

University of Central Florida

**STARS**

---

Electronic Theses and Dissertations, 2020-

---

2023

## The Perfect Storm: Motherhood, Intimate Partner Violence, and COVID-19

Kelly Blauschild

*University of Central Florida*



Part of the [Domestic and Intimate Partner Violence Commons](#)

Find similar works at: <https://stars.library.ucf.edu/etd2020>

University of Central Florida Libraries <http://library.ucf.edu>

This Masters Thesis (Open Access) is brought to you for free and open access by STARS. It has been accepted for inclusion in Electronic Theses and Dissertations, 2020- by an authorized administrator of STARS. For more information, please contact [STARS@ucf.edu](mailto:STARS@ucf.edu).

---

### STARS Citation

Blauschild, Kelly, "The Perfect Storm: Motherhood, Intimate Partner Violence, and COVID-19" (2023). *Electronic Theses and Dissertations, 2020-*. 1518.

<https://stars.library.ucf.edu/etd2020/1518>

THE PERFECT STORM:  
MOTHERHOOD, INTIMATE PARTNER VIOLENCE,  
AND COVID-19

by

KELLY ANN BLAUSCHILD  
B.A. University of Central Florida, 2021

A thesis submitted in partial fulfillment of the requirements  
for the degree of Master of Arts  
in the Department of Sociology  
in the College of Sciences  
at the University of Central Florida  
Orlando, Florida

Spring Term  
2023

© 2023 Kelly Blauschild

## ABSTRACT

Intimate partner violence (IPV) is an insidious societal problem with potentially lethal ramifications. At the onset of the COVID-19 pandemic, widespread conditions and virus risk mitigation procedures like social distancing and stay-at-home orders exacerbated factors that contribute to IPV such as poverty and substance use. Though anyone can experience IPV, mothers carried unparalleled burdens in the early weeks of the COVID-19 pandemic such as increasing childcare responsibilities, growing financial difficulties, and worsening mental health, and many of these factors have been linked to experiencing IPV. The growing body of literature indicates a rise in IPV during COVID-19, but little has been empirically established on the interactions between IPV, motherhood, and COVID-19. This study used inductive thematic analysis of open responses to an online survey completed by a sample ( $n = 55$ ) of mothers in U.S. metropolitan areas who were at least 18 years old and who had experienced IPV in the last five years. Data were organized by respondents' perceptions of the pandemic's impact (positive, negative, or no impact) on their interactions with abusive partners, overall well-being, and feelings of safety. Responses indicating a negative impact were sorted into three themes: *Pandemic Circumstances Creating or Exacerbating Problems*, *Adapting Abuse Tactics to Fit Pandemic Circumstances*, and *Strategically Managing Abusive Situations*. Responses indicating no impact were sorted into two themes: *No Impact (General)* and *No Contact*. Responses indicating a positive impact were sorted into two themes: *Feeling Safer During the Pandemic* and *Improving Mother-Child Situations*. Furthermore, respondents identified mental health care, legal or judicial assistance, and financial support as needed resources during the height of COVID-19 shutdowns. Findings can be used to aid mothers in future pandemics as well as natural disasters, wars, and similar environmental conflicts.

*Keywords:* intimate partner violence, COVID-19, motherhood

## ACKNOWLEDGMENTS

First, I would like to express my deepest gratitude to Dr. Alison Cares for mentoring and supporting me throughout this thesis as well as my master's degree. Thank you for your balance of honesty and optimism, support and autonomy, passion and professionalism. You have always guided me in the right direction while encouraging me to take the steps on my own. For that, I am forever indebted to you.

I have also had the great pleasure of working with Dr. Megan Haselschwerdt, who shared a wealth of knowledge, kindness, and coding expertise. Thank you.

To the members of my thesis committee—Dr. Alison Cares, Dr. Megan Haselschwerdt, Dr. Amy Reckdenwald, and Dr. Shannon Carter—thank you for all you have done. I am so proud to have a committee with such brilliant and accomplished women.

Special thanks to the REVEAL research team—Dr. Megan Haselschwerdt, Dr. Alison Cares, Dr. April Few-Demo, and Dr. Gregory L. Stuart—for collecting and sharing the data used in this thesis.

I cannot begin to express my thanks to the incredible women who shared their experiences for this research, without whom none of this would have been possible.

I am extraordinarily grateful for my family, who have been not only sources of support but also symbols of courage and pride throughout my life. Thank you dearly.

To my wonderful partner—you have provided me with such love, respect, and patience. Your support has been unwavering despite the countless nights you lost sleep to my eleventh-hour big ideas and too-bright computer screen. Thank you.

And to my children, who give me hope for a brighter future with their intellect and empathy: I owe you two more than you could ever know. Thank you from the bottom of my heart.

## TABLE OF CONTENTS

LIST OF TABLES .....	viii
LIST OF ABBREVIATIONS.....	ix
INTRODUCTION .....	1
LITERATURE REVIEW .....	4
The COVID-19 Pandemic .....	4
Parenting Through COVID-19 .....	5
IPV Stressors During COVID-19 .....	8
Financial Hardships.....	8
Mental Health Disorders .....	9
Substance Use .....	10
Resources and Help-Seeking .....	12
Informal Resources .....	12
Formal Resources.....	13
The Current Study.....	17
METHODOLOGY .....	19
Survey .....	19
Recruitment.....	21
Recruitment Through Social Media .....	21

Recruitment Through Community Partners .....	21
Respondent-Driven Sampling .....	22
Sample .....	22
Respondent Demographics .....	23
Data Analysis .....	26
Trustworthiness.....	33
<b>FINDINGS</b> .....	<b>34</b>
Pandemic and Government Guidance Had a Negative Impact.....	35
Pandemic Circumstances Creating or Exacerbating Problems .....	36
Adapting Abuse Tactics to Fit Pandemic Circumstances .....	41
Strategically Managing Abusive Situations .....	44
Pandemic and Government Guidance Had No Impact.....	46
No Impact (General) .....	46
No Contact .....	47
Pandemic and Government Guidance Had a Positive Impact .....	49
Feeling Safer During the Pandemic .....	49
Improving Mother-Child Situations.....	51
Resources .....	51
Mental Health Care .....	53

Legal or Judicial Assistance.....	54
Financial Support .....	54
DISCUSSION.....	56
Directions for Future Research .....	64
Program and Policy Implications.....	68
APPENDIX A: IRB APPROVAL .....	70
APPENDIX B: DATA ANALYSIS TABLES .....	73
APPENDIX C: FINDINGS TABLES .....	79
REFERENCES .....	123



## LIST OF TABLES

Table 1; Respondent Demographics ( $n = 55$ ) .....	24
Table 2; Data Organized by Respondent .....	74
Table 3; Data Organized by Question.....	75
Table 4; Data Organized by Respondent with Coding .....	75
Table 5; Data Organized by Question with Coding .....	77
Table 6; Data Organized by Impact .....	78
Table 7; Findings: Negative Impact.....	80
Table 8; Findings: No Impact .....	100
Table 9; Findings: Positive Impact .....	108
Table 10; Findings: Resources.....	114

## **LIST OF ABBREVIATIONS**

AMA	American Medical Association
APA	American Psychological Association
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019 (SARS-CoV-2)
IPV	Intimate Partner Violence
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
REVEAL	Real Experiences from Violence to Empowerment Across all Levels
U.S.	United States of America
WES	Women's Experiences Study

## INTRODUCTION

Intimate partner violence (IPV) is a significant and widespread phenomenon.

Approximately one in four women and one in 10 men in the U.S. will experience severe IPV throughout their lifetimes and report some form of IPV-related impact on their lives (Smith et al., 2018). More than 12 million people experience physical violence, rape, or stalking at the hands of an intimate partner every year in the U.S. (Smith et al., 2018). Health consequences for those experiencing IPV include injury, chronic pain, depression, post-traumatic stress disorder (PTSD), substance use, and poor general health (Breiding et al., 2008; Campbell, 2002). IPV also presents a severe and costly problem for society. For example, those who experience IPV lose eight million days of paid work per year in the U.S. (CDC, 2003). The societal cost of IPV in the U.S. exceeds \$5.8 billion and encompasses health care costs as well as lost productivity (CDC, 2003).

Experiences of IPV became further complicated on March 11, 2020, when the World Health Organization declared a global pandemic in response to widespread outbreaks of the highly contagious respiratory disease known as COVID-19 (Hiscott et al., 2020). As a result of this declaration, scientific institutions and government officials alike recommended or mandated a slew of risk mitigation procedures such as social distancing, stay-at-home orders, working from home, and remote online schooling, each of which would have vast consequences for people in abusive relationships in the weeks to come. Though COVID-19 remains a global health emergency and its full impact on IPV is not yet clear, there is ample reason to believe that the circumstances of the pandemic exacerbated IPV.

Across the country, home environments became rife with risk factors and stressors linked to IPV perpetration and victimization, such as unemployment, which grew to unprecedented levels in modern history in the early weeks of COVID-19 (Benson & Fox, 2004; Evans et al., 2020; Hiscott et al., 2020). Quarantine conditions were linked to an increase in several contributors to IPV, including financial hardships (Benson & Fox, 2004; Petrosky-Nadeau & Valletta, 2020), mental illness (Boserup et al., 2020; Van Deirse et al., 2019; Vindegaard & Benros, 2020), and substance use (Jewkes, 2002; Roberts et al., 2021). Furthermore, those on the receiving end of IPV faced unprecedented barriers when attempting to access help and attain safety. When the government urged cautionary measures such as social distancing, quarantine, and working from home to limit the spread of the virus (Hiscott et al., 2020), people in abusive relationships became collateral damage, as demonstrated by the resulting decrease in help-seeking opportunities for both formal (e.g., law enforcement and IPV hotlines) and informal (e.g., family and friends) resources so crucial to their well-being and survival (Ansara & Hindin, 2010; Evans et al., 2020).

Given these circumstances, recent studies have begun to investigate the potential increase in IPV during the pandemic. For example, several studies identified a notable increase in IPV-related service calls, particularly in major metropolitan areas, amidst early pandemic restrictions such as quarantine mandates and social distancing guidelines (Leslie & Wilson, 2020; Nix & Richards, 2021). Though life likely became more complicated for all people experiencing IPV during COVID-19, mothers navigating violent relationships faced additional burdens, such as increased childcare and schooling responsibilities which disproportionately fell to mothers to handle (Evans et al., 2020; Zamarro & Prados, 2021), higher rates of unemployment and job loss (Petts et al., 2021), and significantly more mental health problems including higher anxiety and

worse sleep (Ruppanner et al., 2021). Despite this evidence, there is a lack of literature on IPV experiences during COVID-19 with mothers as the population in focus. In this study, I conducted a thematic analysis of open-ended responses from mothers in a survey about IPV to explore how motherhood, IPV, and COVID-19 interacted in the early weeks of the pandemic shutdowns in U.S. metropolitan areas due to conditions such as stay-at-home orders and remote schooling. I also explored what mothers experiencing IPV identified as needed support in U.S. metropolitan areas at the beginning of the COVID-19 pandemic.

The findings from the current study help illuminate what kind of support is needed to provide effective aid to those experiencing IPV throughout the ongoing COVID-19 pandemic. Furthermore, COVID-19 is unlikely to be the only event or phenomenon with these kinds of problems. Findings may also inform future provisions of resources and policy-making decisions that may impact mothers and other individuals who experience IPV, particularly in future pandemics, natural disasters, and humanitarian crises. This is especially crucial given ongoing political (e.g., international conflict) and environmental (e.g., climate change) problems, which may lead to increased frequency and severity of these events in the future. By gathering data directly from mothers who have experienced IPV in the last five years and who were impacted by these policies and practices (e.g., school closures, stay-at-home orders, etc.) during the early weeks of the COVID-19 shutdowns, we can obtain valuable data on what they experienced, what worked, what could be improved, and which resources are needed to sufficiently aid this population in the future.

## **LITERATURE REVIEW**

### The COVID-19 Pandemic

When COVID-19 was initially declared a global pandemic on March 11, 2020, experts across the globe warned of the fast-paced spread of the acute respiratory disease (Hiscott et al., 2020). Governments and other institutions, relying on the expertise of epidemiologists and public health experts, encouraged or mandated risk mitigation procedures to stop the spread of the COVID-19 virus using tactics such as self-imposed quarantines, stay-at-home orders, social distancing, working from home, and remote online schooling.

In a matter of weeks, the public faced an unprecedented growth in unemployment, poverty, illness, and death, further complicated by a slew of increasingly elaborate government regulations and a general absence of support (Hiscott et al., 2020). By the end of March, all 50 states in the U.S. reported significant numbers of positive COVID-19 cases (Hiscott et al., 2020).

Since COVID-19 is still an ongoing threat, its full effect on IPV experiences is not entirely clear, despite a rapidly increasing amount of research. Though much of the growing body of literature points to an increase in IPV during COVID-19, particularly at the beginning of the pandemic, these findings were not universal, and conflicting reports highlight the need for more work on the subject to understand what may be leading to the differences in findings (for a systematic review and meta-analysis of the literature on IPV during early COVID-19, see Piquero et al., 2021). Although many of the virus risk mitigation tactics employed by the government were necessary to protect public health in response to such a deadly pandemic, they were also detrimental to the well-being of those experiencing IPV. For example, using data from 35 cities across 22 states, researchers estimated that IPV increased by more than 5% due to stay-

at-home orders during the first two months of the COVID-19 pandemic (Hsu & Henke, 2021). IPV service calls increased by 9.7% immediately following the implementation of social distancing measures (Leslie & Wilson, 2020). Furthermore, across 14 major metropolitan areas in the U.S., the pandemic led to a 7.5% increase in IPV service calls between March and May 2020 (Leslie & Wilson, 2020). Evidently, those experiencing IPV became casualties in the war against COVID-19.

### Parenting Through COVID-19

Parents were among the many populations severely impacted by the pandemic. Childcare and schooling became far more complicated for families during the pandemic, as stay-at-home orders and quarantines meant that children were home with parents constantly; additionally, the fact that many schools turned to remote and online learning meant that parents had to take a much more substantial role in their children's educations than ever before (Evans et al., 2020). These increased parental responsibilities are significant in examining the relationship between COVID-19 and IPV because of the role that parenting stress plays in IPV, especially in the midst of other pandemic circumstances. Parenting stress refers to the mental and emotional tension experienced by parents which comes from factors directly related to their status in the family, encompassing stress caused by things like a lack of resources or the juggling of childcare with other responsibilities. Notably, parenting stress can also be impacted by external environmental factors which remained prevalent throughout the pandemic, such as poverty (Levendosky & Graham-Bermann, 1998).

Parenting stress and IPV have a strong relationship, with the increase in one often resulting in the aggravation of the other. Put simply, parenthood increases stress, and stress can

exacerbate IPV (Huth-Bocks & Hughes, 2007; Song-Choi & Woodin, 2021). Previous studies have identified a positive correlation between the severity of IPV and parenting stress. For example, based on the results of their study, Levendosky and Graham-Bermann (1998) concluded that IPV was associated with higher levels of parenting stress.

Alongside the spread of COVID-19, parenting stress reached a boiling point as parents juggled work, childcare, and remote schooling, and experts believe this may be linked to the rise in IPV perpetration and victimization (Evans et al., 2020). For example, the American Psychological Association reported that 71% of parents experienced significant stress as a result of managing their children's remote schooling (APA, 2020). Interestingly, research has indicated that, in mother-father pairings, mothers disproportionately carried the pandemic's newfound parenting burdens. Zamarro and Prados (2021) surveyed parents on their experiences throughout COVID-19 and found that mothers were responsible for significantly more childcare than fathers, whether or not they were still working. Nearly half (45%) of mothers reported being the only childcare provider, versus only 14% of fathers (Zamarro & Prados, 2021). For working parents, the imbalance persisted, with 33% of working mothers reporting that they were the only childcare provider compared to 11% of working fathers (Zamarro & Prados, 2021).

Parenthood also presents significant issues related to IPV, as many households with IPV include children (Fantuzzo et al., 1997). Indeed, the majority of women who experience IPV have children living in the household during the period of abuse (Greenfeld, 1998; McDonald et al., 2006). The mother-child relationship plays a unique role in the decision-making process for mothers navigating IPV victimization, as children can be either a motivator or an inhibitor for their mothers' help-seeking in a relationship with IPV (Rhodes et al., 2010). Among a sample of



mothers who experienced IPV, more than half of the participants identified their children as the catalyst for their help-seeking (Zink et al., 2003).

On the other hand, children can be used as a tool for abuse against one's partner. For parents who have left an abusive relationship, sharing a child with their former partner often requires them to continue regular communication and interaction indefinitely (Crossman et al., 2016). Children may be used as a means of getting in close physical contact with their former partner, particularly in cases where the individual who perpetrated IPV is awarded joint custody or visitation (Crossman et al., 2016). In fact, joint custody provides these abusive individuals not only with access to their former partners but also with legal empowerment to continue their reign of terror long after the marriage or romantic relationship has ended (Hardesty & Ganong, 2006). Those who perpetrate IPV may also use shared children for manipulation, employing tactics like fighting for full custody or endangering the child to punish their former partners; indeed, women who had experienced IPV at the hands of their children's father often worried he would either harm the children or put the woman through financially and emotionally draining court battles (Hardesty & Ganong, 2006). Though people escaping abusive relationships often try to eliminate channels of communication with their former partners afterward, this becomes virtually impossible when co-parenting arrangements require custody exchanges. Because the act of initiating separation from a controlling spouse represents the ultimate exertion of defiance, those perpetrating IPV may attempt to reassert their dominance through custody threats, child abduction, parental alienation claims, and lengthy court battles in order to reestablish control (Hardesty & Ganong, 2006).

During the pandemic, co-parenting relationships which were already somewhat contentious may have worsened, with rising COVID-specific conflicts including the handling of

remote schooling and opposing views on virus risk mitigation (Goldberg et al., 2021). For example, divorced parents have expressed concerns over their shared children being exposed to COVID-19 while in the custody of the other parent, or pandemic-related circumstances like unemployment and job loss resulting in one parent's inability to support their child (Morgan, 2020). Furthermore, family court closures may have allowed for the extension of litigation abuse and the inability to finalize custody decisions or divorce settlements. Finally, without the school day as a buffer, custody exchanges may require more frequent communication and physical contact, leaving mothers more vulnerable to post-separation abuse than ever before.

### IPV Stressors During COVID-19

As mothers navigated increased parenting responsibilities, many struggled with another major obstacle: a so-called 'shadow pandemic' in which this population was forced to balance the spread of COVID-19 with a dramatic increase in IPV stressors, further complicated by the focus of many mothers on the protection and preservation of their families and children. Mothers waded through a number of obstacles as the pandemic aggravated the prevalence and severity of various IPV stressors, including financial hardships, mental health disorders, and substance use.

#### *Financial Hardships*

Financial hardships are a major stressor for IPV, as violence against women tends to increase with economic distress, including job instability, low income levels, and financial strain (Benson & Fox, 2004). Additionally, having fewer financial resources makes it more difficult for women experiencing IPV to foster independence and build economic autonomy in order to successfully escape a controlling or abusive relationship (Conner, 2014).

The COVID-19 pandemic brought poverty and unemployment to heights not seen in decades of modern history, with more than 35 million people in the U.S. experiencing some degree of unemployment at the beginning of the COVID-19 pandemic (Hiscott et al., 2020). By April 2020, the U.S. was experiencing the highest rate of unemployment since the Great Depression (Petrosky-Nadeau & Valletta, 2020). Though unemployment was widespread during the pandemic, mothers were hit the hardest, particularly those with school-aged children; remote learning and the loss of external childcare were associated with an increased risk of unemployment for mothers but not fathers (Petts et al., 2021). Mothers were disproportionately impacted by additional unpaid work such as childcare and household responsibilities, leaving them with less time and fewer opportunities for paid work, thus resulting in greater economic instability and increased financial dependence on the partner perpetrating IPV against them (Peterman et al., 2020).

### *Mental Health Disorders*

The presence of mental health disorders is a significant stressor that manifests in IPV perpetration and victimization. Women who have serious mental health disorders experience higher rates of IPV, and IPV itself can result in newly developed or exacerbated mental health disorders, creating a vicious cycle of risk factors and trauma (Van Deirse et al., 2019).

Mental health disorders were notably exacerbated by the COVID-19 pandemic, a fact that is perhaps best illustrated by the 1,000% increase in calls to mental health hotlines in the U.S. during the pandemic-related lockdowns of April 2020 (Browning et al., 2021). Furthermore, COVID-19 conditions such as social distancing, quarantines, and stay-at-home orders have been associated with depression and post-traumatic stress symptoms (Boserup et al., 2020). For

instance, at both the initial phase of the COVID-19 outbreak and four weeks later, individuals in the general population reported increased anxiety and depression compared to pre-COVID, while individuals with existing mental health disorders reported that their symptoms had worsened since the pandemic began (Vindegard & Benros, 2020).

Though mental health disorders were prevalent among the general population, mothers' mental health suffered at disproportionate rates as a result of the pandemic and related stresses. U.S. mothers experienced higher anxiety and worse sleep as housework and childcare burdens increased, while these same factors had no impact on fathers' mental health (Ruppanner et al., 2021). Women in general were also more likely to experience adverse impacts on their mental health as a result of pandemic conditions; several studies found that simply being a woman was associated with a higher risk of experiencing the negative psychological effects of COVID-19 (Browning et al., 2021; Vindegard & Benros, 2020).

### *Substance Use*

Drug and alcohol use has long been tied to violence perpetration and victimization. Heavy alcohol consumption is associated with IPV (Jewkes, 2002), and women in relationships with men who misuse drugs and alcohol are at the highest risk of IPV injuries (Kyriacou et al., 1999). In couples where both partners are using drugs, the odds of severe male-perpetrated IPV increase significantly (El-Bassel et al., 2007). Notably, increased substance use has been linked to unemployment and declining mental health, both of which are IPV stressors that became widespread during the COVID-19 pandemic (Avena et al., 2021).

Substance use—including drug use and alcohol consumption—increased during the COVID-19 pandemic (Roberts et al., 2021). At the onset of the pandemic and related shutdowns

and stay-at-home orders, alcohol sales grew substantially, with a 54% increase in alcohol sales across the U.S. in mid-March 2020 and a 234% increase in online alcohol sales (Avena et al., 2021). Interestingly, the increase in substance use was not limited to active alcohol and drug users but also extended to those with long-term sobriety. Kim et al. (2020) found that 17% of survey respondents who were sober before COVID-19 relapsed during the first two months of the pandemic and lockdown, and the mean period of sobriety for respondents who relapsed was 19.5 months.

The link between the pandemic and substance use was particularly profound for parents, and recent studies have demonstrated a link between having children in the home during lockdowns and increased use of alcohol during the COVID-19 pandemic (see, for example, Rodriguez et al., 2020). Furthermore, Rutherford and Mayes (2019) suggested that higher levels of parenting stress may result in an increased risk of substance use. This suggestion echoes findings from Deacon et al.'s (2021) study on substance use during the pandemic among homeschooling parents, which found that parents homeschooling their children experienced significant stress and reported higher cannabis use to cope when compared to childless couples.

For mothers in particular, this increase in substance use became doubly problematic, as a parent's greater amount of time spent homeschooling children was linked to their partner's higher alcohol consumption (Deacon et al., 2021). This is especially troubling given the unparalleled amount of time mothers spend homeschooling their children (Miller, 2020) and the correlation between substance use behaviors and IPV perpetration (Coker et al., 2002). Conversely, higher alcohol consumption among women is a risk factor for IPV victimization (Waller et al., 2012), and binge drinking increased by 41% among women during the pandemic when compared to pre-pandemic levels in 2019 (Pollard et al., 2020).

### Resources and Help-Seeking

COVID-related shutdowns decreased access to help-seeking resources. Government officials at all levels urged cautionary measures such as social distancing, quarantine, and working from home to limit the spread of the virus (Hiscott et al., 2020). Regional legislatures ordered shutdowns of restaurants and retail stores as well as government buildings like family courthouses (Hiscott et al., 2020). For those who were able to escape IPV or attempt to access services, the resources necessary for survival dwindled in the early days of the pandemic. Travel restrictions made it difficult, if not impossible, to physically escape and get to a safe location; workplace and government building closures made it more difficult than ever to get in contact with legal counsel or victim advocates; supply shortages made necessities like food and toiletries expensive or unattainable; and social distancing restrictions limited the availability of victim housing due to reduced capacity at shelters and hotels (Evans et al., 2020).

### *Informal Resources*

Informal resources are often sought out by those experiencing IPV and can be vital for their emotional resilience and ongoing survival (Ansara & Hindin, 2010). For example, 81.4% of the women who experienced IPV in Barrett and St. Pierre's (2011) Canadian study reported using at least one form of informal support, including friends or neighbors, family members, coworkers, and spiritual advisors like priests or clergy. Unfortunately, this form of help became largely unattainable during the early weeks of the pandemic, as social distancing and stay-at-home orders resulted in decreased regular interaction with social support (Klostermann et al., 2020).

Because of COVID-19's highly contagious nature, even the most casual interactions with informal support were rendered obsolete. Whereas a trip to the grocery store or coffee with a colleague may have offered a brief respite in the past, people experiencing IPV during the early weeks of the pandemic found themselves shut off from the world entirely. Furthermore, when the pandemic confined people to the homes they shared with their abusive partners, the arrangement allowed for constant surveillance that likely prevented outreach to friends and family through technology or other means, which may have been feasible in the past while a controlling partner was at work or otherwise out of the house (Carrington et al., 2021; Emezue, 2020). Travel restrictions imposed by the government curtailed opportunities for physical escape from violence, and even in situations where in-person outreach was possible, the inherent danger of COVID-19 exposure may have dissuaded those experiencing IPV from seeking out shelter or emotional support from elderly parents or other loved ones (Klostermann et al., 2020).

### *Formal Resources*

Formal resources are recognized sources of support for people experiencing IPV, including professionals in the criminal justice and health care sectors. According to Barrett and St. Pierre's (2011) report, 66% of the study's sample of women who experienced IPV indicated having used at least one form of formal support. These forms of support most often came from mental health counselors (39.1%), doctors and nurses (39.1%), and police (29.8%), though formal support may also come from lawyers, crisis hotlines, and IPV shelters (Barrett & St. Pierre, 2011).

Though the pandemic created massive obstacles to in-person formal resources, this did not necessarily mean that people experiencing IPV gave up altogether on help-seeking. In many

urban and metropolitan areas, IPV-related calls to the police fluctuated significantly in the early days and weeks of the COVID-19 pandemic, with increases in many jurisdictions. Among 14 major U.S. cities, IPV police calls increased by an average of 7.5% due to the pandemic during March, April, and May 2020 (Leslie & Wilson, 2020). Within the first five weeks following the widespread implementation of social distancing, IPV police calls increased by 9.7% compared to the same time frame in 2019 (Leslie & Wilson, 2020). In another study, based on expansive data collected from cell phone tracking and police dispatch and crime reports from 36 police and sheriff's departments in the U.S., experts estimated that stay-at-home orders increased IPV by more than 5% between March 13 and May 24, 2020 (Hsu & Henke, 2021). Additionally, across six major metropolitan areas, an analysis of police data demonstrated a clear and significant increase in IPV police calls immediately following the implementation of stay-at-home orders in all but one jurisdiction (Nix & Richards, 2021).

However, not all of the data indicated such straightforward findings. In Chicago, stay-at-home orders resulted in a 7.4% increase in 911 calls related to IPV; however, during the same period, official police reports for IPV incidents—which represent the next, more formal step beyond an initial 911 call—decreased by 6.8% (Bullinger et al., 2021). This contrast suggests that the decline in official reports is not, in fact, due to a decline in IPV, because the expressed need for IPV-related services actually increased during that same period. Instead, it points to the possibility that individuals experiencing IPV were unable or unwilling to file police reports for other reasons during the stay-at-home orders, despite needing help even more than before the pandemic. Some experts have hypothesized that such a decline in official reports is due to law enforcement procedures enacted in the wake of COVID-19, in which police officers were



encouraged to limit the number of people arrested and detained in order to decrease COVID-19 exposure among incarcerated populations (Peterman et al., 2020).

Help-seeking behaviors also faced significant changes beyond the realm of law enforcement. In Philadelphia, there was a 54% decrease in calls to IPV hotlines between mid-March and early April 2020; IPV experts warned that this decrease was a red flag for danger, as they suspected that IPV was still ongoing but that those experiencing it lacked safe access to services (Evans et al., 2020). It may be that online services—which do not include the possibility of being overheard—became a safer alternative. Indeed, one study found a 31% increase in Google searches related to IPV following the implementation of stay-at-home orders (Berniell & Facchini, 2021), and the number of daily visitors to New York City’s website for IPV resources, NYC Hope, more than doubled between mid-March and early April 2020 (Lee, 2020).

The obstacles in accessing IPV-related services persisted with IPV service agencies. In Leigh et al.’s (2023) study of 32 IPV service providers across 24 U.S. cities, the providers noted a widespread decrease in contact volume following the enactment of stay-at-home orders, which they largely attributed to COVID-related safety concerns, miscommunication of resource availability, and competing survival priorities, particularly for parents balancing the need for IPV services with the need to protect and support their children. Furthermore, individual case studies of IPV service agencies found a significant decline in service utilization during the lockdown, which was believed to be caused by an inability to access services among those who needed them (Lipp & Johnson, 2022). Providers emphasized a 25% decrease in legal advocacy services due to court closures as well as a loss of shelter capacity due to compliance with required COVID-19 precautions, rendering both legal and housing resources unavailable even for those who were able to seek them out (Lipp & Johnson, 2022). Indeed, soon after restrictions were

lifted, most of the providers described an unprecedented rise in contacts from individuals in need of IPV services (Leigh et al., 2023; Lipp & Johnson, 2022).

Though the above resources are beneficial for individuals who personally seek out assistance, other formal resources, such as health care workers like doctors and nurses, can be fundamental in screening efforts that allow for outside detection of IPV and thus early intervention. Following the initial outbreaks of COVID-19, however, the health care system faced unprecedented service demands, resource shortages, and personnel constraints, all further complicated by the inherent risk of exposure to a highly contagious respiratory disease which epidemiologists were still grappling to understand. Due to these circumstances, health care services became extremely limited at best, and officials strongly encouraged that all non-emergency medical care be postponed until further notice (AMA, 2020). Additionally, demand for health care services declined largely due to the fear of being exposed to COVID-19 in health care settings (Czeisler et al., 2020). Although telehealth medical services—in which patients connected virtually with doctors and nurses—increased in popularity, this form of health care did not offer the same degree of safe disclosure, particularly for those patients in quarantine with the people abusing them; and because IPV screening was already difficult pre-pandemic due to health care workers' time and knowledge constraints, outside detection of IPV through short video calls was not especially feasible, either (Peterman et al., 2020). As a result of these health care disruptions, yet another referral pathway eroded during the pandemic, with people experiencing IPV no longer able to disclose the violence to health care professionals, and those professionals no longer able to use screening tools to detect possible IPV and intervene before it became deadly (Peterman et al., 2020).

Finally, children can represent a crucial link to the world outside the home, particularly for parents experiencing IPV such as the mothers in the present study. This is especially important as children and families interact with formal resources (e.g., counselors or other mandated reporters in the child's school) who may be able to detect and report signs of violence in the home; however, these opportunities for outside detection were limited when early COVID-19 outbreaks resulted in isolation from such resources due to stay-at-home orders and remote learning (Evans et al., 2020).

### The Current Study

In light of the information above, it stands to reason that IPV is widespread, and mothers are a particularly critical population. The early weeks of the COVID-19 pandemic created a perfect storm of disastrous conditions for this population for several reasons, including the aggravation of IPV stressors and the erosion of help-seeking opportunities. Though current knowledge strongly suggests the existence of unique challenges for mothers who experienced IPV at the onset of the COVID-19 pandemic, we lack sufficient research directly tying these variables (motherhood, IPV, and COVID-19) together. The current study seeks to fill this gap in knowledge by exploring how motherhood, IPV, and COVID-19 interacted due to conditions such as stay-at-home orders and remote schooling as well as what mothers experiencing IPV identified as needed support in U.S. metropolitan areas at the beginning of the COVID-19 pandemic.

While the existence of IPV is not new, empirical evidence has demonstrated that the widespread conditions during the early weeks of the pandemic likely increased the prevalence and severity of IPV in new ways. For example, IPV-related service calls significantly increased

in metropolitan areas during this time (Leslie & Wilson, 2020; Nix & Richards, 2021) and certain stressors for IPV perpetration and victimization (e.g., financial hardships, mental health disorders, substance use) grew to shocking levels during this time (Hiscott et al., 2020; Roberts et al., 2021; Vindegaard & Benros, 2020). Additionally, the circumstances of the pandemic (e.g., stay-at-home orders, work and school closures) suggest a possible increase in the inescapability of IPV due to subsequent decreases in access to vital resources including both formal and informal support. With this in mind, the current study explores the following research questions:

1. How did the early weeks of the COVID-19 pandemic shutdowns shape mothers' experiences of IPV in metropolitan areas in the U.S.?
2. What did mothers in U.S. metropolitan areas see as needed resources to help them manage experiences of IPV during the early weeks of the COVID-19 pandemic shutdowns?

## METHODOLOGY

### Survey

This study utilized a subsample of data collected through the REVEAL (Real Experiences from Violence to Empowerment Across all Levels) study, which was led by Dr. Megan Haselschwerdt, with collaborators Drs. Alison Cares, April Few-Demo, and Gregory L. Stuart. The REVEAL project fielded an online survey developed in partnership with five IPV service agencies (hereinafter referred to as community partners) in three major metropolitan areas in the U.S. with the purpose of gathering data from a socioeconomically diverse sample of women about their experiences with IPV. For the safety of respondents, this survey was referred to as the Women's Experiences Study (WES), but it will be referred to here as the REVEAL study. Respondents were recruited through a variety of strategies, including recruitment through social media, recruitment through community partners, and respondent-driven sampling.

The REVEAL survey sought to explore the experiences and help-seeking behaviors of women across the socioeconomic spectrum who had experienced IPV. Community partners received \$500 in exchange for their partnership. Community partners contributed to recruitment plans as well as survey creation, the latter of which included collaborating on the development and revision of survey language and questions, as well as assisting in recruitment. The majority of the survey consisted of close-ended questions pertaining to the sociodemographic status of the respondent as well as the current or former partner who perpetrated abuse against them; the respondent's experiences with abuse; and the respondent's experiences of and barriers to help-seeking. The survey asked about a wide variety of abuse types, including physical abuse, sexual abuse, emotional abuse, economic abuse, litigation abuse, and stalking. In order to take part in

the survey, respondents needed to be 18 or older, identify as female, and have experienced abuse at the hands of a current or former intimate partner within the past five years.

The data were collected using an anonymous online Qualtrics survey. The REVEAL study data collection began in April 2019 and concluded in May 2020. Each respondent who completed the survey was offered a \$20 electronic gift card in exchange for their participation. The mean time to complete the survey was 57 minutes and the median time to complete the survey was 28 minutes.

In March 2020, amidst the onset of the COVID-19 pandemic and subsequent lockdowns, five open-ended questions about the pandemic and associated shutdowns were developed with one of the community partners and added to the end of the survey. The five questions pertaining to COVID-19 and related government guidance are listed below.

1. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your interactions with your [partner/former partner]?
2. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your overall well-being in regards to your interactions with your [partner/former partner]?
3. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your feelings of safety in regards to your interactions with your [partner/former partner]?
4. What resources do you need to help you manage your relationship with your [partner/former partner] in light of the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures?

5. Please use this space below to share anything else you would like to share that we have not asked specific to the pandemic and managing your current home life.

## Recruitment

### *Recruitment Through Social Media*

The majority of respondents were recruited through social media (74.5%,  $n = 41$ ) using four primary tactics. First, researchers shared posts about the study to a variety of Facebook groups likely to include members of the desired study population (e.g., online support groups for women who had experienced IPV; groups for stay-at-home mothers; groups for separated and divorced mothers). Researchers shared free posts on Craigslist with information about the study. Study information was also shared through apps created for pregnant women. Finally, researchers created and shared paid posts in online social groups for professional women and mothers (e.g., groups for stay-at-home mothers, separated and divorcing mothers, and professional and working women), with a geographically specific focus on the three metropolitan areas chosen for the study.

### *Recruitment Through Community Partners*

The five community partners across three major metropolitan areas in the U.S. also assisted in efforts to recruit respondents for the REVEAL survey. Community partners posted and handed out survey recruitment flyers at their agencies, personally invited clients to participate, shared the survey link with other agencies to distribute to their clients, and shared the survey online through their own listservs and Facebook posts. Eight (14.5%) respondents were recruited this way.

### *Respondent-Driven Sampling*

The online survey used respondent-driven sampling, a form of snowball sampling, to allow respondents to recruit other women to participate in the study (10.9%,  $n = 6$ ). After completing the survey, respondents were given the option to refer other potential respondents. For each respondent (up to five additional respondents) they successfully recruited to take the survey, they had the option of receiving a \$10 electronic gift card. Those who opted to refer potential respondents were provided with guidance for sharing the survey safely.

### Sample

This analysis utilized a subsample of the data collected through the REVEAL study. The overall sample consisted of 373 women 18 years of age and older living in three large metropolitan areas in the U.S. (including areas on the west coast, in the Northeast, and in the Southeast) who had experienced abuse at the hands of an intimate partner in the last five years. The current study focused on a subsample of mothers who completed the survey once the COVID-19 questions were added and who answered at least one of the COVID-19 questions. Of the 68 respondents who completed the online survey with the COVID-19 questions (18.2% of the overall sample), 60 were identified as mothers because they answered “yes” to the following question: “Do you have any children (biological, adopted, foster)?” Of the 60 mothers who completed the survey with the COVID-19 questions included, 55 answered some or all of the five open-ended COVID-19 questions and were included in the final analytic sample (14.7% of the overall sample).



### Respondent Demographics

The demographics of the sample are presented in Table 1 below. The vast majority of respondents identified as White (80.0%,  $n = 44$ ), with smaller numbers identifying as Black or African American (12.7%,  $n = 7$ ) and Asian or Asian American (7.3%,  $n = 4$ ). No respondents identified as American Indian or Alaska Native, or as Hawaiian Native or Pacific Islander. Via a separate question, a small number of respondents identified as Hispanic, Latin(a), or of Spanish origin (9.1%,  $n = 5$ ). The respondents ranged from 21 to 59 years old with a mean age of 38.5 years old ( $SD = 8.0$ ). The majority of respondents identified as heterosexual (87.3%,  $n = 48$ ) with a small number of respondents identifying as bisexual (12.7%,  $n = 7$ ). Most respondents identified as some denomination of Christian (72.7%,  $n = 40$ ), with others identifying as religiously unaffiliated (18.2%,  $n = 10$ ), Muslim (3.6%,  $n = 2$ ), or other (5.5%,  $n = 3$ ). The respondents reported a wide range of education levels, from a GED to a doctoral degree. The most common response was Some college (25.5%,  $n = 14$ ) followed by Bachelor's degree (20.0%,  $n = 11$ ). The vast majority of respondents had just one (30.9%,  $n = 17$ ) or two (32.7%,  $n = 18$ ) children. The respondents reported a wide range of household annual income, from under \$15,000 to over \$1,000,000, though one respondent did not answer this question. The most common responses were \$25,000 to \$34,999 (16.4%,  $n = 9$ ) and \$50,000 to \$74,999 (16.4%,  $n = 9$ ), followed closely by \$15,000 to \$24,999 (14.5%,  $n = 8$ ) and \$75,000 to \$99,999 (12.7%,  $n = 7$ ). When asked about their current relationship to their abusive partner, the most common response was Married (25.5%,  $n = 14$ ), followed by No longer dating and never cohabited (20.0%,  $n = 11$ ), Separated but still legally married (20.0%,  $n = 11$ ), and Divorced (18.2%,  $n = 10$ ). When dichotomized, 60.0% ( $n = 33$ ) of respondents were no longer in a relationship with the focal abusive partner, while 40.0% ( $n = 22$ ) were still together.

*Table 1; Respondent Demographics (n = 55)*

<b>Variable</b>	<b>Category</b>	<b><i>n</i></b>	<b>%</b>
Race	White	44	80.0
	Black or African American	7	12.7
	Asian or Asian American	4	7.3
	Other	6	10.9
Hispanic, Latin(a), or of Spanish Origin	Yes	5	9.1
	No	50	90.9
Age	20-29	4	7.3
	30-39	28	50.9
	40-49	18	32.7
	50-59	5	9.1
Sexual Orientation	Heterosexual/Straight	48	87.3
	Bisexual	7	12.7
Religion	Christian (e.g., Protestant, Catholic, Mormon)	40	72.7
	Religiously Unaffiliated (e.g., Agnostic, Atheist)	10	18.2
	Muslim	2	3.6
	Other	3	5.5
Education	GED	4	7.3
	High School Diploma	5	9.1
	Technical School	2	3.6
	Some College	14	25.5

<b>Variable</b>	<b>Category</b>	<b><i>n</i></b>	<b>%</b>
	Associate's Degree	6	10.9
	Bachelor's Degree	11	20.0
	Some Graduate School	3	5.5
	Master's Degree	8	14.5
	Doctoral Degree	2	3.6
Number of Children	1	17	30.9
	2	18	32.7
	3	13	23.6
	4	5	9.1
	5	1	1.8
	6	1	1.8
Household Annual Income	Under \$15,000	3	5.5
	\$15,000 to \$24,999	8	14.5
	\$25,000 to \$34,999	9	16.4
	\$35,000 to \$49,999	3	5.5
	\$50,000 to \$74,999	9	16.4
	\$75,000 to \$99,999	7	12.7
	\$100,000 to \$149,999	3	5.5
	\$150,000 to \$199,999	4	7.3
	\$200,000 to \$249,999	2	3.6
	\$250,000 to \$299,999	2	3.6

<b>Variable</b>	<b>Category</b>	<b><i>n</i></b>	<b>%</b>
	\$300,000 to \$399,999	1	1.8
	\$500,000 to \$599,999	1	1.8
	Over \$1,000,000	2	3.6
	No Answer/Left Blank	1	1.8
Current Relationship to Abusive Partner	Married	14	25.5
	No longer dating and never cohabited (lived together)	11	20.0
	Separated (not currently living together) but still legally married	11	20.0
	Divorced	10	18.2
	Cohabiting (living together) but not married	7	12.7
	Dating but not cohabitating (living together)	1	1.8
	Widowed	1	1.8

### Data Analysis

This study used inductive thematic analysis of open responses to the five COVID-related questions as well as one additional open-ended response question at the end of the survey: “That concludes the questions we have for you about violence and abuse. However, it is possible or likely that these questions have not fully captured your experiences with your [partner/former partner]. If that is how you feel, please feel free to share any additional information you want us

to know about your [partner/former partner]’s behavior over time.” In all, a total of 275 responses were analyzed.

The first step focused on familiarization with the data. This step entailed rereading the five COVID-19 survey questions and one additional response question as well as each of the open responses and organizing these data by the respondent and by the question (Braun & Clarke, 2006). First, I created tables organizing the data by the respondent, compiling their responses to each of the six open-ended questions in an individual table for each of the 55 respondents in the sample. For an example, see Table 2 in Appendix B. Next, I created tables organizing the data by the question, compiling all related responses into an individual table for each of the six total open-ended questions. For an example, see Table 3 in Appendix B. The process of copying, transcribing, and organizing the data into these tables for later analysis also had the benefit of aiding in familiarization as I repeatedly encountered the data.

The next step was coding, which required multiple phases. For the initial coding phase, I opted to use process coding and in vivo coding whenever possible, which allowed for a better grasp of the nuances of the data such as the complex interpersonal processes within relationships with IPV (Saldaña, 2021). This benefit was especially valuable for these data because it enabled me to honor the voices and personal experiences of the women in this sample. To establish intercoder reliability, Dr. Megan Haselschwerdt and I generated preliminary codes by independently coding the first 20 cases and then meeting to compare our results. After discussing our codes and finding no substantive discrepancies, Dr. Haselschwerdt and I each independently coded the remaining 35 cases in the sample.

For my part of coding the remaining data, I conducted two rounds of coding with several days in between, a practice that helps increase reliability in thematic analyses (Thompson, 2022). Each of these rounds consisted of three subphases: first, I completed an initial subphase of coding; then, I refined, consolidated, removed, and confirmed codes; and finally, I verified settled codes. During this time, I employed memoing, which helped to record my thoughts on the data and aid in code generation. I continued the recoding process until new codes were no longer identified during my review (Castleberry & Nolen, 2018).

After completing the initial coding, I began focused coding. I analyzed my codes for the most significant or frequent ones which were often evident in multiple responses and from a wide range of respondents, which indicated potential patterns for future themes and categories. As I progressed from initial coding to focused coding, some of the codes evolved into more topical codes, but many remained in a gerund form akin to the process codes from the initial coding phase. Rather than generating static codes, this emphasis on process coding allowed the data interpretation to focus squarely on the dynamics of the processes described through the lived experiences of the respondents.

Throughout the process of coding, Dr. Haselschwerdt and I made collaborative decisions about the data when necessary. For example, we decided to incorporate the responses to the open-ended question about additional information into our thematic analysis because it provided context that helped situate the responses to the five COVID-specific questions. When complexities arose, we noted them using the comment feature of Microsoft Word and Excel, both of which were utilized in our coding processes.

After completing the focused coding process, Dr. Haselschwerdt and I met to compare our results. At this point, we decided to expand the tables I had made in the previous step to incorporate each of our codes, creating a visual representation of our codes that offered an easier comparison between them. To do this, I added three columns to the tables: first, I created a column for my codes; second, I created a column for Dr. Haselschwerdt's codes; and finally, I created an open column for any potential themes that might arise throughout the process. For examples, see Tables 4 and 5 in Appendix B.

Next, I began the process of developing and naming themes (Thompson, 2022). This consisted of organizing and clustering the responses and codes to produce groups. I practiced organizing the responses based on various commonalities to identify patterns among the responses and codes to create potential themes. I organized the responses and codes into new tables based on what kind of impact (positive, negative, or no impact) the pandemic had on the topics mentioned in the relevant questions (e.g., interactions with partner, overall well-being, feelings of safety) based on the respondents' replies. I added columns alongside the responses for more detailed codes as well as preliminary domains or themes, which allowed me to gather and organize any data that might be relevant to each of the potential themes as they developed. For an example, see Table 6 in Appendix B.

I then reviewed the developed themes, collapsing categories when necessary in order to be more meaningful for analysis. I worked with Dr. Haselschwerdt to discuss decision-making throughout the review process. For example, we decided that quotes extracted from the data would only fall under one theme because several could fit across multiple spaces. This decision allowed us to focus our interpretation of the data on the central theme, subtheme, or code

illustrated in the response. When there was overlap, I consulted with Dr. Haselschwerdt until we came to a shared conclusion on the best placement. When I noticed a pattern in which several of the extracted quotes encompassed similar subthemes (e.g., managing homeschooling and remote learning, balancing childcare with employment, and providing financially for children), Dr. Haselschwerdt and I decided to merge these categories into one more cohesive subtheme that more accurately represented the pattern; this subtheme would later be named Navigating Parenthood.

At other times, I decided to distinguish more clearly between categories rather than merge them into one. For example, there was concern about potential ambiguity between two subthemes—Litigation Abuse and Legal Problems—which fell under two separate themes. Rather than combining or removing these, I chose to differentiate more definitively between the two. In order to do this, I analyzed the data for context on intent. As a result, I made the distinction of Litigation Abuse referring to a deliberate, malicious tactic employed by an abusive partner (or former partner) with the intent of causing harm to the individual experiencing IPV. On the other hand, I noticed that the data which led to the development of the Legal Problems subtheme aligned almost exclusively with the closures of courthouses during the pandemic shutdown period. These instances were more passive in that they resulted directly from the circumstances of the pandemic rather than from an individual's attempt to cause harm. While the abusive partners might benefit and the mothers in this sample might suffer as a result, the situation was not enacted with this explicit purpose in mind. As such, I renamed the subtheme more appropriately: Court System Delays and Closures.



Generally, when complexities arose in the data, I opted to discuss the nuances in writing rather than eliminate or remove the data, which allowed it to maintain its value and depth. For example, it was typically stated in the survey responses whether the pandemic directly impacted the areas in question (e.g., interactions with partner, overall well-being, feelings of safety). However, in a few instances, it was not clear if the pandemic facilitated the respondent's experience, or I was otherwise unsure to what extent the pandemic was responsible for the circumstances described. In the event that the respondent did not explicitly situate the reason for their feelings or their situation, Dr. Haselschwerdt and I were often able to work together to infer the link to the pandemic based on the context of the respondent's other answers or the context of the question itself. As a result, we were able to include these rich data and tap into this population's unique experiences during the pandemic rather than exclude them from the analysis.

During this phase of the thematic analysis, I finalized the three tables I had previously created for organizing data by the pandemic's impact (positive, negative, or no impact) on the respondent's interactions with their partner, overall well-being, and feelings of safety. I classified each of the themes and their related subthemes into one of the three impact tables. This step created a visual representation of the evolving themes, subthemes, and thematic relationships between them (Braun & Clarke, 2006; Castleberry & Nolen, 2018). I placed quotes extracted from the data into the tables to demonstrate each of the themes and subthemes and counted the frequency at which each theme and subtheme occurred throughout the data. As an added measure of trustworthiness, the resulting themes were reviewed by Dr. Alison Cares and then triangulated with other literature on the subject to ensure reliability.

Additionally, I created a table to organize the desired resources identified by the respondents. For the purposes of this analysis, I occasionally combined similar resources into one category. For example, responses identifying “therapy” and “clinical counseling” would both fall under a singular resource category: Mental Health Care. Similarly, responses identifying necessities such as court orders, divorce attorneys, and child custody decisions were classified under one resource category: Legal or Judicial Assistance. Rather than limiting each response to one category, as we had done with the themes and subthemes, Dr. Haselschwerdt and I decided to classify the data under each of the categories referenced, including repeating the extracted quotes in multiple areas of the resource table when applicable. This choice was informed by the fact that many of the respondents explicitly identified multiple resources they needed, such as in the case of one respondent who wrote, “I am now looking for new legal counsel and a new child therapist” (Respondent 39, age 56, 1 child). The decision to practice mutual exclusion in the impact tables was beneficial in focusing our interpretation of the data on the central theme, subtheme, or code illustrated in the response; however, with the resource table, it would have been difficult to confine the often impartial responses to one category and could result in a distorted understanding of which resources were desired.

During the final stage, I produced the report of this analysis, often referred to as the ‘writing up’ portion of the process (Thompson, 2022). As part of this, I selected extracts from certain responses to demonstrate themes in the written analysis (Braun & Clarke, 2006). These extracts were used alongside descriptions of the themes and other relevant information, like respective subthemes and codes, as well as the resources identified by respondents.

### Trustworthiness

Several additional measures were used to ensure the trustworthiness of the data and findings. First, Dr. Haselschwerdt and I each conducted independent coding of roughly one-third of the data (20 of the 55 cases) then consulted and compared our codes to verify that there were no substantive discrepancies before proceeding. Once I progressed to the next phase, in which I coded the remainder of the data, I increased reliability by completing multiple rounds of coding and taking several days between rounds (Thompson, 2022). I often used in vivo codes, particularly in the initial coding phase, which helped with grasping the nuance of these complex interpersonal processes in the respondents' own words. Dr. Haselschwerdt and I continued to meet and compare our resulting codes and themes as the analysis continued to ensure intercoder reliability. Throughout the analysis, I used memoing to practice reflexivity and document the coding process as it occurred. When the data and analysis required significant decision-making, I consulted with Dr. Haselschwerdt until we came to a consensus on how to move forward. Following theme development, Dr. Cares served as a final reviewer of themes. Next, I triangulated my findings with the existing literature on the subject as an added measure of reliability. During the final step, in which I wrote the report of my findings, trustworthiness was demonstrated by including extracts from responses that appropriately and adequately reflected the identified themes (Braun & Clarke, 2006).

## FINDINGS

In order to address the first research question, “How did the early weeks of the COVID-19 pandemic shutdowns shape mothers’ experiences of IPV in metropolitan areas in the U.S.?”, I performed a multi-phased thematic analysis of open responses to six survey questions asked as part of a larger survey. These included five COVID-related questions and one question allowing respondents to provide additional information, asked of a sample of mothers in metropolitan areas of the U.S. who experienced IPV within the last five years ( $n = 55$ ). During the analytical process, data were sorted into three overarching categories (positive, negative, or no impact) based on the impact that the COVID-19 pandemic or government guidance (e.g., shelter in place, social distancing) had on each of the three primary areas mentioned in the survey questions (e.g., interactions with partner, overall well-being, feelings of safety).

In addition to being sorted into the three impact categories, the data were further analyzed, yielding a total of seven themes and nineteen subthemes across the three impact categories. The Negative Impact category included three themes. First, the theme *Pandemic Circumstances Creating or Exacerbating Problems* had five subthemes: the pandemic worsening problems in general, navigating parenthood, declining mental health, court system delays and closures, and feeling helpless or hopeless. The second theme, *Adapting Abuse Tactics to Fit Pandemic Circumstances*, had three subthemes: litigation abuse, verbal and emotional abuse, and weaponizing health and safety concerns. The final theme under the Negative Impact category, *Strategically Managing Abusive Situations*, included three subthemes: seeking mental health services, limiting interaction, and practicing hypervigilance. The No Impact category included two themes: *No Impact (General)*, for those who indicated that the pandemic did not have an

impact but did not provide details; and *No Contact*, further sorted into five subthemes: no contact (general), no contact due to relationship dissolution, no contact due to geographical or physical distance, no contact due to an order of protection or restraining order, and no contact due to death. The Positive Impact category included two themes: *Feeling Safer During the Pandemic*, which was split into subthemes of feeling safer in general, feeling safer due to reduced interaction, and feeling safer due to physical distance; and *Improving Mother-Child Situations*.

For the purposes of coding and classifying data into themes and subthemes, mutual exclusion was practiced with each piece of data (e.g., each quote extracted from a survey response), meaning each extracted quote was limited to being assigned to one category and would not be repeated across multiple impacts or themes. This decision assisted in focusing the interpretation of the data on just one central theme illustrated in the response. However, because respondents were able to answer as many as six open-ended questions, many respondents contributed to more than one impact or theme; for example, if the pandemic had no impact on their interactions with their partner, a positive impact on their overall well-being, and a negative impact on their feelings of safety.

#### Pandemic and Government Guidance Had a Negative Impact

Thirty respondents reported that the pandemic had some negative impact on at least one of the areas mentioned in the survey questions (e.g., interactions with partner, overall well-being, feelings of safety). See Table 7 in Appendix C for data categorized as Negative Impact.

Among the responses indicating some negative impact, three themes were identified. The first theme, *Pandemic Circumstances Creating or Exacerbating Problems* ( $n = 24$ ), included subthemes focused on situations worsening in general ( $n = 5$ ), navigating parenthood ( $n = 9$ ),

declining mental health ( $n = 6$ ), court system delays and closures ( $n = 5$ ), and feelings of helplessness and hopelessness ( $n = 4$ ). The second theme, *Adapting Abuse Tactics to Fit Pandemic Circumstances* ( $n = 12$ ), included three subthemes: litigation abuse ( $n = 5$ ), verbal and emotional abuse ( $n = 5$ ), and weaponizing health and safety concerns ( $n = 2$ ). The final theme in the Negative Impact category, *Strategically Managing Abusive Situations*, included subthemes of seeking mental health services ( $n = 4$ ), limiting interaction ( $n = 3$ ), and practicing hypervigilance ( $n = 3$ ).

#### *Pandemic Circumstances Creating or Exacerbating Problems*

While the focal abusive partners wreaked havoc on the individual level, the conditions of the pandemic itself aggravated longstanding stressors en masse, creating a serious negative impact on the lives of many respondents ( $n = 24$ ). Of the 30 respondents within the Negative Impact category, 80.0% contributed to the *Pandemic Circumstances Creating or Exacerbating Problems* theme. Respondents in this theme focused on how the pandemic made their situations worse in a general sense ( $n = 5$ ); how the pandemic made it more difficult to navigate parenthood ( $n = 9$ ), particularly when co-parenting with their abusive partner or former partner; how the pandemic contributed to a decline in their or their partner's mental health ( $n = 6$ ); how the pandemic resulted in court system delays and closures ( $n = 5$ ), often creating added difficulties in fighting ongoing custody battles and acquiring overdue divorce settlements; and how the pandemic led them to feel further helpless or hopeless ( $n = 4$ ).

### Pandemic-Exacerbated Problems: In General

Some respondents ( $n = 5$ ) simply indicated that the pandemic had created or exacerbated problems more generally across multiple areas, responding that the pandemic “worsened the situation” (Respondent 33, age 44, 2 children) or describing their experiences with “much more stress with lack of money and being home all day long” (Respondent 45, age 36, 3 children). Of the 30 respondents in the Negative Impact category, 16.7% fell under this subtheme.

### Pandemic-Exacerbated Problems: Navigating Parenthood

Among this sample of mothers, one of the most significant subthemes was the difficulty they experienced while trying to navigate parenthood during the pandemic. Many respondents ( $n = 9$ ) detailed the ways in which COVID-19 had further complicated parenting challenges which already seemed insurmountable. Of the 30 respondents within the Negative Impact category, 30.0% contributed to this subtheme. One respondent detailed her struggles with single parenting, writing, “Because I am now a solo parent it is extremely hard to navigate the pandemic on my own. The fear of having to run essential errands but having no one to watch my son, being completely alone with zero adult face-to-face interaction, etc” (Respondent 23, age 23, 2 children).

Others described trying to balance unstable employment with newfound childcare burdens: “I finally found a job, since he is now disabled and can’t work, and therefore can’t keep me from doing so. But, I can’t leave him and ask someone else to risk their health to watch my children while I work” (Respondent 13, age 32, 3 children).

The increase in childcare responsibilities often seemed to fall primarily on the mothers: “I have my son home from school so I basically don’t get a break [because] my husband is either too busy playing with the stock market or sleeping” (Respondent 35, age 34, 2 children).

Notably, a recurring pattern among these responses was the rising difficulty in managing thorny co-parenting relationships with current or former partners. The partners in question used the pandemic as an opportunity to renegotiate co-parenting terms, as one respondent wrote of her partner “demanding to be with our children more, now that they are out of school. He doesn’t think the parenting plan is fair because I have more custody than he does” (Respondent 28, age 40, 6 children).

In some cases, sharing a child meant more frequent interaction with respondents’ abusive partners, even as everyone else in the country seemed to be reducing interactions. As one respondent wrote, “We have to communicate/interact more frequently for custody exchanges rather than utilize the school day as a buffer between us” (Respondent 16, age 40, 1 child). Another response stated, “He is having to pick them up from my home where before he picked them up at school and dropped off at school to where I had zero interactions” (Respondent 28, age 40, 6 children).

### Pandemic-Exacerbated Problems: Declining Mental Health

For a small group of respondents ( $n = 6$ ), the pandemic contributed to a decline in mental health, either for themselves or the focal abusive partner. Of the 30 respondents in the Negative Impact category, 20.0% contributed to this subtheme. Some respondents were more general in their answers, simply stating “I’ve felt more down than normal” (Respondent 6, age 46, 2 children) and “My mental health has declined” (Respondent 30, age 40, 3 children). Others



provided more detail; describing the pandemic's impact on her overall well-being, one respondent wrote, "Mentally and emotionally I'm drained," also stating that her partner had become "more depressed and snappy, also sleeping more leaving me with the kids all the time" (Respondent 35, age 34, 2 children).

Another respondent elaborated on the declining mental health experienced by her abusive partner, writing, "He's gotten angrier, more anxiety, more drug/alcohol use [...] I believe he is either bipolar or manic-depressive, so it's hard to predict what each day will be like. He is also narcissistic..." Later, she writes, "For me, with safety comes stability and security. It doesn't exist these past few weeks with how much more unpredictable his moods have become. He's always had anxiety and mood swings for the dozen years I've known him, so usually I can roll with the 'punches'. But things have gotten worse over the years with more life pressures and substance abuse on his part, and then with the pandemic it's hit a boiling point" (Respondent 20, age 35, 2 children).

#### Pandemic-Exacerbated Problems: Court System Delays and Closures

Several respondents ( $n = 5$ ) detailed how their lives and the lives of their children had become more stressful as court systems closed at the onset of the pandemic, creating unprecedented problems for those actively pursuing a divorce or navigating child custody. Of the 30 respondents in the Negative Impact category, 16.7% contributed to this subtheme. One respondent described feeling "frustrated that I am unable to take him to court to finalize child support or custody orders" (Respondent 42, age 32, 1 child). Another respondent wrote, "I hate that my current court order is on hold with the pandemic" (Respondent 54, age 31, 1 child). For some, these delays had a snowballing effect, resulting in additional problems like financial

struggles and housing instability, as in the case of one mother who wrote, “The settlement won’t come because of the pandemic and I can’t go much longer at the cost of this apartment”

(Respondent 47, age 53, 1 child).

### Pandemic-Exacerbated Problems: Feeling Helpless or Hopeless

Throughout the survey responses, some of the mothers in the sample expressed feelings of helplessness or hopelessness ( $n = 4$ ). Of the 30 respondents in the Negative Impact category, 13.3% contributed to this subtheme. Some of these expressions were rather overt, such as in the case of the respondent who detailed “the complete powerlessness of not being able to get any semblance of information from him or trust him to do the best thing for our daughter”

(Respondent 5, age 36, 4 children). Another respondent simply wrote, “I’m trapped”

(Respondent 46, age 48, 1 child).

In other cases, however, this subtheme was present but less explicit. For example, when discussing resources, it was clear that some respondents felt a sense of helplessness or hopelessness based on how they could identify what resources they needed—such as childcare or financial assistance—but seemed unable to take a step toward accessing those resources. This was shown in the following quote: “Nothing can help. I have no other way to have an income, and no one else to care for my children while I try to provide for them and save some money to leave” (Respondent 13, age 32, 3 children). Similarly, when asked what resources she needed to manage her relationship with her abusive partner during the pandemic, rather than identifying legal assistance or financial support, one respondent wrote the following: “None. I need a divorce [attorney] but I don’t have the money and can’t sell my house to get it either. One day

probably when my son is grown I'll be able to leave. Now it's not financially possible in any form or fashion" (Respondent 18, age 38, 1 child).

### *Adapting Abuse Tactics to Fit Pandemic Circumstances*

This theme focused on how the focal abusive partner managed to continue enacting abuse upon the respondent, even after COVID-19 restrictions made it difficult to practice their typical methods of abuse, by shifting their usual forms of pre-pandemic harassment to remain feasible under changing pandemic circumstances. For example, though technology-facilitated abuse was not frequently mentioned in this study and thus did not develop into a subtheme of its own, the following quote from one of these respondents provides an adept overview of adapting abuse tactics in changing times: "I am glad I do not have to worry about him coming around the house. However, his emails are showing signs of his frustrations and are exceptionally disturbing" (Respondent 44, age 59, 3 children). Nonetheless, of the 12 respondents who provided responses classified under this theme, the most prominent abuse tactics illustrated included the following subthemes: litigation abuse ( $n = 5$ ); verbal and emotional abuse ( $n = 5$ ); and weaponizing health and safety concerns ( $n = 2$ ). Of the 30 respondents in the Negative Impact category, 40.0% contributed to the *Adapting Abuse Tactics to Fit Pandemic Circumstances* theme.

#### Adapting Abuse Tactics: Litigation Abuse

Litigation abuse, in which a current or former partner uses the legal process to harass the subject of their abuse through the court system, appeared to increase in the lives of these respondents as pandemic restrictions were enacted. Litigation abuse is particularly impactful because it leverages the court system in ways that are time-consuming and costly to combat.

Furthermore, in civil matters, such as the divorce and custody disputes often described by respondents in this study, there is no right to legal counsel as in criminal matters. It can be incredibly costly to obtain legal representation, file motions, and otherwise engage in the system, potentially making it financially impossible to fight for custody conditions, child support, and divorce settlements. Of the 30 respondents in the Negative Impact category, 16.7% contributed to this subtheme. Several respondents ( $n = 5$ ) detailed unrelenting threats and litigious attacks often filtered through child custody disputes or divorce settlements, including what is exemplified in the quotes below.

“[The pandemic] hasn’t slowed him down on the legal stuff. In fact, he seems to have more time on his hands and his efforts have intensified” (Respondent 43, age 46, 1 child).

“I don’t want to leave him for fear of him being nasty with court and divorce (especially with children). He often says he keeps files stored away that he could show a judge to prove I’m a bad parent” (Respondent 35, age 34, 2 children).

“[The pandemic] has given him even more leverage in the ongoing divorce proceedings [...] I spend my time on shoring up my written records for my legal case. I know that I will never be able to out-manuever my ex-partner because he is a dangerous, calculating, antisocial, vindictive psychopath” (Respondent 39, age 56, 1 child).

“He is affluent and is abusing the legal system to harm me and the children and [get] visitation. The children are afraid of him and do not want any visitation with him” (Respondent 37, age 48, 2 children).

### Adapting Abuse Tactics: Verbal and Emotional Abuse

When the pandemic changed daily life in myriad ways, abusive partners resorted to new or more severe verbal and emotional abuse, as reported by several respondents ( $n = 5$ ). Of the 30 respondents in the Negative Impact category, 16.7% contributed to this subtheme. As the respondents grappled with the emotional and physical impacts of their circumstances, abusive partners leveraged these magnified vulnerabilities in their practices of verbal and emotional abuse, as one of the mothers in this study wrote: “I have become more depressed. Eating even more. Gaining more weight. Which makes him yell at me several more times a day” (Respondent 45, age 36, 3 children).

This tactic exacted a significant toll, even among respondents not usually susceptible to such emotional harm, as one respondent wrote: “His word choice towards me in his ‘moments’ has gotten much worse in the past few weeks, he has little to no filter anymore or respect for personal space even in an argument. It was just anxiety, but a few days ago the verbal and emotional abuse got so bad it set off a depression in me. And I’m not the type to ever get depressed, I’m typically one to count on to ‘find a silver lining’ in most things” (Respondent 20, age 35, 2 children).

### Adapting Abuse Tactics: Weaponizing Health and Safety Concerns

A couple of respondents ( $n = 2$ ) reported that their focal abusive partner had resorted to using their health and safety concerns related to COVID-19 as a weapon to instill fear, describing “the inability to protect the rest of my family (husband and 3 step-kids) from the virus that he appears to be happy to pass on to us” (Respondent 5, age 36, 4 children). Of the 30 respondents in the Negative Impact category, 6.7% contributed to this subtheme. Notably, because these data

were collected in the early days of the pandemic, fear was high, treatment was rarely available, and fatality rates were shocking. As a result, this abuse tactic was particularly impactful, inciting stress and fear in the subject of the abuse: “I’m experiencing additional stress about what the kids are potentially bringing into my house after they have been with my former partner” (Respondent 36, age 48, 3 children). Perhaps even more concerning is the efficacy of this tactic in bullying these mothers into retreating entirely: “I am used to his constant lying and manipulation and have just decided to assume my household will get infected due to his negligence and lies” (Respondent 5, age 36, 4 children).

### *Strategically Managing Abusive Situations*

In order to survive under these toxic conditions, some of the mothers ( $n = 9$ ) employed strategies to increase their safety and stability, including seeking mental health services ( $n = 4$ ), limiting interaction ( $n = 3$ ), and practicing hypervigilance ( $n = 3$ ). Of the 30 mothers in the Negative Impact category, 30.0% contributed to the *Strategically Managing Abusive Situations* theme.

#### Strategic Management: Seeking Mental Health Services

Several respondents ( $n = 4$ ) identified mental health care as a crucial part of managing abusive situations and subsequent trauma. Of the 30 respondents in the Negative Impact category, 13.3% contributed to this subtheme. One respondent wrote about her “need to start speaking with a psychiatrist for my mental health” (Respondent 8, age 32, 4 children), while another described how she had “continued to meet with both an individual therapist and a support group through Zoom meetings, which has been helpful” (Respondent 36, age 48, 3

children). The mothers in this sample also sought mental health services for their children, as one respondent wrote: “I’m glad my 7 year old daughter has a therapist. I might talk to her about this situation. It would be good to have a therapy session of my own, though I haven’t had one in months and am not sure if my therapist is available. I am on a large number of meds prescribed by my psychiatrist, and they help a lot” (Respondent 5, age 36, 4 children).

#### Strategic Management: Limiting Interaction

When possible, respondents ( $n = 3$ ) did their best to limit interactions with their focal abusive partners. Of the 30 respondents in the Negative Impact category, 10.0% contributed to this subtheme. For some respondents, this strategy was rather straightforward, as one respondent wrote, “He mostly stays in our room, as usual, so I try to limit interactions” (Respondent 13, age 32, 3 children). In other cases, the respondents had to be more creative, such as one mother who utilized technology to help set boundaries and limit unnecessary interactions: “I don’t feel physically endangered from interacting with him because I have set very strong boundaries that do not allow any communication other than through the OurFamilyWizard app” (Respondent 5, age 36, 4 children).

#### Strategic Management: Practicing Hypervigilance

In an effort to avoid conflict or prevent harm, respondents ( $n = 3$ ) practiced hypervigilance. Of the 30 respondents in the Negative Impact category, 10.0% contributed to this subtheme. One respondent described having to “constantly remind [myself] of safety with the kids” (Respondent 1, age 31, 2 children). Another wrote, “Sometimes I am scared. So, I just double check my alarm system and locks on door” (Respondent 17, age 45, 1 child). This

method extended beyond physical danger, too, as one respondent detailed practicing hypervigilance to defend herself against future litigation abuse: “I have to keep meticulous records to protect myself and my son. I cannot ever trust the demeanor of my ex-partner because it does not reflect his sincere feelings; there is always a devious and self-serving agenda driving every interaction” (Respondent 39, age 56, 1 child).

### Pandemic and Government Guidance Had No Impact

Twenty-nine respondents reported that the pandemic had no impact on at least one of the aspects of their lives mentioned in the survey questions (e.g., interactions with partner, overall well-being, feelings of safety). See Table 8 in Appendix C for data categorized as No Impact.

Among the responses indicating no impact, themes included *No Impact (General)* ( $n = 20$ ) and *No Contact* ( $n = 17$ ). Within the *No Contact* theme, subthemes included no contact with abusive partners in general ( $n = 6$ ) as well as no contact because of relationship dissolution ( $n = 5$ ), geographical or physical distance ( $n = 3$ ), an active restraining order or order of protection ( $n = 2$ ), and death ( $n = 1$ ).

#### *No Impact (General)*

Twenty of the 29 respondents in the No Impact category provided responses categorized under the theme of *No Impact (General)* because they indicated that the pandemic had not had an impact on the various areas of their lives (e.g., interactions with partner, overall well-being, feelings of safety) but did not offer extensive detail or specify a reason for the lack of impact. As a result, these responses were not categorized under a more specific theme or subtheme. Of the 29 respondents in the No Impact category, 69.0% contributed to the *No Impact (General)* theme.



For example, one respondent wrote, “We are the same currently. No outbursts from him yet. Thank goodness” (Respondent 18, age 38, 1 child).

### *No Contact*

More than half ( $n = 17$ ) of the respondents who reported that the pandemic had no impact on the specified areas of their lives (e.g., interactions with partner, overall well-being, feelings of safety) indicated that this was because they were no longer in contact with the partner in question, providing a number of reasons ranging from relationship dissolution to death. Of the 29 respondents in the No Impact category, 58.6% contributed to the *No Contact* theme.

#### No Contact (General)

Some respondents ( $n = 6$ ) indicated that the lack of impact was due to no longer being in contact with the focal abusive partner, however, they did not provide further specifications or reasoning as to why they were no longer in contact. Of the 29 respondents in the No Impact category, 20.7% contributed to this subtheme. Responses in this subtheme included the following: “It hasn’t [had an impact], I am remaining no contact” (Respondent 15, age 34, 1 child) and “I had cut off all contact 3 years ago” (Respondent 19, age 37, 2 children).

#### No Contact Due to Relationship Dissolution

For several respondents ( $n = 5$ ), the lack of contact was because they were no longer in a relationship with the focal abusive partner. Of the 29 respondents in the No Impact category, 17.2% contributed to this subtheme. Responses varied in specificity but included the following: “No change. I have been away from my partner for a year and share no children” (Respondent

17, age 45, 1 child) and “I am remarried to a loving, caring and protective husband [...] I am lucky to be alive away from my ex” (Respondent 51, age 38, 2 children).

#### No Contact Due to Geographical or Physical Distance

Some respondents ( $n = 3$ ) provided specifics of their physical distance from their partner or former partner as the reason for no contact, and therefore why the pandemic had no impact on them in relation to their partner. Of the 29 respondents in the No Impact category, 10.3% contributed to this subtheme. For example, when asked about how the pandemic had impacted her interactions with her partner or former partner, one respondent answered the following: “Not at all. I currently live in a different state” (Respondent 31, age 45, 4 children). Another respondent alluded to geographical or physical distance but more specifically stated: “Minimally [impacted], he was deported” (Respondent 52, age 32, 2 children).

#### No Contact Due to an Order of Protection or Restraining Order

A couple of the respondents ( $n = 2$ ) attributed the lack of impact to court orders forbidding contact with their focal abusive partner, writing: “We do not interact due to restraining order so no change” (Respondent 55, age 33, 1 child) and “None. I have an order of protection against him” (Respondent 21, age 53, 1 child). Of the 29 respondents in the No Impact category, 6.9% contributed to this subtheme.

#### No Contact Due to Death

For one respondent, the lack of contact occurred because the partner in question had died prior to the pandemic, as evidenced by the following response: “Not applicable, he is deceased”

(Respondent 23, age 23, 2 children). Of the 29 respondents in the No Impact category, 3.4% contributed to this subtheme.

### Pandemic and Government Guidance Had a Positive Impact

Twelve respondents reported that the pandemic had some positive impact on at least one of the areas mentioned in the survey questions (e.g., interactions with partner, overall well-being, feelings of safety). See Table 9 in Appendix C for data categorized as Positive Impact.

Among the responses indicating some positive impact, themes included *Feeling Safer During the Pandemic* ( $n = 11$ ) and *Improving Mother-Child Situations* ( $n = 4$ ). Within the *Feeling Safer During the Pandemic* theme, subthemes included feeling safer in general ( $n = 4$ ) as well as feeling safer because of reduced interaction with abusive partners ( $n = 7$ ) and physical distance from abusive partners ( $n = 4$ ).

#### *Feeling Safer During the Pandemic*

A number of respondents ( $n = 11$ ) reported feeling safer during the pandemic, with some attributing their enhanced feelings of safety to the pandemic resulting in reduced interaction with their focal abusive partners ( $n = 7$ ) or the pandemic creating physical distance from that partner ( $n = 4$ ). Others ( $n = 4$ ) focused on feelings of safety more generally. Of the 12 respondents within the Positive Impact category, 91.7% contributed to the *Feeling Safer During the Pandemic* theme.

### Feeling Safer During the Pandemic: In General

A few respondents ( $n = 6$ ) reported feeling safer during the pandemic in a more general sense, often without disclosing whether other reasons (e.g., reduced interaction, physical distance) were linked to these feelings. For example, one mother simply wrote, “I feel safe now” (Respondent 41, age 37, 4 children). Another respondent wrote, “My neighbors provide a great deal of safety for me” (Respondent 40, age 42, 2 children). Of the 12 respondents within the Positive Impact category, 50.0% contributed to this subtheme.

### Feeling Safer During the Pandemic: Reduced Interaction

Some respondents ( $n = 6$ ) attributed this sense of safety to the reduced interaction between them and their abusive partners during the pandemic. Of the 12 respondents within the Positive Impact category, 50.0% contributed to this subtheme. Responses of this nature included the following: “I try to keep interactions to a minimum, so the pandemic has actually helped reduce interactions” (Respondent 9, age 39, 3 children) and “I only dread resuming regular activities where I would have to resume interaction with him” (Respondent 50, age 25, 1 child). One respondent provided extensive detail of the reduced interaction she experienced as a result of pandemic restrictions, her partner’s related health status, and her family’s shelter-in-place housing, writing, “It has helped us tremendously, he is immune compromised and we have felt safe in our shelter in place in our temporary housing which has security and cameras so he has not been able to damage the vehicle, property, intimidate, threaten, harass or stalk us like he was able to do when he knew our routine, our school schedule, extracurricular schedules and he would also track the vehicle” (Respondent 37, age 48, 2 children).

### Feeling Safer During the Pandemic: Creating Physical Distance

Some respondents ( $n = 3$ ) indicated that their increased feelings of safety were due to a newfound physical distance between them and their abusive partners as a result of pandemic restrictions, writing the following responses: “I feel safe right now. The pandemic makes me feel as though I don’t have to look over my shoulder all the time as I know he is miles and miles away” (Respondent 54, age 31, 1 child) and “I LOVE that he is not going to be around the corner one day when I am not expecting him” (Respondent 44, age 59, 3 children). Of the 12 respondents within the Positive Impact category, 25.0% contributed to this subtheme.

### *Improving Mother-Child Situations*

For four respondents, the pandemic had a positive impact on their situations with their children, exemplified by the following responses: “It’s the safest the children and I have ever been in all the years we have been abused — over a decade” (Respondent 37, age 48, 2 children) and “I am in an alienation situation with my child. The pandemic has actually been a positive thing for us. [...] Now that the world is so scary, I can see he is aware that I’m the one who has been there for him every day in spite of his father’s brainwashing” (Respondent 43, age 46, 1 child). Of the 12 respondents within the Positive Impact category, 33.3% contributed to the *Improving Mother-Child Situations* theme.

### Resources

In order to address the second research question, “What did mothers in U.S. metropolitan areas see as needed resources to help them manage experiences of IPV during the early weeks of the COVID-19 pandemic shutdowns?”, I performed a more focused thematic analysis of open

responses to one particular survey question: “What resources do you need to help you manage your relationship with your [partner/former partner] in light of the pandemic and government guidance such as ‘shelter in place,’ ‘social distancing,’ and school/daycare closures?” The data were sorted into 10 categories based on which resources were identified, with the following primary categories: None, for responses indicating that no resources were needed; Mental Health Care, for responses identifying resources such as therapy, psychiatry, or support groups; Legal or Judicial Assistance, for responses identifying resources such as divorce attorneys or court orders; and Financial Support, for responses identifying resources such as financial aid or emergency funding. The remaining, more minor categories included Housing, Childcare, Employment, Time, Patience, and Informal Support (e.g., friends and family).

While mutual exclusion was employed in the thematic analysis of the impact-related themes and subthemes (meaning, each piece of data was only classified in one category), this practice was not used for the analysis of resources. Instead, each piece of data (e.g., quotes extracted from survey responses) was classified under whichever resources were mentioned, even if this required repeating quotes under multiple categories. This decision was based on the fact that the responses for this question often explicitly denoted multiple resources, rather than being open to thematic interpretation like the responses for other questions; therefore, it would be impractical to limit these responses to just one category and doing so could result in an inaccurate representation of which resources were desired by the respondents.

Respondents described several resources that would help them manage their situations during the pandemic, the majority of which they had not been able to access. Twenty-three respondents specified a desire or need for resources such as mental health care (e.g., therapy, psychiatrist, support groups) ( $n = 11, 26.8\%$ ), legal or judicial assistance (e.g., divorce attorney,

court order) ( $n = 11$ , 26.8%), and financial support (e.g., financial aid, stimulus checks, emergency grants) ( $n = 5$ , 12.2%). Other resources specified by respondents included housing assistance ( $n = 2$ , 4.9%), childcare ( $n = 1$ , 2.4%), employment ( $n = 1$ , 2.4%), time ( $n = 1$ , 2.4%), patience ( $n = 1$ , 2.4%), and informal support through interactions with friends and family ( $n = 1$ , 2.4%). Of the 41 mothers who responded to the question about desired resources, 56.1% identified at least one resource they wanted or needed to help them navigate IPV during COVID-19. On the other hand, 18 respondents indicated that they did not need any resources. Of the 41 mothers who responded to the question about desired resources, 43.9% fell under this category, with responses such as “none, he’s gone” (Respondent 52, age 32, 2 children) and “none as of now” (Respondent 41, age 37, 4 children). See Table 10 in Appendix C for data organized by desired resource.

### *Mental Health Care*

For the mothers in this study who had experienced IPV, mental health care was a widely desired resource. Many of the respondents ( $n = 11$ ) expressed either their need for mental health care access or their gratitude for having already accessed it. Of the 41 mothers who responded to the question about desired resources, 26.8% identified mental health care. When asked what resources might be helpful, several simply replied “therapy” (Respondent 29, age 38, 2 children) or “therapy (Trauma focus)” (Respondent 24, age 41, 3 children), while others provided more detail, with responses like “I wish I could see my therapist in person” (Respondent 35, age 34, 2 children) and “I just wish there wasn’t such a stigma on receiving therapy to help with abuse” (Respondent 11, age 31, 4 children).

### *Legal or Judicial Assistance*

Legal or judicial assistance was also a highly desired resource among the respondents in this study ( $n = 11$ ). Of the 41 respondents who answered the question about desired resources, 26.8% identified legal or judicial assistance. There were a number of reasons for this, including a need for defense against litigation abuse and a desire to put an end to prolonged divorce and custody disputes during pandemic-related court closures. Among the specific services desired were a “divorce [attorney]” (Respondent 18, age 38, 1 child), a “move away order” (Respondent 37, age 48, 2 children), and a system for “[reporting] shelter-in-place violations directly to family court in order to document infractions during an ongoing custody dispute” (Respondent 36, age 48, 3 children). Other respondents mentioned their desire for judicial assistance in general during the pandemic-related court closures, writing, “It would be nice if courts would do something virtual to handle non emergency cases” (Respondent 42, age 32, 1 child) and “It would be nice if the courts could open in a safe way. Can they use Zoom?” (Respondent 43, age 46, 1 child).

### *Financial Support*

Another common desire among this sample was financial support ( $n = 5$ ). Of the 41 respondents who answered the question about desired resources, 12.2% identified financial support. As respondents lost their jobs, incurred increased child-related expenses, and tried to combat litigious harassment, their need for financial resources grew. In some cases, the need for financial support was closely related to other problems. For example, one respondent linked her need for financial support to her inability to escape the abusive relationship, writing, “I need a divorce [attorney] but I don’t have the money and can’t sell my house to get it either. One day



probably when my son is grown I'll be able to leave. Now it's not financially possible in any form or fashion" (Respondent 18, age 38, 1 child).

Another respondent tied her lack of financial support to her inability to afford legal representation or provide therapy for her child, describing her needs in the following response: "Money and time. Money would buy me legal representation. It would also buy me the time I should be spending right now to be educating my child at home while schools are closed. He's also not able to receive his court-ordered therapy because it is \$180/hour" (Respondent 39, age 56, 1 child).

## DISCUSSION

A significant portion of women who experience IPV are mothers, and the COVID-19 pandemic has had a unique impact on their daily lives, yet this population has largely been excluded from the literature on IPV during the pandemic. Our understanding of the experiences of mothers enduring IPV during the pandemic is often theoretical rather than being informed by the women themselves. The current study expands the conversation by putting the voices of this population back into the dialogue, filling the research gap by using mothers' own words to shape the narrative and inform decision-making processes that directly affect them. This study sought to explore how the COVID-19 pandemic shaped mothers' experiences of IPV in metropolitan areas as well as what mothers in these areas saw as needed resources to help them manage experiences of IPV during the early weeks of the pandemic. In order to accomplish this, the current study involved a thematic analysis of responses in a survey about women's IPV experiences, focusing on a subsample of mothers and a subset of open-ended survey questions that concentrated on IPV experiences during the early weeks of the COVID-19 pandemic, asking these respondents to describe the pandemic's impact on various aspects of their lives (e.g., interactions with partner, overall well-being, feelings of safety).

The COVID-19 pandemic had varied effects on the women in this study, and in most cases, the impact was complex and multilayered. For example, many mothers saw a combination of impacts across the survey's three focus areas, such as experiencing no impact on their interactions with their partner, a positive impact on their overall well-being, and a negative impact on their feelings of safety. For many of these women, the results indicated that the pandemic aggravated existing problems or created new ones, particularly for those navigating

co-parenting and mental health struggles. In some cases, however, the pandemic created circumstances that improved mothers' lives, such as making them feel safer by creating distance from their abusive partners and occasionally giving them the space necessary to improve their situations with their children. This analysis also revealed that the pandemic led to behavioral adaptations in IPV relationships. For example, several of the abusive partners changed abuse tactics to exploit the pandemic circumstances in innovative ways, such as employing litigation abuse, ramping up verbal and emotional abuse, and weaponizing health and safety concerns. The data also suggest that mothers worked to respond strategically to IPV, managing their experiences by seeking mental health services, limiting interaction, and practicing hypervigilance. Finally, the analysis found that mental health care, legal or judicial assistance, and financial support were highly desired resources during the pandemic among mothers who had experienced IPV.

This analysis yielded several key themes which provide insight into mothers' IPV experiences during the pandemic. First, a significant number of mothers in the sample indicated that, in at least some areas of their lives, the pandemic had no impact, which runs contrary to much of the hypothesized impact within the literature (see, for example, Evans et al., 2020; Hsu & Henke, 2021) which anticipated worsening IPV as a result of the pandemic. However, it is important to note that the data in the No Impact category largely aligned with the theme of *No Contact*, and many of these responses indicated that contact with the focal abusive partners had ceased long before the pandemic began, providing significant context for these results. In part, the prevalence of this finding might be due to the inclusion criteria of the original REVEAL sample; notably, experiences of COVID-19 were not the initial focus of the larger study which

this subsample was taken from, and the study was open to women with IPV experiences at any point within the last five years, creating a large window which allowed for many respondents who were no longer experiencing IPV. With this in mind, further analyses of these data should consider whether themes and categories differed between women who were still in a relationship with their abusive partner and those who were not, as the implications of pandemic restrictions could be different for women currently in abusive relationships compared to those not currently in an abusive relationship, or even those who live with an abusive partner and those who do not.

Similarly, the findings point to a pattern in which a few of the mothers' experiences seemed to improve when the pandemic created situational barriers between them and their focal abusive partners, such as reducing interactions or creating physical distance, both of which became significant subthemes within the *Feeling Safer During the Pandemic* theme. This pattern persisted with the theme of *Improving Mother-Child Situations*, in which respondents expressed how the pandemic had distanced them and their children from their abusive partners, creating space for their relationships with their children to flourish, allowing for introspection, and enhancing their feelings of security. It's possible that the pandemic inherently created boundaries in some cases of IPV, making it safer for women who were not able to enact these boundaries on their own or who feared repercussions if they were held responsible for doing so.

For more than half of the mothers in this sample, the pandemic had a negative impact on at least some areas of their lives. These findings are in line with experts' earlier predictions that IPV would persist throughout the pandemic, potentially becoming more frequent or more severe (see, for example, Evans et al., 2020; Hsu & Henke, 2021). This appeared to be the case with the theme of *Pandemic Circumstances Creating or Exacerbating Problems*. The findings within this theme also met my own expectations, in which I believed that individuals experiencing IPV

would become collateral damage as COVID-19 restrictions aggravated existing problems and eroded help-seeking opportunities and access to resources. Based initially on the literature theorizing such an outcome (see, for example, Evans et al., 2020; Hsu & Henke, 2021), this result became evident in the analysis and findings of the present study. However, I had not anticipated the extent to which navigating parenthood would be altered by these same conditions, and I was surprised to see this become a rather significant subtheme within *Pandemic Circumstances Creating or Exacerbating Problems*. Indeed, the pandemic complicated the parenting experience in countless ways, resulting in overwhelming childcare burdens, unexpected financial hardships, and pathways for post-separation abuse as well as COVID-19 virus exposure.

The most significant finding, however, is not that COVID-19 bettered or worsened IPV, but rather how it seemed to change IPV. While mothers strategically managed abusive situations in important ways, this phenomenon was in line with a long history of literature on women's resilience and protective strategies in IPV situations, in practice long before the onset of COVID-19 (Haselschwerdt et al., 2016; Nixon et al., 2017). On the other hand, the abusive partners, while not necessarily perpetrating IPV for the first time, appeared to be innovating their abuse tactics to meet a changing climate and exploit external factors in a new environment. Findings from this study provide evidence for and further contextualize earlier propositions by Sower and Alexander (2021), who posited that those perpetrating IPV might utilize different tactics of control and abuse during COVID-19, and that government guidance related to the pandemic (e.g., stay-at-home orders) could compound systemic barriers to access care for those experiencing IPV. Indeed, a similar paradigm was evident among the present study's sample of mothers. The study's major theme, *Adapting Abuse Tactics to Meet Pandemic Circumstances*,

chronicled the ways in which abusive partners were, for example, engaging in campaigns of litigation abuse more harrowing than ever before, feeding off of pandemic-related court system closures and delays; elevating their verbal and emotional abuse projects by utilizing the isolation-induced plummeting mental health in the subjects of their violence; and capitalizing on unprecedented fear and danger by weaponizing these mothers' health and safety concerns in the midst of a global pandemic.

These abuse tactics have also begun to appear in the larger literature on IPV during COVID-19. For example, Kaur and Behre (2020) surveyed 45 legal professionals in the family court system and found rampant litigation abuse during the pandemic. More specifically, abusive former partners had used the pandemic to amplify their manipulation and harassment efforts. These individuals exploited policy gaps based on the court system's failure to account for co-parenting relationships with a history of conflict or abuse, using methods such as deliberately violating custody orders, knowing that family courts had neglected to put enforcement strategies in place for the pandemic shutdowns (Kaur & Behre, 2020). Furthermore, a wide variety of literature on increased rates of IPV during COVID-19 posited that verbal and emotional abuse were the most prevalent forms of violence during this period (see, for example, Gebrewahd et al., 2020; Mahmood et al., 2022; Pattojoshi et al., 2021). Finally, based on interviews with IPV advocates about their experiences and perspectives during the pandemic, Ragavan et al.'s (2022) findings suggest that abusive partners were using the COVID-19 virus to threaten their current or former partners, employing methods such as deliberately exposing partners to the virus, withholding medical care and personal protective equipment (PPE), and challenging their chosen virus risk mitigation strategies. Rather than viewing these occurrences of litigation abuse, verbal and emotional abuse, and weaponizing health and safety concerns as individual modes of

harassment, this study expands previous literature on abuse tactics during COVID-19 by framing them as yet another weapon in a much larger arsenal, indicative of an overarching pattern of committing abuse at all costs, regardless of environmental circumstances.

Furthermore, it is my belief that the devastation of these tactics is reflected in the resources these mothers most often desired: mental health care, to address the psychological annihilation inflicted through a combination of verbal abuse and pandemic isolation; legal or judicial assistance, to thwart the litigious attacks faced under the most defenseless conditions; and financial support, to create a safety net necessary for fostering independence, forging stability, and affording medical care, housing, and other resources.

This analysis largely supports existing knowledge on several subjects including mothers' disproportionate childcare burdens (Petts et al., 2021; Zamarro & Prados, 2021); protective strategies used by mothers in response to IPV (Haselschwerdt et al., 2016; Nixon et al., 2017); co-parenting with current or former abusive partners (Hardesty & Ganong, 2006); and the dynamics in IPV against mothers, especially the role of children in these situations (Hardesty & Ganong, 2006; Rhodes et al., 2010; Zink et al., 2003). The findings also situate the literature on these subjects within the COVID-19 era, exemplifying how these patterns persist in vastly different climates.

First, the disproportionate familial responsibilities carried by mothers were evident in this sample, as respondents described primarily or exclusively taking on growing household duties and childcare burdens. Respondents detailed the challenges of fulfilling a larger role in their children's educations and managing round-the-clock childcare while their partners skirted these tasks. These findings echo recent studies by Petts et al. (2021) and Zamarro and Prados (2021)

on the gendered gap in domestic labor during the pandemic, as well as extend the previous findings to the context of relationships with IPV.

Mothers in this sample employed various protective strategies to cope with their IPV experiences during the pandemic. Even as their abusive partners created untenable environments, many of the respondents reported behaving strategically under rapidly shifting circumstances to protect themselves and their children, including seeking mental health services, limiting interaction with the partner or former partner, and practicing hypervigilance. These results build on existing evidence of how mothers respond to IPV, and more specifically, the numerous strategies they use to combat the violence and protect their children and families (see, for example, Haselschwerdt et al., 2016; Nixon et al., 2017).

The trials of co-parenting relationships with current or former abusive partners were particularly evident among these mothers. The analysis explored many cases in which controlling partners used these co-parenting relationships to inflict harm on the subjects of their violence, often in the form of post-separation abuse after the mothers had ended their romantic relationship, though not exclusively. In these cases, co-parenting efforts and shared custody allowed the former partners to maintain continued contact with these women, reasserting their control even after the respondents had escaped their abusive relationships. This concept echoes earlier work on co-parenting in relationships with IPV (most notably, Hardesty & Ganong, 2006). Indeed, Hardesty and Ganong (2006) found that when women separated from controlling partners, those partners frequently used shared children as an avenue for indefinitely maintaining an open communication channel, making it virtually impossible for the subject of their control to fully ascertain freedom from their abuse.



Similarly, the exercise of using shared children as a tool for inflicting abuse on mothers was quite evident in this sample, reflective of a particularly devastating dynamic in relationships in which IPV is used against mothers. The efficacy of this practice, in part, comes from the role of children in IPV relationships. Past scholars often noted how children can be either a catalyst or an inhibitor in their parents' help-seeking decisions (see, for example, Rhodes et al., 2020; Zink et al., 2003). Interestingly, this pattern remained significant in this analysis, with respondents describing their decisions to stay with abusive partners in order to avoid a nasty divorce that might hurt shared children. Furthermore, children were used as pawns in litigation abuse in this study, as abusive partners demanded control over shared children—even when it went against the child's best interest, like in the case of one respondent whose former partner demanded visitation despite the children's fearful resistance to seeing him. Thus, the current study expands our previous understanding of the dynamics of IPV when used against mothers (as described in Hardesty & Ganong, 2006), demonstrating how the pattern persists through the pandemic environment.

Perhaps most significantly, this analysis contributes new information on how abuse tactics changed during the pandemic, especially those used against mothers. While previous studies have focused on a potential increase in the frequency and severity of IPV, these results instead signify a transformation in the methodology used by individuals who perpetrate IPV. The analysis provides new insight into the relationship between rapidly changing external or environmental factors and the determination of controlling or abusive partners. In some cases, for example, abusive partners in this study exploited the pervasive fear and exploding infection rates in the early weeks of the pandemic, innovating a new way of instilling terror in the mothers by putting their children in harm's way. Respondents described how their partners or former

partners were weaponizing their health and safety concerns by exposing their children to COVID-19, either through negligence or a refusal to follow virus risk mitigation procedures. After one of the mothers in this sample discovered that her former partner had reportedly become infected with COVID-19—without telling her or discontinuing contact with their shared child—the woman detailed an overwhelming feeling of powerlessness, knowing that she could not trust her former partner to keep their child safe but being unable to do anything about it. Indeed, the anecdotes shared by many of the women in this study posit the concept of rapidly transforming modus operandi during periods of fundamental cultural upheaval, whether the person perpetrating the IPV resorted to litigation abuse, verbal and emotional abuse, weaponization of health concerns, or other forms of harassment.

#### Directions for Future Research

The present study explored mothers' experiences of IPV in metropolitan areas in the U.S. through thematic analysis, resulting in a number of insightful findings. However, this study is not exhaustive, and further research on the matter is highly recommended. The results of this analysis, while offering vital insight, are not reflective of those outside the study; as such, future research should incorporate more diverse populations. For example, this study was almost exclusively composed of cisgender women in mother-father pairings, which is not reflective of all parents or of all people who experience IPV. In fact, members of the LGBTQ+ community report experiencing IPV at rates equivalent to or higher than heterosexual people (Breiding et al., 2013), however, they also face added barriers to help-seeking in relation to their sexual orientation or gender identity, including shame, stigma, prejudice, and systemic inequities (Calton et al., 2016). Additional work on the subject of IPV during COVID-19 moving beyond

the heteronormative sexuality and gender binaries would provide crucial insight. Moreover, future research would benefit from a more racially and ethnically diverse population, as this sample was predominantly White and non-Hispanic. This is particularly important considering the prevalence of IPV among communities of color as well as potential barriers to accessing care such as biases in service provision (Black et al., 2011; Greenfeld, 1998). As such, future research should involve intersectional analyses comparing the presence of various themes and impacts based on the race and ethnicity of each respondent.

It may also be constructive to consider the health and ability status of respondents, perhaps by specifically asking them about it, as immunocompromised people are especially vulnerable to additional harm in an era of widespread and highly contagious disease, and thus may interact with these circumstances in unique ways. For example, research has shown that the frequency of IPV is higher among individuals with a disability, a chronic physical illness, a mental disorder, or a positive COVID-19 diagnosis (Davis et al., 2021; Iob et al., 2020).

Additionally, results may vary depending on relationship status, as IPV tends to increase in likelihood (Rezey, 2020) and severity (Kyriacou et al., 1999) following separation. Further analyses of these data should examine whether impacts and themes differed between respondents who were still in a relationship with their focal abusive partner and respondents who were not. Additionally, determining whether or not respondents are considered ‘essential workers’ during the pandemic could provide context about the larger climate of their lives. Peitzmeier et al. (2022) discovered a significant link between job status and IPV during the pandemic, with a significantly higher prevalence of IPV among essential workers, unemployed or underemployed individuals, and couples with one or both partners facing a recent change in employment.

Because the data in this study was derived from the REVEAL project, the study was subject to limitations related to the choices made in the earlier project. For example, the original project examined IPV exclusively in metropolitan areas; as such, this study was also limited to metropolitan areas and did not consider IPV dynamics in rural areas. Notably, IPV already differed in rural areas prior to COVID-19, with one major review of the literature finding that individuals in rural areas who perpetrate IPV may commit more chronic and severe abuse than those in urban areas, potentially due to compounding factors such as widespread substance use and the prevalence of unemployment (Edwards, 2015). Furthermore, those who experience IPV in rural locales face added barriers such as unavailable or inaccessible IPV services as well as detrimental cultural beliefs discouraging government involvement in IPV matters (Edwards, 2015). There is reason to believe some of these compounding factors would be further aggravated during COVID-19, as the literature has demonstrated worsening substance use and unemployment on the national level, and sweeping closures of courts and IPV service providers might eliminate the few resources available to people experiencing IPV in rural areas (Edwards, 2015; Hiscott et al., 2020; Roberts et al., 2021). In light of this, future studies should delve into other areas, including more rural settings where pandemic restrictions and general accessibility to resources will likely vary from major cities.

Additionally, the data collection period for this survey focused on the beginning of the pandemic, so the findings may not be reflective of the circumstances in other periods of the ongoing COVID-19 global health emergency, especially considering the significant changes in public policy and pandemic restrictions (e.g., the ‘lifting’ of pandemic-related lockdowns) as the situation progressed. Due to the lack of data on children’s ages, the results of this analysis are unable to provide insight into this aspect, though I believe this might be an important variable to

explore in future studies, particularly when examining childcare responsibilities, financial obligations, and custody decisions in the context of co-parenting relationships with a history of IPV. For example, parents of adult children may not face the same burdens as parents of young children, the latter of which are more likely to be dependent on their caregivers and still live in the same household (Fantuzzo & Mohr, 1999). Younger children, including infants and those who have not yet begun elementary school, are disproportionately present in homes with IPV, and nearly half of women who experience IPV have children under 12 years old in the household, demonstrating a unique opportunity for research exploration (Baker & Cunningham, 2009; Gjelsvik et al., 2003). Notably, Peitzmeier et al. (2022) found that parents of toddlers were also more likely to experience IPV for the first time during the COVID-19 pandemic.

Finally, future research may benefit from moving beyond online survey formats and instead using alternative methods, such as in-depth interviews, which would provide the opportunity to probe for context and clarification when necessary. This would allow researchers to explore more specifically the extent to which the pandemic was responsible for changes and circumstances in the participants' lives. Crucially, one far-reaching benefit of the pandemic is the widespread adoption of video-conferencing software that can be used to safely facilitate such interviews, making such a study more feasible.

Nonetheless, it is my firm belief that the results of this analysis are immensely valuable in the exploration of how the pandemic shaped mothers' experiences of IPV and what mothers identified as needed resources to help them manage abusive situations within these circumstances. As such, I encourage future researchers to pick up where I left off, expanding beyond the scope of this study.

### Program and Policy Implications

The findings in this study illuminated several resources that mothers experiencing IPV during the COVID-19 pandemic considered vital. In order to effectively support this population, policymakers should focus on providing the resources these respondents considered most significant. More specifically, I would like to emphasize the importance of providing subsidized mental health care services, affordable legal aid and judicial assistance, and financial support more generally. These desired resources are evident not only in this sample but also in the larger field of past literature, with scholars often citing the importance of access to mental health care services (Su et al., 2021), legal and judicial assistance (Durfee, 2009; Wright & Johnson, 2012), and financial support (King et al., 2017). Indeed, Dichter and Rhodes (2011) surveyed individuals who had experienced IPV and found that the vast majority of respondents expressed significant interest in mental health care services (71.4%), legal assistance (57.9%), and financial support (76.6%). Furthermore, in a sample of individuals who had experienced IPV and had also been able to access support services, nearly all of the respondents reported that mental health care services (94%), legal assistance (88%), and emergency financial aid (93%) had been helpful; however, the same study found that service providers were often unable to meet these needs, highlighting the importance of directing more funding and resources to these organizations and prioritizing their ability to provide support for those experiencing IPV (Edmond et al., 2013).

Furthermore, institutions serving these populations—mothers as well as other individuals who experience IPV—should build, test, and maintain adaptable infrastructure in advance to ensure that support does not become inaccessible in times of crisis. For example, family courts should invest in hybrid technologies now so proceedings can continue virtually in the event of

another pandemic or natural disaster, rather than allowing divorce settlements, child custody decisions, and orders of protection to be placed on hold indefinitely. Policymakers at all levels should consider the potential ramifications of their decisions on people experiencing IPV and offer alternative solutions, such as allowing exceptions to travel restrictions in cases of people escaping relationships with IPV and providing subsidized housing options when IPV shelters must lower their resident capacity to meet social distancing guidelines.

Additionally, I would like to emphasize the tenacity displayed by the abusive partners in this analysis, who resorted to other methods of abuse when COVID-19 restrictions made their usual forms of harassment impractical. These behaviors provided a glimpse into the perseverance of those perpetrating IPV, exhibited by their refusal to suspend harassment campaigns even under the unprecedented conditions of a pandemic. This notion should be taken into account when considering policy-based responses to this insidious form of violence. IPV, including IPV perpetrated against mothers, is not an ailment that can be cured with a singular action. These findings lend credence to the idea that preventing singular occurrences of IPV will not stop it from recurring or manifesting through other tactics. While there certainly are steps that can and should be taken to support those experiencing IPV—for example, offering subsidized mental health care and legal aid—there is no panacea. Offering a single policy or practice as the antidote to IPV would be dishonest and run contrary not only to this analysis but to the field of knowledge at large. Therefore, it is my ultimate recommendation that governments and institutions not only enact policy and practice to help those experiencing IPV on a micro level (e.g., offering subsidized mental health care, affordable legal aid, and financial support), but also invest in social research on the macro level, isolating the root causes of this shadow pandemic, and addressing the problem at its core.

## **APPENDIX A: IRB APPROVAL**





UNIVERSITY OF CENTRAL FLORIDA

**College of Sciences**  
**Department of Sociology**  
4297 Andromeda Loop N.  
Howard Phillips Hall, Room 403  
Orlando, FL 32816-1360

September 15, 2022

Dear Graduate Studies:

This letter is to establish that current UCF Sociology M.A. student Kelly Blauschild's thesis project is related to Study 00001095 that has been approved as Not Human Subjects Research by the UCF IRB (see attached). I am the principal investigator on Study 00001095 and am also chairing Ms. Blauschild's related thesis project.

If there are questions, please do not hesitate to contact me at [alison.cares@ucf.edu](mailto:alison.cares@ucf.edu) or 407-823-4508.

Best regards,

A handwritten signature in cursive script, appearing to read "Alison C. Cares".

Alison C. Cares, Ph.D.  
Associate Professor of Sociology and Violence Against Women Cluster Member



UNIVERSITY OF CENTRAL FLORIDA

**Institutional Review Board**

FWA00000351  
IRB00001138  
Office of Research  
12201 Research Parkway  
Orlando, FL 32826-3246

NOT HUMAN RESEARCH DETERMINATION

October 28, 2019

Dear [Alison Cares](#):

On 10/28/2019, the IRB reviewed the following protocol:

Type of Review:	Initial Study
Title of Study:	Women's Experiences in Romantic Relationships
Investigator:	<a href="#">Alison Cares</a>
IRB ID:	STUDY00001095
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None
Documents Reviewed:	<ul style="list-style-type: none"> <li>• Request for Not Human Subjects Determination for REVEAL Survey- UPDATE, Category: IRB Protocol;</li> <li>• REVEAL Survey, Category: Survey / Questionnaire;</li> </ul>

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations.

IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving human in which the organization is engaged, please submit a new request to the IRB for a determination. You can create a modification by clicking **Create Modification / CR** within the study.

If you have any questions, please contact the UCF IRB at 407-823-2901 or [irb@ucf.edu](mailto:irb@ucf.edu). Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Kamille Chaparro  
Designated Reviewer

## **APPENDIX B: DATA ANALYSIS TABLES**

*Table 2; Data Organized by Respondent*

<b>Case Number (1-55)</b>	<b>Respondent ID</b>
<b>REVEAL Survey Question</b>	<b>Response</b>
1. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your interactions with your [partner/former partner]?	<i>[response to question]</i>
2. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your overall well-being in regards to your interactions with your [partner/former partner]?	<i>[response to question]</i>
3. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your feelings of safety in regards to your interactions with your [partner/former partner]?	<i>[response to question]</i>
4. What resources do you need to help you manage your relationship with your [partner/former partner] in light of the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures?	<i>[response to question]</i>
5. Please use this space below to share anything else you would like to share that we have not asked specific to the pandemic and managing your current home life.	<i>[response to question]</i>
That concludes the questions we have for you about violence and abuse. However, it is possible or likely that these questions have not fully captured your experiences with your [partner/former partner]. If that is how you feel, please feel free to share any additional information you want us to know about your [partner/former partner]’s behavior over time.	<i>[response to question]</i>

Table 3; Data Organized by Question

<p>1. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your interactions with your [partner/former partner]?</p>		
Case Number (1-55)	Respondent ID	Response
1	[ID Number]	[response to question]

Table 4; Data Organized by Respondent with Coding

Case Number (1-55)		Respondent ID		
REVEAL Survey Question	Response	Kelly’s Coding	Dr. Haselschwerdt’s Coding	Themes
1. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your Interactions with your [partner/former partner]?	[response to question]	[example] Interacting more frequently	[example] Communicating and interacting more frequently	
2. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your overall well-being in regards to your	[response to question]			

Case Number (1-55)		Respondent ID		
REVEAL Survey Question	Response	Kelly's Coding	Dr. Haselschwerdt's Coding	Themes
interactions with your [partner/former partner]?				
3. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your feelings of safety in regards to your interactions with your [partner/former partner]?	<i>[response to question]</i>			
4. What resources do you need to help you manage your relationship with your [partner/former partner] in light of the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures?	<i>[response to question]</i>			
5. Please use this space below to share anything else you would like to share that we have not asked specific to the pandemic and managing your current home life.	<i>[response to question]</i>			

Case Number (1-55)		Respondent ID		
REVEAL Survey Question	Response	Kelly's Coding	Dr. Haselschwerdt's Coding	Themes
That concludes the questions we have for you about violence and abuse. However, it is possible or likely that these questions have not fully captured your experiences with your [partner/former partner]. If that is how you feel, please feel free to share any additional information you want us to know about your [partner/former partner]'s behavior over time.	<i>[response to question]</i>			

Table 5; Data Organized by Question with Coding

1. How, if at all, has the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures impacted your interactions with your [partner/former partner]?					
Case Number (1-55)	Respondent ID	Response	Kelly's Coding	Dr. Haselschwerdt's Coding	Themes
1	<i>[ID Number]</i>	<i>[response to question]</i>	<i>[example]</i> Limiting interaction	<i>[example]</i> Helping reduce contact	

*Table 6; Data Organized by Impact*

<b>Positive Impact</b>				
<b>Case Number (1-55)</b>	<b>Respondent ID</b>	<b>Response</b>	<b>More Detailed Codes</b>	<b>Preliminary Domain/Theme</b>
1	<i>[ID Number]</i>	<i>[response to question]</i>	<i>[example]</i> Safest she and children have felt in years	<i>[example]</i> Children Safety



## **APPENDIX C: FINDINGS TABLES**

Table 7; Findings: Negative Impact

<b>Negative Impact</b>		
<p>Thirty (<math>n = 30</math>) respondents perceived the pandemic or government guidance (e.g., shelter in place, social distancing) as having a negative impact on their interactions with their partner or former partner, their overall well-being pertaining to their partner or former partner, and/or their feelings of safety regarding interactions with their partner or former partner.</p>		
<b>Theme</b>	<b>Subtheme (<math>n = X</math> respondents)</b>	<b>Supporting Quotes</b>
Pandemic Circumstances Creating or Exacerbating Problems ( $n = 24, 80.0\%$ )	Pandemic-Created Problems (General) ( $n = 5, 16.7\%$ )	I can't continue with my divorce because I can't get help with housing or speak with an attorney. I also can't go see a counselor because of this virus and no insurance. <i>(Respondent 8, age 32, 4 children)</i>
		It scares me It has made it harder to keep my distance in the house. <i>(Respondent 30, age 40, 3 children)</i>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>Worsened the situation</p> <p>Worsened [overall well-being]</p> <p>Worsened [feelings of safety]</p> <p><i>(Respondent 33, age 44, 2 children)</i></p>
		<p>I have a little less time alone because nothing is open so I can't "get away" for awhile</p> <p><i>(Respondent 34, age 48, 3 children)</i></p>
		<p>Much more stress with lack of money and being home all day long.</p> <p><i>(Respondent 45, age 36, 3 children)</i></p>
	<p>Navigating Parenthood</p> <p><i>(n</i> = 9, 30.0%)</p>	<p>Financial difficulty now that college age child is living at home.</p> <p>Increased expenses for her, but no child support obligation from her father.</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p><i>(Respondent 6, age 46, 2 children)</i></p> <p>I am stressed. I finally found a job, since he is now disabled and can't work, and therefore can't keep me from doing so. But, I can't leave him and ask someone else to risk their health to watch my children while I work.</p> <p><i>(Respondent 13, age 32, 3 children)</i></p> <p>We have to communicate/interact more frequently for custody exchanges rather than utilize the school day as a buffer between us.</p> <p><i>(Respondent 16, age 40, 1 child)</i></p> <p>we're home together all day, every day, with our two young kids.</p> <p><i>(Respondent 20, age 35, 2 children)</i></p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>Nothing to do directly with my partner, but because I am now a solo parent it is extremely hard to navigate the pandemic on my own. The fear of having to run essential errands but having no one to watch my son, being completely alone with zero adult face-to-face interaction, etc</p> <p><i>(Respondent 23, age 23, 2 children)</i></p>
		<p>He is having to pick them up from my home where before he picked them up at school and dropped off at school to where I had zero interactions.</p> <p>Him demanding to be with our children more, now that they are out of school. He doesn't think the parenting plan is fair because I</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>have more custody than he does.</p> <p>A little anxiety because of him</p> <p>Thinking he gets more time with the kids.</p> <p><i>(Respondent 28, age 40, 6 children)</i></p>
		<p>I have my son home from school so I basically dont get a break bc my husband is either too busy playing with the stock market or sleeping.</p> <p><i>(Respondent 35, age 34, 2 children)</i></p>
		<p>Its hard homeschooling my kids and myself also</p> <p><i>(Respondent 48, age 31, 2 children)</i></p>
		<p>I feel more on edge because I am always home often alone with my son</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<i>(Respondent 55, age 33, 1 child)</i>
	Declining Mental Health <i>(n = 6, 20.0%)</i>	<p>I've felt more down than normal. <i>(Respondent 6, age 46, 2 children)</i></p> <p>he's gotten angrier, more anxiety, more drug/alcohol use, manifests jealousy over my job status into anger directed at me. I believe he is either bipolar or manic-depressive, so it's hard to predict what each day will be like. He is also narcissistic [...] One day we're GREAT, the next it all blows up. And it could be anything that sets him off, even in a quiet moment while he's scrolling on his phone and reads something online. For me, with safety comes stability and security. It doesn't exist these past few weeks with how much more unpredictable his moods</p>

Negative Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<p>have become. He’s always had anxiety and mood swings for the dozen years, I’ve known him, so usually I can roll with the “punches”. But things have gotten worse over the years with more life pressures and substance abuse on his part, and then with the pandemic it's hit a boiling point.</p> <p><i>(Respondent 20, age 35, 2 children)</i></p>
		<p>It has caused me to be more depressed and a feeling that he doesn't want us around.</p> <p><i>(Respondent 29, age 38, 2 children)</i></p>
		<p>My mental health has declined</p> <p><i>(Respondent 30, age 40, 3 children)</i></p>



<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>We are home more which has exasperated his mental health issues. He is more depressed and snappy, also sleeping more leaving me with the kids all the time.</p> <p>I feel ok physically. Mentally and emotionally I'm drained.</p> <p><i>(Respondent 35, age 34, 2 children)</i></p>
		<p>Just feeling very down bc of the pandemic [...]</p> <p><i>(Respondent 53, age 51, 3 children)</i></p>
	<p><b>Court System Delays and Closures</b></p> <p><i>(n = 5, 16.7%)</i></p>	<p>[...] my court hearing was pushed back from early May to mid-July so I cannot resolve these serious financial matters or any other important outstanding issues such as custody and visitation.</p> <p><i>(Respondent 39, age 56, 1 child)</i></p>

Negative Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<p>[...] frustrated that I am unable to take him to court to finalize child support or custody orders. <i>(Respondent 42, age 32, 1 child)</i></p>
		<p>the settlement won't come because of the pandemic and I can't go much longer at the cost of this apartment <i>(Respondent 47, age 53, 1 child)</i></p>
		<p>It delayed our court by many months <i>(Respondent 51, age 38, 2 children)</i></p>
		<p>I hate that my current court order is on hold with the pandemic. I don't think anyone but the court system can help me with that right now though. <i>(Respondent 54, age 31, 1 child)</i></p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
	Feeling Helpless/Hopeless ( <i>n</i> = 4, 13.3%)	<p>Since I am used to this pattern of abuse, I have tried to stay grounded and not let it affect me too much, but discovering those tweets did bring back feelings of helplessness and anger that I've been traumatized with for years.</p> <p>The complete powerlessness of not being able to get any semblance of information from him or trust him to do the best thing for our daughter.</p> <p><i>(Respondent 5, age 36, 4 children)</i></p>
		<p>Nothing can help. I have no other way to have an income, and no one else to care for my children while I try to provide for them and save some money to leave.</p> <p><i>(Respondent 13, age 32, 3 children)</i></p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>None. I need a divorce atty but I don't have the money and can't sell my house to get it either. One day probably when my son is grown I'll be able to leave. Now its not financially possible in any form or fashion.</p> <p><i>(Respondent 18, age 38, 1 child)</i></p>
		<p>I'm trapped</p> <p><i>(Respondent 46, age 48, 1 child)</i></p>
<p>Adapting Abuse</p> <p>Tactics to Fit</p> <p>Pandemic</p> <p>Circumstances</p> <p><i>(n = 12, 40.0%)</i></p>	<p>Litigation Abuse</p> <p><i>(n = 5, 16.7%)</i></p>	<p>I dont want to leave him for fear of him being nasty with court and divorce (especially with children). He often says he keeps files stored away that he could show a judge to prove I'm a bad parent (i.e overdrinking at a wedding in 2014 and using marijuana recreationally a few times a year).</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p><i>(Respondent 35, age 34, 2 children)</i></p>
		<p>He is affluent and is abusing the legal system to harm me and the children and visitation. The children are afraid of him and do not want any visitation with him.</p> <p><i>(Respondent 37, age 48, 2 children)</i></p>
		<p>It has given him even more leverage in the ongoing divorce proceedings.</p> <p>My well-being is anxious and threatened, even though I know I'm a good-hearted person. I should be spending my time on At-Home Learning with my son.</p> <p>Instead I spend my time on shoring up my written records for my legal case. I know that I will never be</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>able to out-maneuver my ex-partner because he is a dangerous, calculating, antisocial, vindictive, psychopath.</p> <p><i>(Respondent 39, age 56, 1 child)</i></p>
		<p>It hasn't slowed him down on the legal stuff. In fact, he seems to have more time on his hands and his efforts have intensified.</p> <p><i>(Respondent 43, age 46, 1 child)</i></p>
		<p>My child has massive anxiety and separation from me. However, my ex won 50/50 physical custody just so she doesn't have to pay me child support...so, it's a struggle to pay almost half my salary towards rent...since I was thinking it would be temporary.</p> <p>Thankfully I'm in my own space now (but financially VERY)</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>insecure. I could afford this apartment for a small amount of time. My partner and now the pandemic has dragged out the [settlement] process and I no longer can afford the amount of rent I signed up for to “get out” of my terrible situation. I thought I would have been settled within a year...</p> <p><i>(Respondent 47, age 53, 1 child)</i></p>
	<p>Verbal and Emotional Abuse (<i>n</i> = 5, 16.7%)</p>	<p>any time spent in his presence is typically filled with enduring his constant berating.</p> <p><i>(Respondent 13, age 32, 3 children)</i></p> <p>His word choice towards me in his "moments" has gotten much worse in the past few weeks, he has little to no filter anymore or respect for</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>personal space even in an argument. It was just anxiety, but a few days ago the verbal and emotional abuse got so bad it set off a depression in me. And I'm not the type to ever get depressed, I'm typically one to count on to "find a silver lining" in most things.</p> <p><i>(Respondent 20, age 35, 2 children)</i></p>
		<p>It has caused a lot of yelling.</p> <p><i>(Respondent 29, age 38, 2 children)</i></p>
		<p>It has given him much more time to focus on bullying me</p> <p><i>(Respondent 40, age 42, 2 children)</i></p>
		<p>I have become more depressed. Eating even more. Gaining more</p>



<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		weight. Which makes him yell at me several more times a day. <i>(Respondent 45, age 36, 3 children)</i>
	Weaponizing Health and Safety Concerns <i>(n = 2, 6.7%)</i>	Since we really don't communicate and he always lies, it's impossible to know what is going on with him. He publicly (in a Tweet I found weeks later) revealed that he had COVID19, while not telling me, so theoretically our child had been going back and forth between our households when he had symptoms. Our child reports that he hasn't been sick. He is either lying to the public for attention, or to me. Impossible to know.  I am used to his constant lying and manipulation and have just decided to assume my household will get

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>infected due to his negligence and lies.</p> <p>The inability to protect the rest of my family (husband and 3 step-kids) from the virus that he appears to be happy to pass on to us <i>(Respondent 5, age 36, 4 children)</i></p>
		<p>i now have serious concerns about my former partner's ability to follow shelter-in-place restrictions while the kids continue to go back and forth between the houses. i feel the need to document his lapses, since the custody case is ongoing. i'm worried his actions will cause me or one of the kids to get sick. see previous answer. i'm experiencing additional stress about what the kids are potentially bringing into my house after they</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>have been with my former partner see previous answers. my safety concerns are strictly related to possible infection.</p> <p><i>(Respondent 36, age 48, 3 children)</i></p>
<p>Strategically Managing Abusive Situations <i>(n</i> = 9, 30.0%)</p>	<p>Seeking Mental Health Services <i>(n</i> = 4, 13.3%)</p>	<p>I'm glad my 7 year old daughter has a therapist. I might talk to her about this situation. It would be good to have a therapy session of my own, though I haven't had one in months and am not sure if my therapist is available. I am on a large number of meds prescribed by my psychiatrist, and they help a lot.</p> <p><i>(Respondent 5, age 36, 4 children)</i></p> <hr/> <p>[...] also, need to start speaking with a psychiatrist for my mental health.</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p><i>(Respondent 8, age 32, 4 children)</i></p> <p>i have continued to meet with both an individual therapist and a support group through zoom meetings, which has been helpful.</p> <p><i>(Respondent 36, age 48, 3 children)</i></p> <p>I have counselors</p> <p><i>(Respondent 53, age 51, 3 children)</i></p>
	<p><b>Limiting Interaction</b></p> <p><i>(n = 3, 10.0%)</i></p>	<p>I don't feel physically endangered from interacting with him because I have set very strong boundaries that do not allow any communication other than through the OurFamilyWizard app.</p> <p><i>(Respondent 5, age 36, 4 children)</i></p> <p>He mostly stays in our room, as usual, so I try to limit interactions.</p>

<b>Negative Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<i>(Respondent 13, age 32, 3 children)</i>
		Ok just stay away from him <i>(Respondent 29, age 38, 2 children)</i>
	Practicing Hypervigilance <i>(n = 3, 10.0%)</i>	Have to constantly remind [myself] of safety with the kids <i>(Respondent 1, age 31, 2 children)</i>
		Sometimes I am scared. So, I just double check my alarm system and locks on door. <i>(Respondent 17, age 45, 1 child)</i>
		I have to keep meticulous records to protect myself and my son. I cannot ever trust the demeanor of my ex-partner because it does not reflect his sincere feelings; there is always a devious and self-serving agenda driving every interaction. <i>(Respondent 39, age 56, 1 child)</i>

Table 8; Findings: No Impact

<b>No Impact</b>		
<p>Twenty-nine (<math>n = 29</math>) respondents did not perceive the pandemic or government guidance (e.g., shelter in place, social distancing) as impacting (positively or negatively) their interactions with their partner or former partner, their overall well-being pertaining to their partner or former partner, and/or their feelings of safety regarding interactions with their partner or former partner.</p>		
<b>Theme</b>	<b>Subtheme (<math>n = X</math> respondents)</b>	<b>Supporting Quotes</b>
<p>No Impact (General)  (<math>n = 20</math>, 69.0%)</p>		<p>No impact.  Not at all  <i>(Respondent 3, age 33, 2 children)</i></p>
		<p>No disruption  <i>(Respondent 4, age 33, 2 children)</i></p>
		<p>None  None  <i>(Respondent 6, age 46, 2 children)</i></p>
		<p>Not really changed anything  Nothing in regards to my partner  Nothing has changed  <i>(Respondent 10, age 34, 2 children)</i></p>

<b>No Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>It hasn't [impacted my well-being]</p> <p>It hasn't [impacted my feelings of safety]</p> <p><i>(Respondent 15, age 34, 1 child)</i></p>
		<p>We are the same currently. No outbursts from him yet. Thank goodness.</p> <p><i>(Respondent 18, age 38, 1 child)</i></p>
		<p>None</p> <p>None</p> <p><i>(Respondent 21, age 53, 1 child)</i></p>
		<p>It has not effected it</p> <p><i>(Respondent 25, age 40, 3 children)</i></p>
		<p>None</p> <p>None</p> <p>No</p> <p><i>(Respondent 26, age 41, 5 children)</i></p>

No Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		None None None <i>(Respondent 27, age 21, 1 child)</i>
		Not at all Not at all <i>(Respondent 31, age 45, 4 children)</i>
		None None None <i>(Respondent 32, age 27, 3 children)</i>
		None he's off work a lot. We are use to him being home None <i>(Respondent 34, age 48, 3 children)</i>



<b>No Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p>None at all</p> <p>None at all</p> <p>None</p> <p><i>(Respondent 38, age 47, 2 children)</i></p>
		<p>No significant change here.</p> <p><i>(Respondent 43, age 46, 1 child)</i></p>
		<p>None</p> <p>None</p> <p>None</p> <p><i>(Respondent 49, age 39, 2 children)</i></p>
		<p>Not at all. I see my kids weekends only</p> <p><i>(Respondent 51, age 38, 2 children)</i></p>
		<p>Not at all</p> <p>Not at all</p> <p><i>(Respondent 52, age 32, 2 children)</i></p>

<b>No Impact</b>		
<b>Theme</b>	<b>Subtheme (n = X respondents)</b>	<b>Supporting Quotes</b>
		Not at all <i>(Respondent 53, age 51, 3 children)</i>
		Not at all <i>(Respondent 55, age 33, 1 child)</i>
No Contact <i>(n = 17, 58.6%)</i>	No Contact (General) <i>(n = 6, 20.7%)</i>	I haven't spoken or seen him in 4 years. <i>(Respondent 2, age 32, 1 child)</i>
		It hasn't [had an impact], I am remaining no contact <i>(Respondent 15, age 34, 1 child)</i>
		I had cut off all contact 3 years ago. <i>(Respondent 19, age 37, 2 children)</i>
		We dont interact as of now <i>(Respondent 41, age 37, 4 children)</i>
		Little to no interaction

<b>No Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<i>(Respondent 48, age 31, 2 children)</i>
		Thankfully I'm not in that situation [...] <i>(Respondent 53, age 51, 3 children)</i>
	Relationship Dissolution <i>(n = 5, 17.2%)</i>	Divorced and living in separate states. I have no more problems. Divorced and living in separate states, no issues. Divorced now and living in separate states, no issues. <i>(Respondent 4, age 33, 2 children)</i>
		Thankfully, I was out of my living situation with my former partner before the pandemic began. <i>(Respondent 7, age 37, 3 children)</i>
		We broke up We broke up We broke up

<b>No Impact</b>		
<b>Theme</b>	<b>Subtheme (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
		<p><i>(Respondent 14, age 33, 3 children)</i></p>
		<p>No interactions with former partner.</p> <p>No change. I have been away from my partner for a year and share no children.</p> <p><i>(Respondent 17, age 45, 1 child)</i></p>
		<p>Not at all [impacted]. I am remarried to a loving, caring and protective husband.</p> <p>I am lucky to be alive away from my ex. I met my high school sweetheart and we are married now for about 2 years. My current husband supports me in every single way</p> <p><i>(Respondent 51, age 38, 2 children)</i></p>

<b>No Impact</b>		
<b>Theme</b>	<b>Subtheme (n = X respondents)</b>	<b>Supporting Quotes</b>
	Geographical or Physical	Social distancing before I live in
	Distance	Tennessee he lives in Louisiana
	(n = 3, 10.3%)	<i>(Respondent 24, age 41, 3 children)</i>
		Not at all. I currently live in a
		different state.
		<i>(Respondent 31, age 45, 4 children)</i>
		Minimally, he was deported
		<i>(Respondent 52, age 32, 2 children)</i>
	Order of Protection or	None. I have an order of protection
	Restraining Order	against him.
	(n = 2, 6.9%)	<i>(Respondent 21, age 53, 1 child)</i>
		We do not interact due to
		restraining order so no change
		<i>(Respondent 55, age 33, 1 child)</i>
	Death	Not applicable, he is deceased
	(n = 1, 3.4%)	<i>(Respondent 23, age 23, 2 children)</i>

Table 9; Findings: Positive Impact

<b>Positive Impact</b>		
<p>Twelve (<math>n = 12</math>) respondents perceived the pandemic or government guidance (e.g., shelter in place, social distancing) as having a positive impact on their interactions with their partner or former partner, their overall well-being pertaining to their partner or former partner, and/or their feelings of safety regarding interactions with their partner or former partner.</p>		
<b>Theme</b>	<b>Subtheme (<math>n = X</math> respondents)</b>	<b>Supporting Quotes</b>
<p>Feeling Safer During the Pandemic  (<math>n = 11, 91.7\%</math>)</p>	<p>Feeling Safer (General)  (<math>n = 6, 50.0\%</math>)</p>	<p>I feel safe.  <i>(Respondent 8, age 32, 4 children)</i></p>
		<p>It has helped a lot.  <i>(Respondent 24, age 41, 3 children)</i></p>
		<p>it has helped us tremendously, he is immune compromised and we have felt safe in our shelter in place in our temporary housing which has security and cameras so he has not been able to damage the vehicle, property, intimidate, threaten, harass or stalk us like he was able to do when he knew our routine, our school schedule,</p>

Positive Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<p>extracurricular schedules and he would also track the vehicle.</p> <p>We feel much much much safer with shelter in place and he cannot easily get to us. We actually wish we could have shelter in place continue because he cannot easily harm us as he was doing when there was no shelter in place.</p> <p><i>(Respondent 37, age 48, 2 children)</i></p>
		<p>I feel as safe as I felt before my neighbors provide a great deal of safety for me</p> <p><i>(Respondent 40, age 42, 2 children)</i></p>
		<p>I feel safe now</p> <p><i>(Respondent 41, age 37, 4 children)</i></p>

Positive Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<p>I feel safe because we no longer live together. If we did I would be negatively impacted because I'd be stuck with him.</p> <p><i>(Respondent 42, age 32, 1 child)</i></p>
	<p>Reduced Interaction</p> <p><i>(n</i> = 6, 50.0%)</p>	<p>I try to keep interactions to a minimum, so the pandemic has actually helped reduce interactions.</p> <p><i>(Respondent 9, age 39, 3 children)</i></p>
		<p>Its been better with no interaction</p> <p><i>(Respondent 41, age 37, 4 children)</i></p>
		<p>I am relieved to not have to see him...</p> <p><i>(Respondent 42, age 32, 1 child)</i></p>
		<p>i am glad i do not have to worry about him coming around the house...</p>



Positive Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<i>(Respondent 44, age 59, 3 children)</i>
		I dont have to interact with him during this time. It's a relief.  I dont have to interact with him during this time. It's a relief.  I dont have to interact with him during this time. It's a relief.  I only dread resuming regular activities where I would have to resume interaction with him.  <i>(Respondent 50, age 25, 1 child)</i>
		Due to the lack of social interactions now, my wellbeing is actually improving.  <i>(Respondent 54, age 31, 1 child)</i>
		Creating Physical Distance  <i>(n = 3, 25.0%)</i>
		I'm safe at home . He's in another state.  <i>(Respondent 25, age 40, 3 children)</i>

Positive Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<p>i LOVE that he is not going to be around the corner one day when i am not expecting him.</p> <p>it is a relief to have some space between us.</p> <p><i>(Respondent 44, age 59, 3 children)</i></p>
		<p>I feel safe right now. The pandemic makes me feel as though I don't have to look over my shoulder all the time as I know he is miles and miles away.</p> <p><i>(Respondent 54, age 31, 1 child)</i></p>
Improving Mother-Child Situations <i>(n</i> = 4, 33.3%)		<p>it's the safest the children and I have ever been in all the years we have been abused – over a decade</p> <p><i>(Respondent 37, age 48, 2 children)</i></p>

Positive Impact		
Theme	Subtheme ( <i>n</i> = X respondents)	Supporting Quotes
		<p>Improved [well-being], because I don't have to see him or have my child see him.</p> <p><i>(Respondent 42, age 32, 1 child)</i></p>
		<p>I am in an alienation situation with my child. The pandemic has actually been a positive thing for us. My son is almost 13. Now that the world is so scary, I can see he is aware that I'm the one who has been there for him every day in spite of his father's brainwashing.</p> <p><i>(Respondent 43, age 46, 1 child)</i></p>
		<p>The pandemic happened at a great time for us as I currently don't have to deal with subjecting my child to him.</p> <p><i>(Respondent 54, age 31, 1 child)</i></p>

Table 10; Findings: Resources

<b>Resources</b>	
<p>Of the forty-one (<math>n = 41</math>) respondents who answered the question about resources, twenty-three (<math>n = 23, 56.1\%</math>) identified the following resources as being needed to help them manage their relationship with their abusive partner in light of the pandemic and government guidance such as “shelter in place,” “social distancing,” and school/daycare closures, while 18 (<math>n = 18, 43.9\%</math>) respondents indicated that they did not need any additional resources.</p>	
<b>Resource (<math>n = X</math> respondents)</b>	<b>Supporting Quotes</b>
None  ( $n = 18, 43.9\%$ )	I’m ok.  <i>(Respondent 2, age 32, 1 child)</i>
	None  <i>(Respondent 3, age 33, 2 children)</i>
	None  <i>(Respondent 4, age 33, 2 children)</i>
	None  <i>(Respondent 6, age 46, 2 children)</i>
	None  <i>(Respondent 9, age 39, 3 children)</i>
	Nothing  <i>(Respondent 10, age 34, 2 children)</i>
	None  <i>(Respondent 17, age 45, 1 child)</i>

<b>Resources</b>	
<b>Resource (<i>n</i> = X respondents)</b>	<b>Supporting Quotes</b>
	None <i>(Respondent 21, age 53, 1 child)</i>
	None <i>(Respondent 26, age 41, 5 children)</i>
	None <i>(Respondent 27, age 21, 1 child)</i>
	None <i>(Respondent 28, age 40, 6 children)</i>
	None <i>(Respondent 32, age 27, 3 children)</i>
	None <i>(Respondent 38, age 47, 2 children)</i>
	None as of now <i>(Respondent 41, age 37, 4 children)</i>
	None <i>(Respondent 48, age 31, 2 children)</i>
	None <i>(Respondent 49, age 39, 2 children)</i>
	Nothing <i>(Respondent 51, age 38, 2 children)</i>

<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
	<p>None, he's gone</p> <p><i>(Respondent 52, age 32, 2 children)</i></p>
<p>Mental Health Care</p> <p><i>(n = 11, 26.8%)</i></p>	<p>I'm glad my 7 year old daughter has a therapist. I might talk to her about this situation. It would be good to have a therapy session of my own, though I haven't had one in months and am not sure if my therapist is available. I am on a large number of meds prescribed by my psychiatrist and they help a lot.</p> <p><i>(Respondent 5, age 36, 4 children)</i></p>
	<p>[...] also, need to start speaking with a psychiatrist for my mental health.</p> <p><i>(Respondent 8, age 32, 4 children)</i></p>
	<p>[...] I just wish there wasn't such a stigma on receiving therapy to help with abuse in general but the pandemic hasn't done anything to affect that</p> <p><i>(Respondent 11, age 31, 4 children)</i></p>
	<p>income-based counseling...like REAL, clinical counseling. Even virtually.</p> <p><i>(Respondent 20, age 35, 2 children)</i></p>
	<p>Therapy (Trauma focus)</p>

<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
	<i>(Respondent 24, age 41, 3 children)</i>
	Therapy <i>(Respondent 29, age 38, 2 children)</i>
	Websites or groups I could join <i>(Respondent 30, age 40, 3 children)</i>
	I wish I could see my therapist in person. <i>(Respondent 35, age 34, 2 children)</i>
	i have continued to meet with both an individual therapist and a support group through zoom meetings, which has been helpful. <i>(Respondent 36, age 48, 3 children)</i>
	Money and time. Money would buy me legal representation. It would also buy me the time I should be spending right now to be educating my child at home while schools are closed. He's also not able to receive his court-ordered therapy because it is \$180/hour. He's 11 yrs. and can't tolerate 1hr therapy sessions. I asked the (private) therapist to go to 15min. sessions just during the Stay-at-Home order and she said she would still charge \$180/session which I think is exploiting me and my ex financially! I am now

<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
	<p>looking for new legal counsel and a new child therapist.</p> <p>Again TIME AND MONEY I don't have.</p> <p><i>(Respondent 39, age 56, 1 child)</i></p>
	<p>I have counselors</p> <p><i>(Respondent 53, age 51, 3 children)</i></p>
<p>Legal or Judicial Assistance (n = 11, 26.8%)</p>	<p>I have thought about contacting my lawyer, but the courts are closed.</p> <p><i>(Respondent 5, age 36, 4 children)</i></p>
	<p>Need to speak with someone about housing and maybe and a attorney for the separation to be legal...</p> <p><i>(Respondent 8, age 32, 4 children)</i></p>
	<p>I need a divorce atty but I don't have the money and can't sell my house to get it either.</p> <p><i>(Respondent 18, age 38, 1 child)</i></p>
	<p>Divorce mediator</p> <p><i>(Respondent 24, age 41, 3 children)</i></p>
	<p>it would also be helpful if there was a way to report shelter-in-place violations directly to family court in order to document infractions during an ongoing custody dispute.</p> <p><i>(Respondent 36, age 48, 3 children)</i></p>



<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
	<p>We wish we could have a move away order. He is affluent and is abusing the legal system to harm me and the children and visitation. The children are afraid of him and do not want any visitation with him.</p> <p><i>(Respondent 37, age 48, 2 children)</i></p>
	<p>Money and time. Money would buy me legal representation. [...] I am now looking for new legal counsel [...]</p> <p><i>(Respondent 39, age 56, 1 child)</i></p>
	<p>It would be nice if courts would do something virtual to handle non emergency cases.</p> <p><i>(Respondent 42, age 32, 1 child)</i></p>
	<p>It would be nice if the courts could open in a safe way. Can they use Zoom?</p> <p><i>(Respondent 43, age 46, 1 child)</i></p>
	<p>my attorney has taken over all interactions between us with the exception of selling the house</p> <p><i>(Respondent 44, age 59, 3 children)</i></p>
	<p>I hate that my current court order is on hold with the pandemic. I don't think anyone but the court system can help me with that right now though.</p>

<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
	<i>(Respondent 54, age 31, 1 child)</i>
Financial Support <i>(n = 5, 12.2%)</i>	Nothing can help. I have no other way to have an income, and no one else to care for my children while I try to provide for them and save some money to leave. <i>(Respondent 13, age 32, 3 children)</i>
	I need a divorce atty but I don't have the money and can't sell my house to get it either. One day probably when my son is grown I'll be able to leave. Now its not financially possible in any form or fashion. <i>(Respondent 18, age 38, 1 child)</i>
	Financial to move out <i>(Respondent 33, age 44, 2 children)</i>
	Money and time. Money would buy me legal representation. It would also buy me the time I should be spending right now to be educating my child at home while schools are closed. He's also not able to receive his court-ordered therapy because it is \$180/hour. He's 11 yrs. and can't tolerate 1hr therapy sessions. I asked the (private) therapist to go to 15min. sessions just during the Stay-at-Home order and she said she would still charge \$180/session which I

<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
	<p>think is exploiting me and my ex financially! I am now looking for new legal counsel and a new child therapist. Again TIME AND MONEY I don't have.</p> <p><i>(Respondent 39, age 56, 1 child)</i></p>
	<p>Social supports for me and my child would be nice. She's at a private school that I cannot afford. My ex insists that she stay there which I'm no longer obligated to pay...but there are "costs" to me agreeing to this. For example, she wants to claim head of household on taxes so that she gets refunded by taxes and I live paycheck to paycheck while my kid is at a private school.</p> <p><i>(Respondent 47, age 53, 1 child)</i></p>
<p>Housing</p> <p><i>(n = 2, 4.9%)</i></p>	<p>Need to speak with someone about housing</p> <p><i>(Respondent 8, age 32, 4 children)</i></p>
	<p>Financial to move out</p> <p><i>(Respondent 33, age 44, 2 children)</i></p>
<p>Childcare</p> <p><i>(n = 1, 2.4%)</i></p>	<p>Nothing can help. I have no other way to have an income, and no one else to care for my children while I try to provide for them and save some money to leave.</p> <p><i>(Respondent 13, age 32, 3 children)</i></p>

<b>Resources</b>	
<b>Resource (n = X respondents)</b>	<b>Supporting Quotes</b>
<p>Employment</p> <p>(n = 1, 2.4%)</p>	<p>I need my job to reopen so I have a place to get away for even a little bit. Plus it [gave] me my own money.</p> <p><i>(Respondent 34, age 48, 3 children)</i></p>
<p>Time</p> <p>(n = 1, 2.4%)</p>	<p>Money and time. Money would buy me legal representation. It would also buy me the time I should be spending right now to be educating my child at home while schools are closed. He's also not able to receive his court-ordered therapy because it is \$180/hour. He's 11 yrs. and can't tolerate 1hr therapy sessions. I asked the (private) therapist to go to 15min. sessions just during the Stay-at-Home order and she said she would still charge \$180/session which I think is exploiting me and my ex financially! I am now looking for new legal counsel and a new child therapist. Again TIME AND MONEY I don't have.</p> <p><i>(Respondent 39, age 56, 1 child)</i></p>
<p>Patience</p> <p>(n = 1, 2.4%)</p>	<p>Just a lot of patience</p> <p><i>(Respondent 40, age 42, 2 children)</i></p>
<p>Informal Support (e.g., friends and family)</p> <p>(n = 1, 2.4%)</p>	<p>I just need to be able to leave and see a friend or family once in a while</p> <p><i>(Respondent 46, age 48, 1 child)</i></p>

## REFERENCES

- American Medical Association. (2020). Factsheet: State action related to delay and resumption of “elective” procedures during COVID-19 pandemic. In A. R. Center (Ed.), (pp. 1-26): American Medical Association. <https://www.ama-assn.org/system/files/2020-06/state-elective-procedure-chart.pdf>
- American Psychological Association. (2020). Stress in America™ 2020. In *Stress in the Time of COVID-19* (Vol. 1, pp. 1-3): American Psychological Association. <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf>
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social science & medicine* (1982), 70(7), 1011-1018. <https://doi.org/10.1016/j.socscimed.2009.12.009>
- Avena, N. M., Simkus, J., Lewandowski, A., Gold, M. S., & Potenza, M. N. (2021). Substance Use Disorders and Behavioral Addictions During the COVID-19 Pandemic and COVID-19-Related Restrictions. *Frontiers in psychiatry*, 12, 653674-653674. <https://doi.org/10.3389/fpsy.2021.653674>
- Baker, L., & Cunningham, A. (2009). Inter-Parental Violence: The Pre-Schooler’s Perspective and the Educator’s Role. *Early childhood education journal*, 37(3), 199-207. <https://doi.org/10.1007/s10643-009-0342-z>

- Barrett, B. J., & Pierre, M. S. (2011). Variations in Women's Help Seeking in Response to Intimate Partner Violence: Findings From a Canadian Population-Based Study. *Violence against women, 17*(1), 47-70. <https://doi.org/10.1177/1077801210394273>
- Benson, M. L., & Fox, G. L. (2004). *When violence hits home: how economics and neighborhood play a role*. U.S. Dept. of Justice, Office of Justice Programs, National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/205004.pdf>
- Berniell, I., & Facchini, G. (2021). COVID-19 lockdown and domestic violence: Evidence from internet-search behavior in 11 countries. *European economic review, 136*, 103775. <https://doi.org/10.1016/j.euroecorev.2021.103775>
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). *National Intimate Partner and Sexual Violence Survey: 2010 summary report*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. [https://www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)
- Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American journal of emergency medicine, 38*(12), 2753-2755. <https://doi.org/10.1016/j.ajem.2020.04.077>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>

- Breiding, M. J. P., Black, M. C. P., & Ryan, G. W. P. (2008). Prevalence and Risk Factors of Intimate Partner Violence in Eighteen U.S. States/Territories, 2005. *American journal of preventive medicine*, 34(2), 112-118. <https://doi.org/10.1016/j.amepre.2007.10.001>
- Browning, M., Larson, L., Sharaievskia, I., Rigolon, A., McAnirlin, O., Mullenbach, L., . . . Urban Accessibility and Social, I. (2021). Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States. *PloS one*, 16(1), e0245327. <https://doi.org/10.1371/journal.pone.0245327>
- Bullinger, L. R., Carr, J. B., & Packham, A. (2021). COVID-19 and crime: effects of stay-at-home orders on domestic violence. *American journal of health economics*, 7(3), 249-280. <https://doi.org/10.1086/713787>
- Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, violence & abuse*, 17(5), 585-600. <https://doi.org/10.1177/1524838015585318>
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet (British edition)*, 359(9314), 1331-1336. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)
- Carrington, K., Morley, C., Warren, S., Ryan, V., Ball, M., Clarke, J., & Vitis, L. (2021). The impact of COVID-19 pandemic on Australian domestic and family violence services and their clients. *Australian Journal of Social Issues*, 56(4), 539-558. <https://doi.org/10.1002/ajs4.183>

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in pharmacy teaching and learning*, *10*(6), 807-815.

<https://doi.org/10.1016/j.cptl.2018.03.019>

Centers for Disease Control and Prevention. (2003). *Costs of intimate partner violence against women in the United States*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention/pdf/ipvbook-a.pdf>

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American journal of preventive medicine*, *23*(4), 260-268.

[https://doi.org/10.1016/S0749-3797\(02\)00514-7](https://doi.org/10.1016/S0749-3797(02)00514-7)

Conner, D. H. (2014). Financial freedom: women, money, and domestic abuse. *William & Mary journal of women and the law*, *20*(2), 339.

<https://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=1380&context=wmjowl>

Crossman, K. A., Hardesty, J. L., & Raffaelli, M. (2016). He Could Scare Me Without Laying a Hand on Me: Mothers' Experiences of Nonviolent Coercive Control During Marriage and After Separation. *Violence against women*, *22*(4), 454-473.

<https://doi.org/10.1177/1077801215604744>

Czeisler, M. É., Marynak, K., Clarke, K. E. N., Salah, Z., Shakya, I., Thierry, J. M., . . . Howard, M. E. (2020). Delay or Avoidance of Medical Care Because of COVID-19–Related



Concerns — United States, June 2020. *MMWR. Morbidity and mortality weekly report*, 69(36), 1250-1257. <https://doi.org/10.15585/mmwr.mm6936a4>

Davis, M., Gilbar, O., & Padilla-Medina, D. M. (2021). Intimate Partner Violence Victimization and Perpetration Among U.S. Adults During the Earliest Stage of the COVID-19 Pandemic. *Violence and victims*, 36(5), 583-603. <https://doi.org/10.1891/VV-D-21-00005>

Deacon, S. H., Rodriguez, L. M., Elgendi, M., King, F. E., Nogueira-Arjona, R., Sherry, S. B., & Stewart, S. H. (2021). Parenting through a pandemic: Mental health and substance use consequences of mandated homeschooling. *Couple and family psychology*, 10(4), 281-293. <https://doi.org/10.1037/cfp0000171>

Dichter, M. E., & Rhodes, K. V. (2011). Intimate Partner Violence Survivors' Unmet Social Service Needs. *Journal of social service research*, 37(5), 481-489. <https://doi.org/10.1080/01488376.2011.587747>

Durfee, A. (2009). Victim Narratives, Legal Representation, and Domestic Violence Civil Protection Orders. *Feminist criminology*, 4(1), 7-31. <https://doi.org/10.1177/1557085108324961>

Edmond, T., Bowland, S., & Yu, M. (2013). Use of Mental Health Services by Survivors of Intimate Partner Violence. *Social work in mental health*, 11(1), 34-54. <https://doi.org/10.1080/15332985.2012.734180>

- Edwards, K. M. (2015). Intimate Partner Violence and the Rural–Urban–Suburban Divide: Myth or Reality? A Critical Review of the Literature. *Trauma, Violence, & Abuse*, 16(3), 359-373. <https://doi.org/10.1177/1524838014557289>
- El-Bassel, N., Gilbert, L., Wu, E., Chang, M., & Fontdevila, J. (2007). Perpetration of Intimate Partner Violence Among Men in Methadone Treatment Programs in New York City. *American journal of public health (1971)*, 97(7), 1230-1232. <https://doi.org/10.2105/AJPH.2006.090712>
- Emezue, C. (2020). Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19. *JMIR public health and surveillance*, 6(3), e19831. <https://doi.org/10.2196/19831>
- Evans, M. L., Lindauer, M., & Farrell, M. E. (2020). A Pandemic within a Pandemic — Intimate Partner Violence during Covid-19. *The New England journal of medicine*, 383(24), 2302-2304. <https://doi.org/10.1056/NEJMp2024046>
- Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic Violence and Children: Prevalence and Risk in Five Major U.S. Cities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(1), 116-122. <https://doi.org/10.1097/00004583-199701000-00025>
- Fantuzzo, J. W., & Mohr, W. K. (1999). Prevalence and Effects of Child Exposure to Domestic Violence. *The Future of children*, 9(3), 21-32. <https://doi.org/10.2307/1602779>

- Gebrewahd, G. T., Gebremeskel, G. G., & Tadesse, D. B. (2020). Intimate partner violence against reproductive age women during COVID-19 pandemic in northern Ethiopia 2020: a community-based cross-sectional study. *Reproductive health, 17*(1), 152. <https://doi.org/10.1186/s12978-020-01002-w>
- Gjelsvik, A., Verhoek-Oftedahl, W., & Pearlman, D. N. (2003). Domestic violence incidents with children witnesses: findings from Rhode Island surveillance data. *Women's health issues, 13*(2), 68-73. [https://doi.org/10.1016/S1049-3867\(02\)00197-4](https://doi.org/10.1016/S1049-3867(02)00197-4)
- Goldberg, A. E., Allen, K. R., & Smith, J. Z. (2021). Divorced and separated parents during the COVID-19 pandemic. *Family process, 60*(3), 866-887. <https://doi.org/10.1111/famp.12693>
- Greenfeld, L. A. (1998). *Violence by intimates: analysis of data on crimes by current or former spouses, boyfriends, and girlfriends*. U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/vi.pdf>
- Hardesty, J. L., & Ganong, L. H. (2006). How women make custody decisions and manage co-parenting with abusive former husbands. *Journal of social and personal relationships, 23*(4), 543-563. <https://doi.org/10.1177/0265407506065983>
- Haselschwerdt, M. L., Mitchell, E. T., Raffaelli, M., & Hardesty, J. L. (2016). Divorcing Mothers' Use of Protective Strategies: Differences Over Time and by Violence Experience. *Psychology of violence, 6*(1), 182-192. <https://doi.org/10.1037/a0039444>

- Hiscott, J., Alexandridi, M., Muscolini, M., Tassone, E., Palermo, E., Soultsioti, M., & Zevini, A. (2020). The global impact of the coronavirus pandemic. *Cytokine & growth factor reviews*, 53, 1-9. <https://doi.org/10.1016/j.cytogfr.2020.05.010>
- Hsu, L. C., & Henke, A. (2021). COVID-19, staying at home, and domestic violence. *Review of economics of the household*, 19(1), 145-155. <https://doi.org/10.1007/s11150-020-09526-7>
- Huth-Bocks, A. C., & Hughes, H. M. (2007). Parenting Stress, Parenting Behavior, and Children's Adjustment in Families Experiencing Intimate Partner Violence. *Journal of family violence*, 23(4), 243-251. <https://doi.org/10.1007/s10896-007-9148-1>
- Iob, E., Steptoe, A., & Fancourt, D. (2020). Abuse, self-harm and suicidal ideation in the UK during the COVID-19 pandemic. *British journal of psychiatry*, 217(4), 543-546. <https://doi.org/10.1192/bjp.2020.130>
- Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet (British edition)*, 359(9315), 1423-1429. [https://doi.org/10.1016/S0140-6736\(02\)08357-5](https://doi.org/10.1016/S0140-6736(02)08357-5)
- Kaur, M., & Behre, K. (2020). Nexus of Domestic Violence and Custody in the Time of COVID Pandemic. *Family & Intimate Partner Violence Quarterly*, 13(2), 57-64.
- Kim, J. U., Majid, A., Judge, R., Crook, P., Nathwani, R., Selvapatt, N., . . . Lemoine, M. (2020). Effect of COVID-19 lockdown on alcohol consumption in patients with pre-existing alcohol use disorder. *The Lancet Gastroenterology & Hepatology*, 5(10), 886-887. [https://doi.org/10.1016/S2468-1253\(20\)30251-X](https://doi.org/10.1016/S2468-1253(20)30251-X)

- King, K., Murray, C. E., Crowe, A., Hunnicutt, G., Lundgren, K., & Olson, L. (2017). The Costs of Recovery: Intimate Partner Violence Survivors' Experiences of Financial Recovery From Abuse. *The Family journal (Alexandria, Va.)*, 25(3), 230-238. <https://doi.org/10.1177/1066480717710656>
- Klostermann, K., Mignone, T., & Papagni, E. (2020). When Sheltering in Place is Not Safe: Nowhere to Hide. In (Vol. 1): *Journal of Mental Health and Substance Abuse*. <https://gnosscience.com/uploads/journals/articles/700599577170.pdf>
- Kyriacou, D. N., Anglin, D., Taliaferro, E., Stone, S., Tubb, T., Linden, J. A., . . . Kraus, J. F. (1999). Risk Factors for Injury to Women from Domestic Violence. *The New England Journal of Medicine*, 341(25), 1892-1898. <https://doi.org/10.1056/NEJM199912163412505>
- Lee, M. (2020). Visits to New York City's domestic violence website surged amid coronavirus pandemic. *CNN*. <https://www.cnn.com/2020/04/07/us/nyc-domestic-violence-website-surgings/index.html>
- Leigh, J. K., Peña, L. D., Anurudran, A., & Pai, A. (2023). "Are you safe to talk?": Perspectives of Service Providers on Experiences of Domestic Violence During the COVID-19 Pandemic. *Journal of family violence*, 38(2), 215-225. <https://doi.org/10.1007/s10896-022-00359-9>

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. (1998). The Moderating Effects of Parenting Stress on Children's Adjustment in Woman-Abusing Families. *Journal of interpersonal violence*, 13(3), 383-397. <https://doi.org/10.1177/088626098013003005>

Lipp, N. S., & Johnson, N. L. (2022). The impact of COVID-19 on domestic violence agency functioning: A case study. *Journal of social issues*. <https://doi.org/10.1111/josi.12549>

Mahmood, K. I., Shabu, S. A., M-Amen, K. M., Hussain, S. S., Kako, D. A., Hinchliff, S., & Shabila, N. P. (2022). The Impact of COVID-19 Related Lockdown on the Prevalence of Spousal Violence Against Women in Kurdistan Region of Iraq. *Journal of interpersonal violence*, 37(13-14), NP11811-NP11835. <https://doi.org/10.1177/0886260521997929>

McDonald, R., Jouriles, E. N., Ramisetty-Mikler, S., Caetano, R., & Green, C. E. (2006). Estimating the Number of American Children Living in Partner-Violent Families. *Journal of family psychology*, 20(1), 137-142. <https://doi.org/10.1037/0893-3200.20.1.137>

Miller, C. C. (2020). Nearly Half of Men Say They Do Most of the Home Schooling. 3 Percent of Women Agree. *The New York Times*.

<https://www.nytimes.com/2020/05/06/upshot/pandemic-chores-homeschooling-gender.html>

- Morgan, R. (2020). For Divorced Parents, Navigating Coronavirus Is a Balancing Act. *The New York Times*. <https://www.nytimes.com/2020/03/27/parenting/divorce-co-parenting-coronavirus.html>
- Nix, J., & Richards, T. N. (2021). The immediate and long-term effects of COVID-19 stay-at-home orders on domestic violence calls for service across six U.S. jurisdictions. *Police practice & research*, 22(4), 1443-1451. <https://doi.org/10.1080/15614263.2021.1883018>
- Nixon, K. L., Tutty, L. M., Radtke, H. L., Ateah, C. A., & Ursel, E. J. (2017). Protective Strategies of Mothers Abused by Intimate Partners: Rethinking the Deficit Model. *Violence against women*, 23(11), 1271-1292. <https://doi.org/10.1177/1077801216658978>
- Pattojoshi, A., Sidana, A., Garg, S., Mishra, S. N., Singh, L. K., Goyal, N., & Tikka, S. K. (2021). Staying home is NOT ‘staying safe’: A rapid 8-day online survey on spousal violence against women during the COVID-19 lockdown in India. *Psychiatry and clinical neurosciences*, 75(2), 64. <https://doi.org/10.1111/pcn.13176>
- Peitzmeier, S. M., Fedina, L., Ashwell, L., Herrenkohl, T. I., & Tolman, R. (2022). Increases in Intimate Partner Violence During COVID-19: Prevalence and Correlates. *Journal of interpersonal violence*, 37(21-22), NP20482-NP20512. <https://doi.org/10.1177/08862605211052586>
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). Pandemics and Violence Against Women and Children (Vol. 528, pp.

1-45). Washington, DC: Center for Global Development.

<https://cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf>

Petrosky-Nadeau, N., & Valletta, R. G. (2020). *An Unemployment Crisis after the Onset of COVID-19*. <https://www.frbsf.org/wp-content/uploads/sites/4/e12020-12.pdf>

Petts, R. J., Carlson, D. L., & Pepin, J. R. (2021). A gendered pandemic: Childcare, homeschooling, and parents' employment during COVID-19. *Gender, work, and organization*, 28(S2), 515-534. <https://doi.org/10.1111/gwao.12614>

Piquero, A. R., Jennings, W. G., Jemison, E., Kaukinen, C., & Knaul, F. M. (2021). Domestic violence during the COVID-19 pandemic - Evidence from a systematic review and meta-analysis. *Journal of criminal justice*, 74, 101806. <https://doi.org/10.1016/j.jcrimjus.2021.101806>

Pollard, M. S., Tucker, J. S., & Green, H. D. (2020). Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. *JAMA Network Open*, 3(9), e2022942. <https://doi.org/10.1001/jamanetworkopen.2020.22942>

Ragavan, M. I., Risser, L., Duplessis, V., DeGue, S., Villaveces, A., Hurley, T. P., . . . Randell, K. A. (2022). The Impact of the COVID-19 Pandemic on the Needs and Lived Experiences of Intimate Partner Violence Survivors in the United States: Advocate Perspectives. *Violence against women*, 28(12-13), 3114-3134. <https://doi.org/10.1177/10778012211054869>



- Rezey, M. L. (2020). Separated Women's Risk for Intimate Partner Violence: A Multiyear Analysis Using the National Crime Victimization Survey. *Journal of interpersonal violence, 35*(5-6), 1055-1080. <https://doi.org/10.1177/0886260517692334>
- Rhodes, K. V., Cerulli, C., Dichter, M. E., Kothari, C. L., & Barg, F. K. (2010). "I Didn't Want To Put Them Through That": The Influence Of Children on Victim Decision-making in Intimate Partner Violence Cases. *Journal of family violence, 25*(5), 485-493. <https://doi.org/10.1007/s10896-010-9310-z>
- Roberts, A., Rogers, J., Mason, R., Siriwardena, A. N., Hogue, T., Whitley, G. A., & Law, G. R. (2021). Alcohol and other substance use during the COVID-19 pandemic: A systematic review. *Drug and alcohol dependence, 229*(Pt A), 109150. <https://doi.org/10.1016/j.drugalcdep.2021.109150>
- Rodriguez, L. M., Litt, D. M., & Stewart, S. H. (2020). Drinking to cope with the pandemic: The unique associations of COVID-19-related perceived threat and psychological distress to drinking behaviors in American men and women. *Addictive behaviors, 110*, 106532. <https://doi.org/10.1016/j.addbeh.2020.106532>
- Ruppanner, L., Tan, X., Scarborough, W., Landivar, L. C., & Collins, C. (2021). Shifting Inequalities? Parents' Sleep, Anxiety, and Calm during the COVID-19 Pandemic in Australia and the United States. *Men and masculinities, 24*(1), 181-188. <https://doi.org/10.1177/1097184X21990737>

Rutherford, H. J. V., & Mayes, L. C. (2019). Parenting stress: A novel mechanism of addiction vulnerability. *Neurobiology of Stress, 11*, 100172.

<https://doi.org/10.1016/j.ynstr.2019.100172>

Saldaña, J. (2021). *The coding manual for qualitative researchers* (4th ed.). SAGE Publications.

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M. J., & Chen, J. (2018). *National Intimate Partner and Sexual Violence Survey: 2015 Data Brief* (1544-1709). <https://stacks.cdc.gov/view/cdc/60893>

Song-Choi, P. J., & Woodin, E. M. (2021). Stress, Attributions, and Hostility as Predictors of Psychological Intimate Partner Violence at the Transition to Parenthood. *Psychology of violence, 11*(6), 559-568. <https://doi.org/10.1037/vio0000383>

Sower, E. A., & Alexander, A. A. (2021). The Same Dynamics, Different Tactics: Domestic Violence During COVID-19. *Violence and gender, 8*(3), 154-156. <https://doi.org/10.1089/vio.2020.0066>

Su, Z., McDonnell, D., Roth, S., Li, Q., Segalo, S., Shi, F., & Wagers, S. (2021). Mental health solutions for domestic violence victims amid COVID-19: a review of the literature. *Globalization and health, 17*(1), 1-67. <https://doi.org/10.1186/s12992-021-00710-7>

Thompson, J. (2022). A Guide to Abductive Thematic Analysis. *Qualitative report, 27*(5), 1410-1421. <https://doi.org/10.46743/2160-3715/2022.5340>

- Van Deirse, T. B., Macy, R. J., Cuddeback, G. S., & Allman, A. J. (2019). Intimate partner violence and sexual assault among women with serious mental illness: A review of prevalence and risk factors. *Journal of Social Work, 19*(6), 789-828.  
<https://doi.org/10.1177/1468017318766425>
- Vindegaard, N., & Benros, M. E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, behavior, and immunity, 89*, 531-542.  
<https://doi.org/10.1016/j.bbi.2020.05.048>
- Waller, M. W., Iritani, B. J., Christ, S. L., Clark, H. K., Moracco, K. E., Halpern, C. T., & Flewelling, R. L. (2012). Relationships Among Alcohol Outlet Density, Alcohol use, and Intimate Partner Violence Victimization Among Young Women in the United States. *Journal of interpersonal violence, 27*(10), 2062-2086.  
<https://doi.org/10.1177/0886260511431435>
- Wright, C. V., & Johnson, D. M. (2012). Encouraging Legal Help Seeking for Victims of Intimate Partner Violence: The Therapeutic Effects of the Civil Protection Order: Encouraging Legal Help Seeking. *Journal of traumatic stress, 25*(6), 675-681.  
<https://doi.org/10.1002/jts.21754>
- Zamarro, G., & Prados, M. J. (2021). Gender differences in couples' division of childcare, work and mental health during COVID-19. *Review of economics of the household, 19*(1), 11-40. <https://doi.org/10.1007/s11150-020-09534-7>

Zink, T., Elder, N., & Jacobson, J. (2003). How Children Affect the Mother/Victim's Process in Intimate Partner Violence. *Archives of pediatrics & adolescent medicine*, 157(6), 587-592. <https://doi.org/10.1001/archpedi.157.6.587>