The structural support of the criminal justice system was suspended. By operating on limited staff, the court systems were able to decrease the risk of transmitting COVID-19. Advocates referred victims to other services such as law enforcement, in order to mitigate the waitlists for hearings in the courts (G. Wild, personal communication, April 13, 2022). While DV related cases may have been deemed top priority, the number of cases being heard was likely reduced due to social distancing mandates.

Domestic Violence Services. Services such as counseling and support, safety planning, crisis intervention and advocacy, and provision of information and referrals did not have any significant changes between the two time periods in the current study. The pandemic brought an increase in first-time callers for family violence (Leslie & Wilson, 2020). With the LAP process, first-time callers must receive crisis intervention and safety planning, both of which have always occurred over the phone, which may account for the consistency between the two time periods. Some services, such as counseling and support, are often provided during the initial phone call with a victim, and therefore advocates continued to provide these services despite pandemic-related mandates and restrictions.

Limitations and Directions for Future Research

Limitations

There are several limitations to this study are important to acknowledge. Most of the limitations pertain to the data. First, the sample size was small which limits the ability to detect significant differences and creates the problem of being unable to generalize to the population of high-risk victims of serious IPV. Second, advocates record the services in a way that is not standardized (G. Wild, personal communication, April 13, 2022) and, thus, there could be inconsistencies in data between agencies and advocates. For example, advocates who speak with the victim may record it as counseling, while others record it as provision of information/referral (G. Wild, personal communication, April 13, 2022). This complicates the ability to assess the delivery of some services. In determining risk factors for fatal IPV, the form on the ETO system combines information and referral as well as counseling and support. These services should be separated and analyzed individually. Another significant limitation of the data is the inability to analyze demographic considerations such as race, ethnicity, sexual orientation, and socioeconomic status. Additionally, males were excluded from the study due to the lack of data on male victims collected by the LAP. It is important to examine impacts of the pandemic on risk factors for IPV and service provision among different groups, especially those that are overlooked and underserved.

Another limitation to the study derives from the fact that victims are made aware that their responses to the LAP questions could be used in future court proceedings. It is possible that victims minimize or exaggerate the abuse when responding the questions regarding risk factors and because we are unaware of the extent of this, the validity of the data is in question. This limits the ability to be confident in the accuracy of the data on risk factors.

The LAP screen was not developed to assess the level of physical violence within an intimate relationship and therefore we are unable to determine if there was a change in level of violence due to the COVID-19 pandemic. The LAP screen assesses the presence of a limited number of forms of violence; thus, it does not provide a comprehensive assessment of IPV victimization. Insight into the extent and nature of violence that was occurring inside the home in the pre-COVID and during-COVID time periods would have provided more context to the change or lack of change in risk factors.

Directions for Future Research

Future research should utilize longitudinal studies to examine the same individuals over the two time periods and assess the level of violence. In order to determine if IPV and fatal IPV risk factors changed due to the COVID-19 pandemic, a longitudinal study following the same victims throughout the two time periods and comparing LAP scores should be conducted. Exploring household dynamics before and during the COVID-19 pandemic could provide a better understanding of the risk factors and levels of violence within the home. For example, if a family member moved in with the couple due to the pandemic, this may have changed the dynamic of the relationship.

The research on which the LAP assessment was created is based on unemployment as a risk factor for fatal IPV (Campbell, 2009). However, studies have shown that the relationship between unemployment and IPV is more complicated and that the gender of the unemployed has role as well (Anderberg et al., 2013). Anderberg et al.'s (2013) study found that female unemployment increases the likelihood of IPV while male unemployment decreases the likelihood. Therefore, future research should focus on both women's and men's unemployment status within IPV situations. Future research should also focus on the impact of the pandemic on

the experiences of individuals from different backgrounds and circumstances and the ability of high-risk victims to receive needed DV services.

Policy Implications

The results of this study have implications on policy improvements that can be made with future social crises and immense social upheaval in mind. Changes in societal wellbeing impact the severity and risk factors associated with IPV. Thus, those who are high risk are not experiencing a significant amount of change in risk factors for fatal IPV during times of societal upheaval. However, there were significant changes in delivery of some services. Therefore, there should be a plan in the criminal justice system in place for a rapid transition of services in the future. Criminal justice and law enforcement policies should adapt in order to be better prepared for high-risk victims during societal turmoil. Law enforcement and criminal justice agencies should develop collaborative policies on how to respond quickly and effectively. DV agencies should work with the criminal justice and law enforcement agencies on these policies as their advocates serve victims during these times of social crises. In a time of social upheaval, these systems are stretched and unable to provide the same level of support. By having a policy which implements the allocation of money during times of social well being to ensure these agencies are able to have the resources to coordinate and house these victims during times of social unrest. These resources can be used to create a task force that includes DV agencies, law enforcement agencies, and the court systems to specifically address and immediately discuss what needs to be done to adequately support and protect victims of IPV.

Conclusion

This study examined the extent to which the COVID-19 pandemic impacted risk factors for fatal IPV and IPV service provision. Evidence linking the risk of IPV, whether it be a first-time incident or escalating behavior, is connected to times of societal upheaval – including pandemics and recessions due to economic instability and additional stressors (Campbell & Jones, 2016; Enarson, 2012; Kourti et al., 2021; Parkinson, 2019). The findings reveal that during the pandemic, the IPV risk factor that changed significantly was the reported unemployment of the perpetrator. Additionally, the provision of law enforcement-based services increased, and criminal justice services decreased during the COVID-19 pandemic. The limitations for this study point to the need of having a research-based outlook onto the data collected and the inability to assess the level of violence taking place inside the home. Additional research must be done to assess the changes in the level of violence before and during the pandemic in order to generalize to female victims of IPV. Lastly, research should be focused on unemployment as a risk factor and the nuances associated with the risk factor,. Law enforcement and criminal justice policies must reflect the need for swift and effective responses to social crises due to the lack of available services for DV victims.

References

- Aizer, A. (2010). The gender wage gap and domestic violence. *American Economic Review*, 100(4), 1847-59. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4123456/>
- Alejo, K. (2014). Long-term physical and mental health effects of domestic violence. *Themis: Research Journal of Justice Studies and Forensic Science*, 2(1), 82-98. <https://doi.org/10.31979/THEMIS.2014.0205>
- Almis, B. H., Kutuk, E.K., Gumustas, F., & Celik, M. (2018). Risk factors for domestic violence in women and predictors of development of mental disorders in these women. *Noro Psikiyatir Ars*, 55(1), 67-72. <https://doi.org/10.29399/npa.19355>
- Anderberg, D., Rainer, H., Wadsworth, J., & Wilson, T. (2013). Unemployment and domestic violence: Theory and evidence. *The Economic Journal*, 126(597), 1947-1979. https://www.econstor.eu/bitstream/10419/77691/1/cesifo_wp4315.pdf
- Ashby, M. P. J. (2020). Initial evidence on the relationship between the coronavirus pandemic and crime in the United States. *Crime Science*, 9(6). <https://doi.org/10.1186/s40163-020-00117-6>.
- Augustyn, M. B. & Willyard, K. C. (2020). The contextual influences of police and social service providers on formal help-seeking after incidents of intimate partner violence. *Journal of Interpersonal Violence*, 37(1-2), 1077-1104. DOI: 10.1177/0886260520915551
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National intimate partner and sexual violence survey, United States, 2011. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 63(8), 1-18.

Campbell, D. W., Campbell, J.C., Yarandi, H.N., O'Connor, A. L., Dollar, E., Killion, C.,...&

Gary, F. (2016). Violence and abuse of internally displaced women survivors of the 2010 Haiti earthquake. *International Journal of Public Health*, 61(8), 981-992. DOI: 10.1007/s00038-016-0895-8.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet (British Edition)*, 359(9314), 1331-1336.

Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. <https://doi.org/10.1177/0886260508317180>

Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollengerber, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study, *American Journal of Public Health*. 93(7), 1089-1097. <https://doi.org/10.2105/ajph.93.7.1089>

Campbell, L. M., & Jones, S.J. (2016). An innovative response to family violence after the Canterbury earthquake events: Canterbury family violence collaboration's achievements, successes, and challenges. *Australasian Journal of Disaster and Trauma Studies*, 20, 89-100.

Connecticut Coalition Against Domestic Violence, (2020). *Lethality Assessment Program: 2018-2019 update*. Retrieved from: <https://www.ctcadv.org/files/8316/0496/0871/LAP2018-2019Update.pdf>

- Connecticut Coalition Against Domestic Violence (2021). *Upon further examination: 2019-2020 report of the Connecticut Domestic Violence Fatality Review Task Force*. Retrieved from: <https://www.ctcadv.org/files/9616/1056/7568/2019-2020FatalityReviewReport1.21.pdf>
- Connecticut Department of Labor. Pandemic unemployment assistance (PUA). Retrieved from: https://www.ctdol.state.ct.us/pua/PUA_Elig_Chklst.htm
- Connecticut Department of Public Health – Office of Injury and Violence. Connecticut violent death homicide rates in CT 2015-2020. *I*(2).
- Dar, A. (2013). *Domestic violence statistics*. House of Commons Library. From: www.parliament.uk/briefing-papers/sn00950.
- Davies, J. (2017). *Victim-defined safety planning: A summary*. National Resource Center on Domestic Violence (NRCDV). 2018-07.
- Department of Homeland Security: *Critical Infrastructure Sectors* (2020). Retrieved from: <https://www.cisa.gov/critical-infrastructure-sectors>
- Dutton, L. B., Tamborra, T. L., & Narchet F. M. (2018). Domestic violence agency personnel experiences with and perceptions of the Lethality Assessment Program. *Violence and Victims*, 33(3), 417-435. <https://doi.org/10.1891/0886-6708.v33.i3.417>
- Dutton, L. B., Tamborra, T. L., & Pittman, M. (2017). Police officers' and victim advocates' perceptions of the Lethality Assessment Program. *Criminal Justice Policy Review*, 30(7), 1023-1042. <https://doi.org/10.1177/0887403417740187>
- Enarson, E. (2012). *Women confronting natural disaster: From vulnerability to resistance*. Lynne Rienner Publishers Boulder, CO.
- Ericsson, S. (2020). *Backlash: Undesirable effects of economic empowerment* (No. 2019: 12). Working Paper.

Exec. Order No. 7H. (2020). Connecticut.

Franklin, C. A., Garza, A. D., Goodson, A., & Bouffard, L. A. (2020). Police perceptions of crime victims' behaviors: A trend analysis exploring mandatory training and knowledge or sexual and domestic violence survivors' trauma response. *Crime and Delinquency*, 66(8), 1055-1086. <https://doi.org/10.1177/0011128719845148>

Giacomazzi, A. L. & Smithey, M. (2004). *A collaborative effort toward resolving violence against women. The Second Responders Program: A coordinated police and social service response to domestic violence*. U.S. Department of Justice, National Institute of Justice.

Guo, Y., Kaniuka, A.R., Gao, J., & Sims, O.T. (2022). An epidemiological analysis of associations between county-level per capita income, unemployment rate, and COVID-19 vaccination rates in the United States. *International Journal of Environmental Research and Public Health*, 19(3), 1755. <https://doi.org/10.3390/ijerph19031755>.

Guterres, A. (2020, April 5). "Make the prevention and redress of violence against women a key part of national response plans for Covid-19". United Nations. Retrieved October 2, 2021, from <https://www.un.org/en/un-coronavirus-communications-team/make-prevention-and-redress-violence-against-women-key-part>.

Hirschel, D., Buzawa, E., Pattavina A., & Faggiani, D. (2007). Domestic violence and mandatory arrest laws: To what extent do they influence police arrest decisions. *Journal of Criminal Law and Criminology*, 98(1), 255-298.

Hsu, L., & Henke, A. (2020). COVID-19, staying at home, and domestic violence. *Review of Economics of the Household*, 19, 145-155. <https://doi.org/10.1007/s11150-020-09526-7>.

- Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45, 668-679 <https://doi.org/10.1007/s12103-020-09533-5>
- Kourti, A., Stavridour, A., Panagouli, E., Psaltopoulou, T., Spiliopouloi. C., Tsolia, M., Sergentanis, T. N., & Tsitsika, A. (2021). Domestic violence during the COVID-19 pandemic: A systematic review. *Trauma, Violence, & Abuse*, 1(27). <https://doi.org/10.1177/15248380211038690>.
- Leslie, E., & Wilson, R. (2020). Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. *Journal of Public Economics*, 189, 104241. <https://doi.org/10.1016/j.jpubeco.2020.104241>.
- Levendosky, A. A. & Graham-Bermann, S. A. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence*, 16(2), 171-192. <https://doi.org/10.1023/A:1011111003373>
- Lindhorst, T., Oxford, M., & Gilmore, M. R. (2007). Longitudinal effects of domestic violence on employment and welfare outcomes. *Journal of Interpersonal Violence*, 22(7), 812-828. <https://doi.org/10.1177/0886260507301477>
- Lund, R. G., Manica, S., & Manica, G. (2020). Collateral issues in times of COVID-19: Child abuse, domestic violence and femicide. *Revista Brasileira de Odontologia Legal* 7(2), 54-69.
- Lyons, M., & Brewer, G. (2022). Experiences of intimate partner violence during lockdown and the COVID-19 pandemic. *Journal of Family Violence*, 37 (6), 969-977. <https://doi.org/10.1007/s10896-021-00260-x>

- McClay, M. M. (2021). When ‘shelter-in-place’ isn’t shelter that’s safe: A rapid analysis of domestic violence case different s during the COVID-19 pandemic and stay-at-home orders. *Journal of Family Violence*, 37, online publication.
<https://doi.org/10.1007/s10896-020-00225-6>
- Messing, J. T., Campbell, J., Webster, D. W., Brown, S., Patchell, B., & Wilson, J. S. (2015). The Oklahoma Lethality Assessment study: A quasi-experimental evaluation of the Lethality Assessment Program. *Social Service Review*, 89(3), 499-530.
<https://doi.org/10.1086/683194>
- Miller, A. R., Segal, C., & Spencer, M. K. (2020). *Effects of the Covid-19 pandemic on domestic violence in Los Angeles* (No, w28068). National Bureau of Economic Research.
- Maryland Network Against Domestic Violence. *Lethality Assessment Program (LAP): Overview*. Retrieved from: <https://www.mnadv.org/lethality-assessment-program/lap-program-overview-2/>
- Schumacher, J. A., Coffey, S. F., Norris, F. H., Tracy, M., Clements, K. & Galea, S. (2010). Intimate partner violence and Hurricane Katrina: Predictors and associated mental health outcomes. *Violence and Victims*, 25(5), 588-603. DOI: 10.1891/0886-6708.25.5.588
- Shenderovich, Y., Eisner, M., Milton C., Gardner, F., Liu, J., & Murray, J. (2016). Methods for conducting systematic reviews of risk factors in low- and middle-income countries. *BMC Medical Research Methodology*, 16 (1), 1-8. <https://doi.org/10.1186/s12874-016-0134-2>
- Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). National Intimate Partner and Sexual Violence Survey: 2015 data brief – Updated. National Intimate Partner and Sexual Violence Survey
<https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

- National Network to End Domestic Violence (2020). 14th Annual domestic violence counts report. Washington, D. C. Retrieved from: www.NNEDV.org/DVCounts
- Neuman, S. (2020). Global lockdowns resulting in ‘horrifying surge’ in domestic violence, U.N. warns. NPR. Retrieved from: <https://www.npr.org/sections/coronavirus-live-updates/2020/04/06/827908402/global-lockdowns-resulting-in-horrifying-surge-in-domestic-violence-u-n-warns>
- Nnawulezi, N., Godsay, S., Sullivan, C. M., Marcus, S., & Hacskaylo, M. (2018). The influence of low-barrier and voluntary service policies on survivor empowerment in a domestic violence housing organization. *American Journal of Orthopsychiatry*, 88(6), 670-680. <https://doi.org/10.1037/ort0000291>
- Nnawulezi, N. & Hacskaylo, M. (2021). Identifying and responding to the complex needs of domestic violence housing practitioners at the onset of the COVID-19 pandemic. *Journal of Family Violence*, 37, 915-925. <https://doi.org/10.1007/s10896-020-00231-8>
- Parkinson, D. (2019). Investigating the increase in domestic violence post-disaster. An Australian case study. *Journal of Interpersonal Violence*, 34(11), 2333-2362. <https://doi.org/10.1177/0886260517696876>.
- Piquero, A. R., Jennings, W., Jemison, E., Kaukinen, C. & Kabul, F. (2021). Domestic violence during the COVID-19 pandemic - Evidence from a systematic review and meta-analysis. *Journal of Criminal Justice*, 74. <https://doi.org/10.1016/j.jcrimjus.2021.101806>.
- Piquero, A. R., Riddell, J. R., Bishopp, S. A., Narvey, C., Reid, J. A., & Piquero, N. L. (2020). Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. *American Journal of Criminal Justice*, 45, 601-635. <https://doi.org/10.1007/s12103-020-09531-7>

- Rauhaus, B. M., Sibila D., & Johnson, A. F. (2020). Addressing the increase in domestic violence and abuse during the COVID-19 pandemic: A need for empathy, care, and social equity in collaborative planning and responses. *The American Review of Public Administration*, 50(6-7), 668-674. <https://doi.org/10.1177/0275074020942079>
- Ravi, K., Rai, A., & Voth Schrag, R. (2021). Survivors' experiences of intimate partner violence and shelter utilization during COVID-19. *Journal of Family Violence*, 37, 979-990. <https://doi.org/10.1007/s10896-021-00300-6>
- Reaves, B. A. (2017). *Police response to domestic violence, 2006-2015*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Rhods, H. X., Petersen, K., Lunsford, L., & Biswas, S. (2020). COVID-19 resilience for survival: Occurrence of domestic violence during lockdown at rural American college of surgeons verified level one trauma center. *Cureaus*, 12(8). doi:10.7759/cureus.10059
- Showalter, K. (2016). Women's employment and domestic violence: A review of the literature. *Aggression and Violent Behavior*, 31, 37-47. <https://doi.org/10.1016/j.avb.2016.06.017>.
- State of Connecticut Judicial Branch. (2020). *Archived COVID-19 website notices*. Retrieved from: https://jud.ct.gov/Covid19_archive.htm#Civil_archive
- Steinhoff, A., Bechtiger, L., Ribeaud, D., Murray, A.L., Hepp, U., Eisner, M., & Shanahan, L. (2021). Self-injury and domestic violence in young adults during the COVID-19 pandemic: Trajectories, precursors, and correlates. *Journal of Research on Adolescence*, 31(3), 560-575. <https://doi.org/10.1111/jora.12659>.
- Stettner, A., & Pancotti, E. (2021). *1 in 4 workers relied on unemployment aid during the pandemic*. The Century Foundation. Retrieved from:

<https://tcf.org/content/commentary/1-in-4-workers-relied-on-unemployment-aid-during-the-pandemic/?agreed=1>

Sumner, S. A., Mercy, J. A., Dahlberg, L. L., Hillis, S. D., Klevens, J., & Houry, D. (2015).

Violence in the United States: Status, challenges, and opportunities. *Journal of the American Medical Association*, 314(5), 478-488. <https://doi.org/10.1001/jama.2015.8371>

Taub, A. (2020). A new COVID-19 crisis: *Domestic abuse rises worldwide*. The New York Times. Retrieved from: <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>

Togoh, I. (2020). U.N. Chief urges governments: '*Prioritise women's safety as domestic abuse surges during coronavirus lock downs*'. Forbes. Retrieved from:

<https://www.forbes.com/sites/isabeltogoh/2020/04/06/un-chief-urges-governments-prioritise-womens-safety-as-domestic-abuse-surges-during-coronavirus-lockdowns/?sh=6064aa41172f>

U.S. Bureau of Labor Statistics. (2022). *Local area unemployment statistics: Unemployment rates for states, 2019* annual averages. Retrieved from:

<https://www.bls.gov/lau/lastrk18.htm>

U.S. Bureau of Labor Statistics. (2020). *43 states at historically high unemployment rates in April 2020*. Retrieved from: https://www.bls.gov/opub/ted/2020/43-states-at-historically-high-unemployment-rates-in-april-2020.htm?view_full

U.S. Department of Justice. (2019). *Area of focus*. Office on Violence Against Women.

<http://www.justice.gov/ovw/areas-focus>

U.S. Federal Bureau of Investigation. (2015). *Uniform crime report (UCR)*. Retrieved from:

<https://crime-data-explorer.app.cloud.gov/pages/home>.

- Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, 29(4), 549-552. doi: 10.1111/inm.12735
- Violence Policy Center. (2020). *American roulette: Murder-suicide in the United States*. <https://vpc.org/studies/amroul2020.pdf>
- Wachter, K., Dalpe, J., & Heffron, L. C. (2019). Conceptualization of domestic violence-related needs among women who resettled to the United States as refugees. *Social Work Research*, 43(4), 207-219. <https://doi.org/10.1093/swr/svz008>
- Ward-Lasher, A., Messing, J. T., & Hart, B. (2017). Policing intimate partner violence: Attitudes toward risk assessment and collaboration with social workers. *Social Work*, 62(3), 211-218. <https://doi.org/10.1093/sw/swx023>
- Websdale, N., Ferraro, K., & Karger, S. D. (2019). The domestic violence fatality review clearinghouse: Introduction to a new National Data System with a focus on firearms, *Injury Epidemiology*, 6(1), 1-8. <https://doi.org/10.1186/s40621-019-0182-2>
- Wood, L., Voth Schrag, R., Baumler, E., Hairston, D., Guillot-Wright, S., Torres, E., & Temple, J. (2020). On the front lines of the COVID-19 pandemic: Occupational experiences of the intimate partner violence and sexual assault workforce. *Journal of Interpersonal Violence*, 37(11-12), 9345-9366. <https://doi.org/10.1177/0886260520983304>

Tables

Table 1

LAP Risk Factors

		Pre-COVID % (n)	During- COVID % (n)	<i>p</i>	Cramer's V
Offender Use of a Weapon	Yes	29.7 (95)	31.8 (102)	<i>ns</i>	.027
	No	68.8 (220)	66.4 (213)		
	DNA	1.6 (5)	1.9 (6)		
Threats to Kill	Yes	46.9 (150)	49.5 (159)	<i>ns</i>	.031
	No	51.6 (165)	48.6 (156)		
	DNA	1.6 (5)	1.9 (6)		
Belief That Abuser Might Attempt to Kill Them	Yes	53.1 (170)	49.2 (158)	<i>ns</i>	.075
	No	41.6 (133)	47.7 (153)		
	DNA	5.3 (17)	3.1 (10)		
Access to Firearm	Yes	30.6 (98)	34.6 (111)	<i>ns</i>	.048
	No	65.9 (211)	62.9 (202)		
	DNA	3.4 (11)	2.5 (8)		
Attempts at Choking	Yes	62.5 (200)	58.3 (187)	<i>ns</i>	.056
	No	35.9 (115)	40.8 (131)		
	DNA	1.6 (5)	0.9 (3)		
Jealousy/Controlling	Yes	79.7 (255)	79.8 (256)	<i>ns</i>	.077
	No	18.4 (59)	19.9 (64)		
	DNA	1.9 (6)	0.3 (1)		
Left/Separated	Yes	63.4 (203)	60.4 (194)	<i>ns</i>	.049
	No	33.8 (108)	37.7 (121)		
	DNA	2.8 (9)	1.9 (6)		
Unemployment	Yes	41.3 (132)	54.2 (174)	.002	.140
	No	55.3 (177)	44.5 (143)		
	DNA	3.4 (11)	1.2 (4)		
Suicide Attempts	Yes	24.7 (79)	23.1 (74)	<i>ns</i>	.073
	No	71.6 (229)	75.4 (242)		
	DNA	3.8 (12)	1.6 (5)		
Child Not Abuser's	Yes	29.7 (95)	29.9 (96)	<i>ns</i>	.040
	No	68.4 (219)	69.2 (222)		
	DNA	1.9 (6)	0.9 (3)		
Follow/Spy/Messages	Yes	55.3 (177)	57.0 (183)	<i>ns</i>	.065
	No	41.6 (133)	41.7 (134)		
	DNA	3.1 (10)	1.2 (4)		

Table 2

Service Provision

		Pre-COVID % (<i>n</i>)	During- COVID % (<i>n</i>)	<i>p</i>	Cramer's V
Crisis Intervention	Yes	46.9 (149)	53.6 (172)	.089	.067
	No	53.1 (169)	46.4 (149)		
Counseling and Support	Yes	41.3 (131)	35.8 (115)	<i>ns</i>	.056
	No	58.7 (186)	64.2 (206)		
Criminal Justice	Yes	18.0 (57)	5.9 (19)	.000	.186
	No	82.0 (260)	94.1 (302)		
Information/Referral	Yes	41.8 (132)	34.7 (111)	.066	.073
	No	58.2 (184)	65.3 (209)		
Law Enforcement	Yes	32.1 (102)	49.8 (160)	.000	.181
	No	67.9 (216)	50.2 (161)		
Safety Planning	Yes	55.2 (174)	54.7 (175)	<i>ns</i>	.006
	No	44.8 (141)	45.3 (145)		
Advocacy	Yes	17.4 (55)	22.7 (73)	<i>ns</i>	.067
	No	82.6 (262)	77.3 (248)		

Appendix A

Lethality Assessment Program Form



Connecticut Coalition Against Domestic Violence

**DOMESTIC VIOLENCE
LETHALITY SCREEN
FOR FIRST RESPONDERS**

When to Initiate a Lethality Assessment? When an intimate relationship is involved; AND You believe an assault has occurred, You sense the potential for danger is high, Names of parties or location are repeat names or locations, OR You simply believe one should be done.

LAP-Line #:

Officer:	Dept./Town:	Date:
Victim:	Offender:	Case #:
<input type="checkbox"/> Victim has been informed that any responses to the following questions could be used in the criminal or civil court process.		
<input type="checkbox"/> Check here if victim declined to be screened.		
<p>▶ A "Yes" response to any of Questions #1-3 automatically triggers the High-Danger referral.</p>		
1. Has he/she ever used a weapon against you or threatened you with a weapon?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<p>▶ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the High-Danger referral.</p>		
4. Does he/she have a gun or can he/she get one easily?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<p>▶ An officer may trigger the High-Danger referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.</p>		
Is there anything else that worries you about your safety? (If "yes") What worries you?		
Check one: <input type="checkbox"/> Victim is High-Danger based on score <input type="checkbox"/> Victim is High-Danger based on officer belief <input type="checkbox"/> Victim is not assessed as High-Danger		High Danger Screen, call the LAP-Line with victim <input type="checkbox"/> Officer called LAP-Line with victim present
If victim screened High-Danger: Did the victim speak with the LAP-Line advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Advocate First Name:		

Officer's Signature: _____ **Supervisor's Signature:** _____

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

Admin Only	<input type="checkbox"/> Sent to DV Agency	<input type="checkbox"/> Sent to State's Atty	<input type="checkbox"/> Other (Authorized Agency) _____	_____
				Name