

# NAVIGATING COVID-19 WITH NOVEL INTERVENTION STRATEGIES TO REACH WOMEN IMPACTED BY INTIMATE PARTNER VIOLENCE

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**Social Intervention Group**

**COLUMBIA** School of **SOCIAL WORK**  
*Make waves. Move mountains. Change lives.*



## WHAT IS YOUR PRIMARY WORK SETTING?

1. Health care
2. Criminal justice setting
3. Domestic violence program
4. Other social service setting
5. University/Research Center
6. Independent or Other



# POLL: YOUR BACKGROUND

IF YOU WORK WITH SURVIVORS OF DOMESTIC VIOLENCE,  
HOW MANY YEARS HAVE YOU WORKED WITH THEM?

1. 0 years
2. 1-2 years
3. 3-5 years
4. 6+ years



## HOW CONFIDENT ARE YOU TO SCREEN WOMEN FOR INTIMATE PARTNER VIOLENCE AND LINK THEM TO SERVICES?

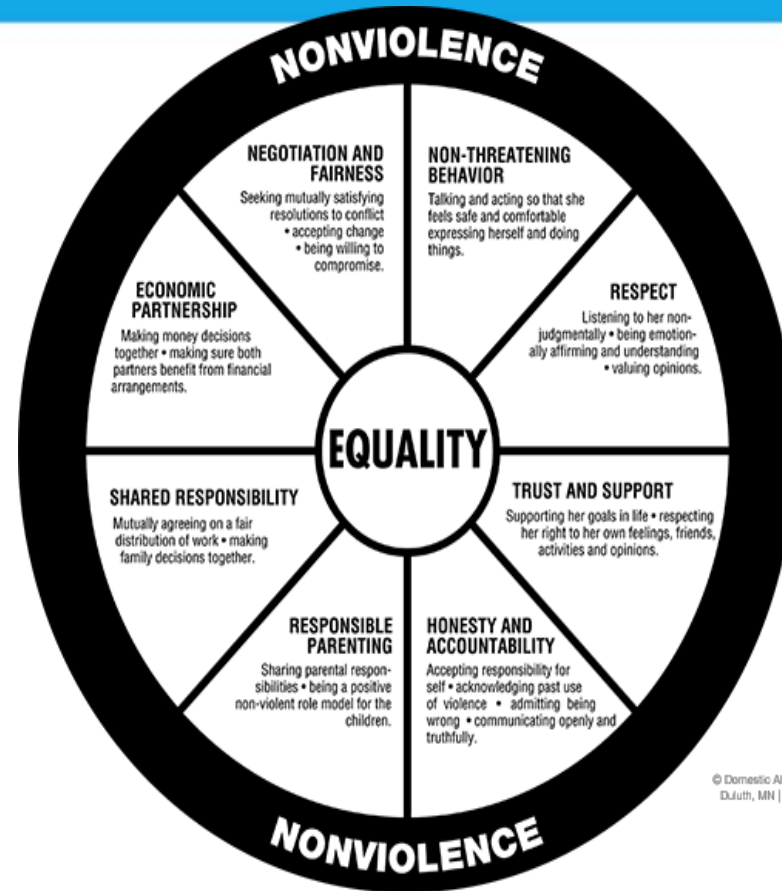
1. Not at all confident
2. A little confident
3. Somewhat confident
4. Confident
5. Very Confident

# OVERVIEW OF PRESENTATION

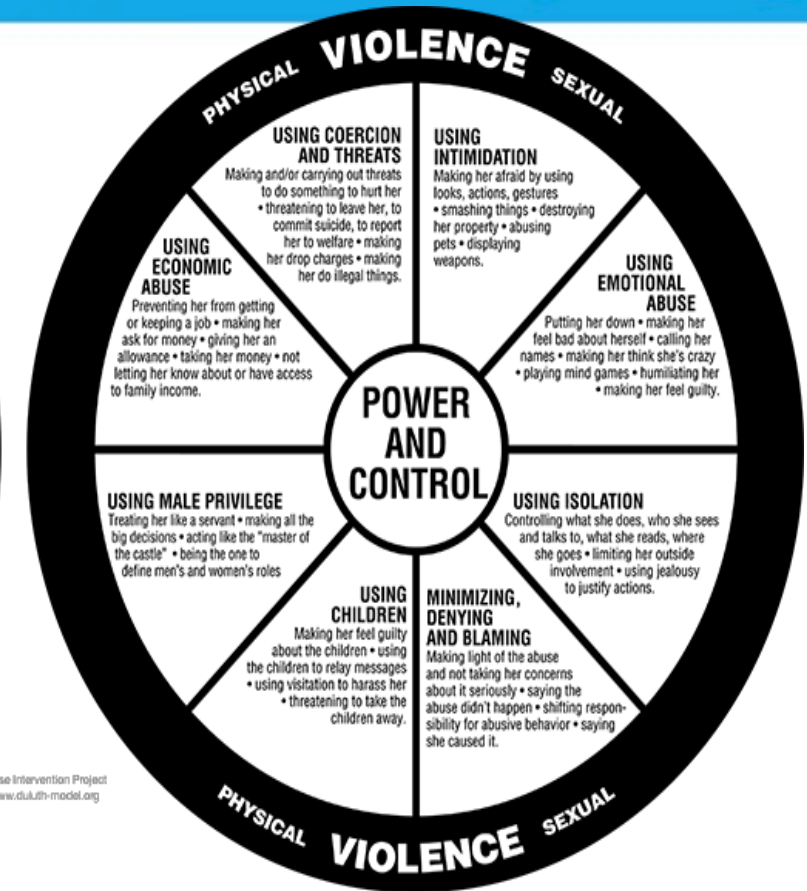
- Definition and Scope of different types of IPV
- How are social distancing and economic effects of COVID-19 triggering intimate partner violence (IPV)
- Applying Syndemic Framework for addressing co-occurring COVID-19 and IPV epidemics and their structural drivers
- Overview of SBIRT (Screening, Brief Intervention, Referral to Treatment) Model of WINGS (Women Initiating New Goals of Safety) to identify and address IPV
- Assessing organizational readiness for implementing WINGS
- Future Directions for WINGS in times of COVID

# WHAT IS INTIMATE PARTNER VIOLENCE?

INTIMATE PARTNER VIOLENCE (IPV) CONSTITUTES “A CONSTELLATION OF CONTROLLING BEHAVIORS” THAT INCLUDES PHYSICAL, SEXUAL, PSYCHOLOGICAL AND ECONOMIC ABUSE AND THREATS”



© Domestic Abuse Intervention Project  
Duluth, MN | www.duluth-model.org



Power and Control Wheel: Intimate Partnerships are on a spectrum from "Equality" to "Power and Control"

# SCOPE OF IPV IN U.S.

1 in 3 women



1 in 7 men



- 1 in 3 women and 1 in 7 men in the U.S. experience physical and sexual IPV in their lifetime. (CDC, 2010)
- in recent years, the number of IPV cases has spiked, making up more than half of all serious violent crimes in the U.S. in 2018
- Every day: 3 women in the U.S. are murdered by a partner (CDC, 2010)
- Almost half (47.5%) of American Indian/Alaska Native women, 45.1% of non-Hispanic Black women, 37.3% of non-Hispanic White women, 34.4% of Hispanic women, and 18.3% of Asian-Pacific Islander women experience IPV in their lifetime. (CDC, 2017)

# CONSIDERING THE UNIVERSALITY AND INTERSECTIONALITY OF IPV SURVIVORS

- IPV varies culturally and covers a wide range of dating, sexual and marital relationships that occur from adolescence to elderly
- Prevalence rates are similar among women and in same sex and heterosexual relationships, but higher among women and men who identify as bisexual (Breiding et al., CDC, 2015)
- This presentation will focus mostly on women survivors in heterosexual and/or same sex intimate relationships





# ALARMING INCREASE IN DOMESTIC VIOLENCE IN THE U.S. SINCE ONSET OF COVID-19

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- In New York State, DV Reports Overall Are Up 30 Percent in April 2020 Compared to Last Year and Incident Calls to State Have Increased 15 Percent in March Compared to Last Year
- In the U.S, there has been a sharp rise in the number of domestic violence calls made to law enforcement agencies
- Google reported a 75% increase in Internet searches relating to support for domestic abuse (Poate 2020).

**NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE**

# 800.942.6906

## WHEN YOUR HOME ISN'T SAFE

**TEXT. CALL. CHAT.**

844.997.2121	800.942.6906	OPDV.NY.GOV
		
TEXT CONFIDENTIALLY WITH A DV/SA ADVOCATE	ACCESS REMOTE COUNSELING THROUGH YOUR SOCIAL MEDIA PROGRAM	CHAT PRIVATELY WITH DV/SA ADVOCATE ON A SECURE WEBSITE

ALL AVAILABLE 24 HOURS/DAY, 7 DAYS/WEEK

### FOR YOUR SAFETY

- Call 911 if you are in immediate danger and the police will respond
- Seek treatment at a hospital emergency department if needed. Hospitals are open and a safe place to go for medical care.
- Add NYS resource info (above) in your cell phone under a fake contact name to avoid suspicion.
- Create a code word for friends and family that will tell them you need help.
- Know the exits in your home with a lock on the door.
- Prepare a go-bag with important documents, medication and extra clothing.
- Tell your family and friends where you will flee if you need to leave urgently.
- Talk with your children about safety so they have a sense of acceptable situations.
- Advocates are available to help you days, evenings and weekends.

opdv.ny.gov

PHOTOGRAPH THIS INFORMATION FOR QUICK REFERENCE

Office for the  
Secretary of  
Domestic Violence | Department  
of Health | Office of Children  
and Family Services | Office of  
Water Services | Bureau of Criminal  
Justice Services

# SPIKES IN DOMESTIC VIOLENCE IN THE U.S. SINCE ONSET OF COVID-19

- China's Hubei Province recorded a tripling of domestic violence reports in February 2020 during the COVID-19 quarantine (John, 2020)
- In France, reports of domestic abuse have increased 32 percent since quarantine measures were implemented
- In Tunisia, in the first five days after people were ordered to stay in, calls to a hotline for women suffering abuse [increased fivefold](#)
- in Spain, calls to domestic hotline have increased 18 percent, but a state-run hotline website has seen a 270-percent increase.

## Locked down with abusers: India sees surge in domestic violence

*As world's largest coronavirus lockdown is extended to May 3, National Commission for Women reports spike in complaints.*

by Rukmini S



18 Apr 2020



# UNTF RAPID ASSESSMENT OF VIOLENCE AGAINST WOMEN SINCE COVID ONSET

Interviewed 122 NGOs or government agencies in 69 countries in April 2020 (Majumdar, 2020)

- Found significant increases in reports of violence against women since COVID social isolation restrictions
- Reported women experiencing violence faced major barriers accessing emergency care, police response and orders of protection
- DV programs are pivoting using technology – social media outreach, chat oriented 7/24 hotlines and deploying DV resources and services in grocery stores, pharmacies, and streets

**Similar surges in IPV found during other pandemics (Ebola) and other disasters (Hurricane Katrina, Deep Water Horizon)**



# COVID-19 – ACTUAL & PERCEIVED HEALTH, SOCIAL & ECONOMIC EFFECTS ON IPV

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## COVID- risks for IPV

- Shelter-in-place
- Social Isolation
- Economic Distress (Unemployment of Survivor & Partner)
- Daily Household Stress
- Parental Stress
- Substance Misuse
- Psychological Distress
- Interruptions in Treatment/ Medications(Birth Control)
- Spike in Gun Sales

## IPV SERVICE THREATS

- Increased Demand for IPV services & Decreased Capacity
- Threat of Burnout of DV staff
- Delayed Emergency Response
- Decreased Court Capacity
- Decline in funding for IPV services
- Decrease capacity for surveillance
- Lack of access to safe havens- churches, libraries, schools

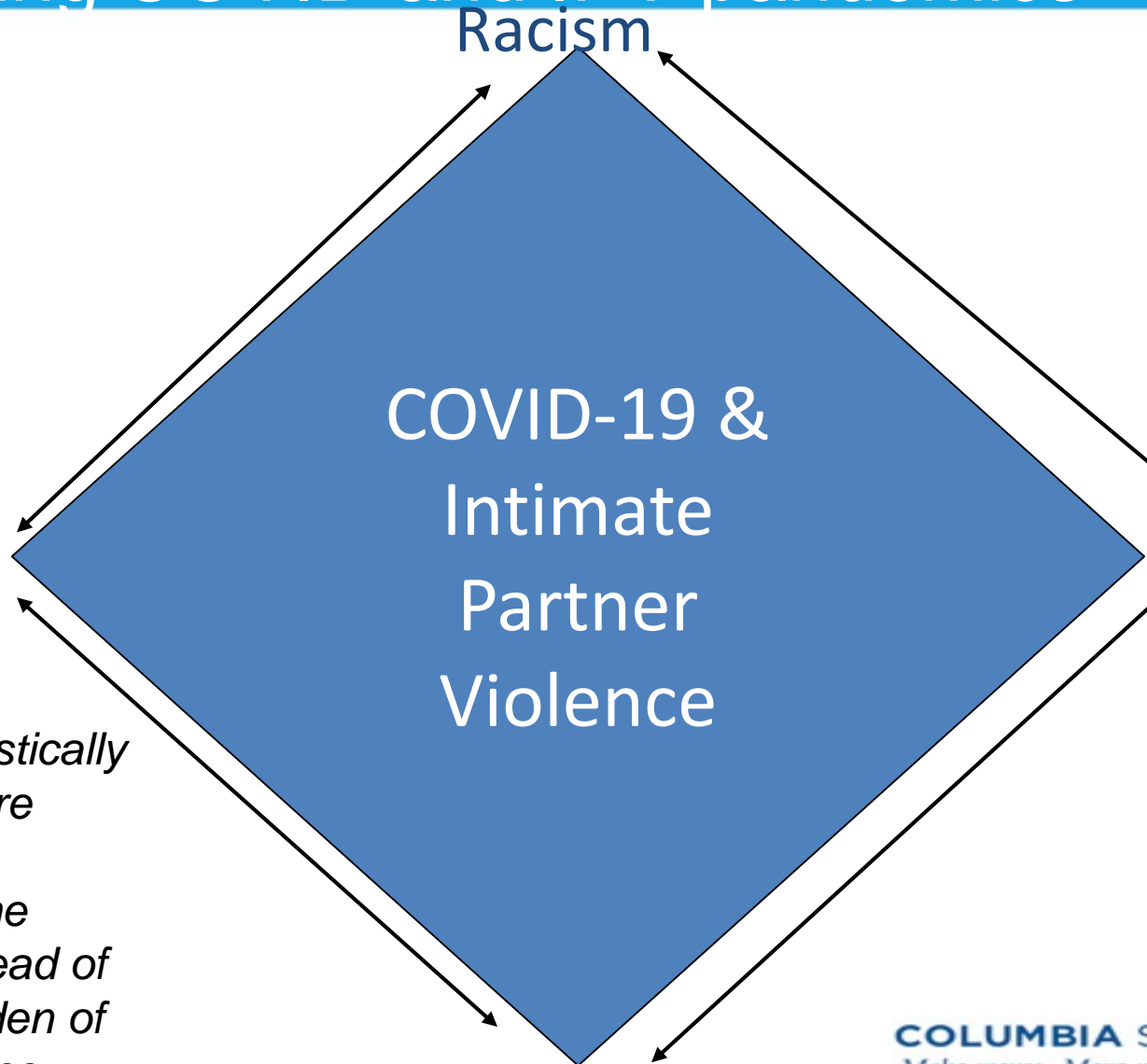
## IPV SERVICE OPPORTUNITIES

- Building online telehealth capacity of IPV services
- Mainstream IPV service spots – pharmacies/grocery stores
- Enhanced Community Social Capital “We’re in this together”
- Mobilizing online Social Network

## IPV OUTCOMES

- Frequency/ severity of IPV
- # of people experiencing IPV who are able to access IPV services
- Equity in access to IPV services by race, gender, sexual orientation and class

# Applying syndemic framework to understand and tackle co-occurring COVID and IPV pandemics



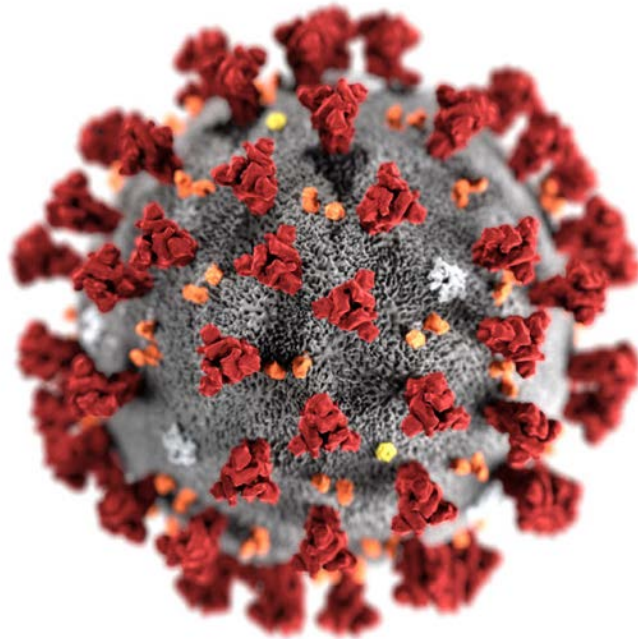
Lack of access to universal healthcare

Syndemic = *When 2 or more epidemics/pandemics synergistically interact with each other and are reinforced by harmful social conditions that contribute to the formation, clustering, and spread of epidemics and excessive burden of disease in minority communities* (Singer, 1996)

# RACISM INCOME INEQUALITY MASS INCARCERATION LACK OF UNIVERSAL HEALTH CARE

## COVID Racial Disparities

- Access to PPE
- Social Distancing
- Access to COVID Testing
- % of Essential Workers
- Access to Health Care & Telehealth
- % of people with underlying conditions
- # of COVID cases
- # of COVID hospitalizations
- # of COVID Deaths

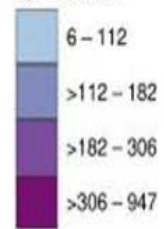


## IPV Disparities

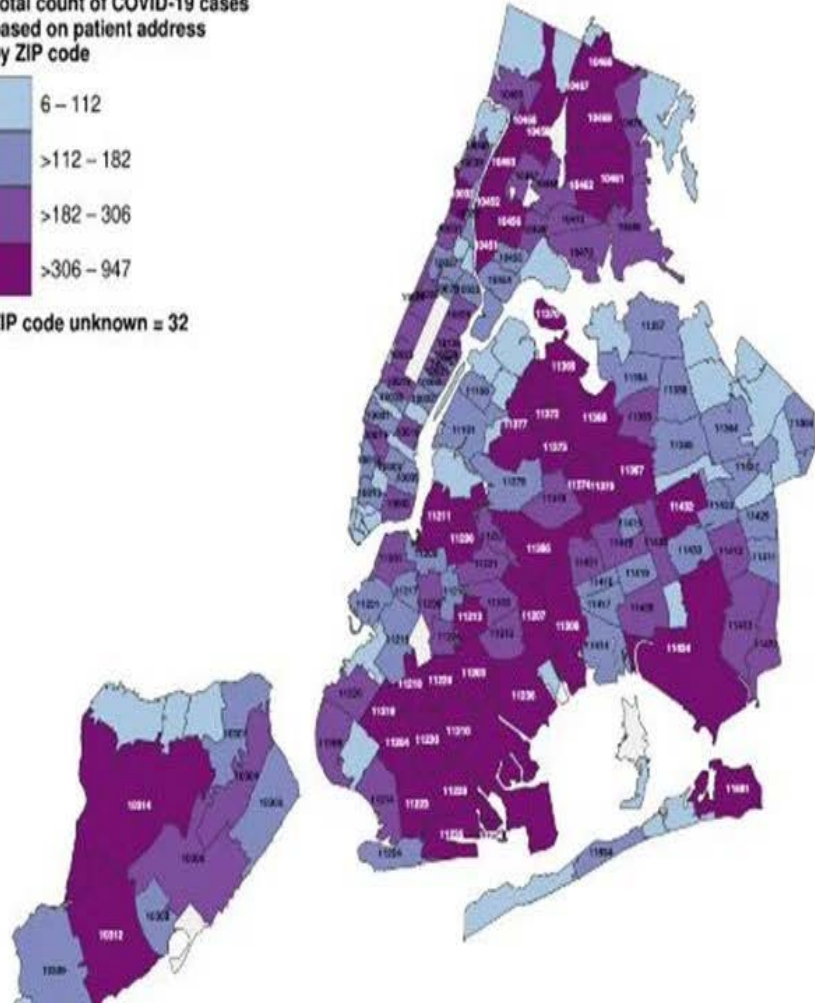
- Access to Health/Telehealth Care
- Black & Latinx women less likely to call police, access IPV services and courts
- Black & Latinx women less likely to call 911
- Rates of DV homicide much higher among Black, Latinx, & Native women

# A Neighborhood Look at COVID & IPV syndemic in NYC: It's about zip code, not genetic code

Total count of COVID-19 cases based on patient address by ZIP code



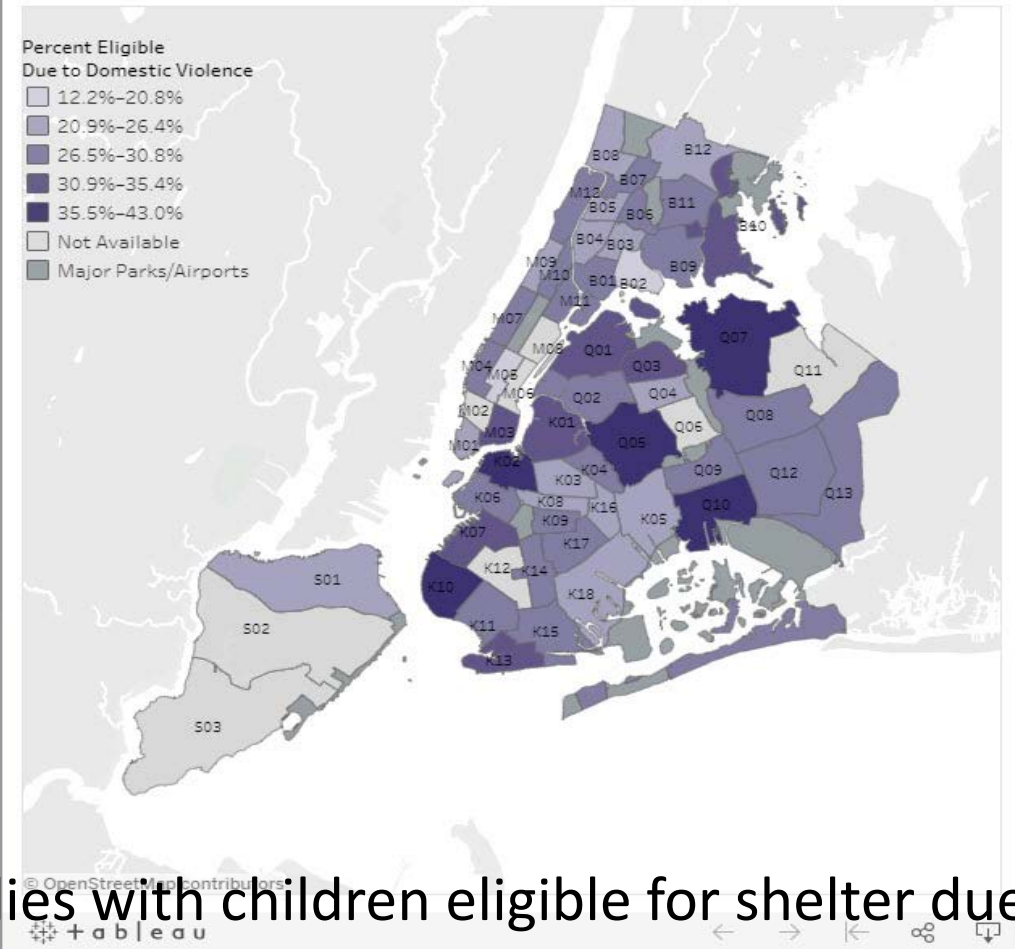
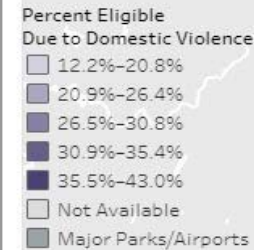
ZIP code unknown = 32



Total # of COVID-19 cases by zip code in NYC

## A Neighborhood Look at Domestic Violence as a Driver of Homelessness in NYC

Percent of Families with Children Eligible for Shelter Due to Domestic Violence, by Community District  
July 2014–December 2015



% of Families with children eligible for shelter due to domestic violence by community district in NYC

# NEXT STEPS IN TACKLING COVID-19/IPV SYNDEMIC

1. Conduct routine surveillance and mapping of real time IPV reports along with COVID-19 cases, hospitalizations, & deaths to identify geographic clusters burdened by both IPV and COVID-19
2. Increase public awareness on increased risks of IPV during quarantine and how to safely access support through social media/ traditional media campaigns
3. Conduct innovative outreach to engage individuals at risk and link them to IPV services – use trusted sources and safe technology platforms to meet individuals at risk where they are at.
4. Provide training on IPV Screening Brief Intervention and Referral to Treatment (SBIRT) service models to staff in units, clinics and community screening dedicated to the COVID-19 and contact tracing

**URGENT NEED TO IDENTIFY INDIVIDUALS SHELTERED AT HOME AT RISK OF IPV IN HIGH BURDEN COMMUNITIES**

Westchester County District Attorney

If you or your children are victims of abuse, make a call.

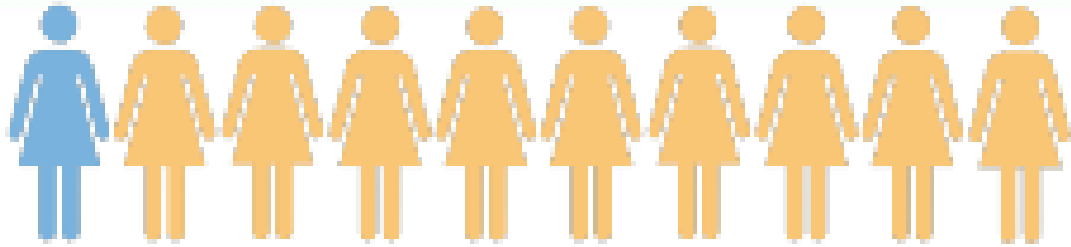
Emergency call 911

Special Prosecutions Division  
914-995-3000

After-Hours Elder Abuse Help Line  
914-995-1940



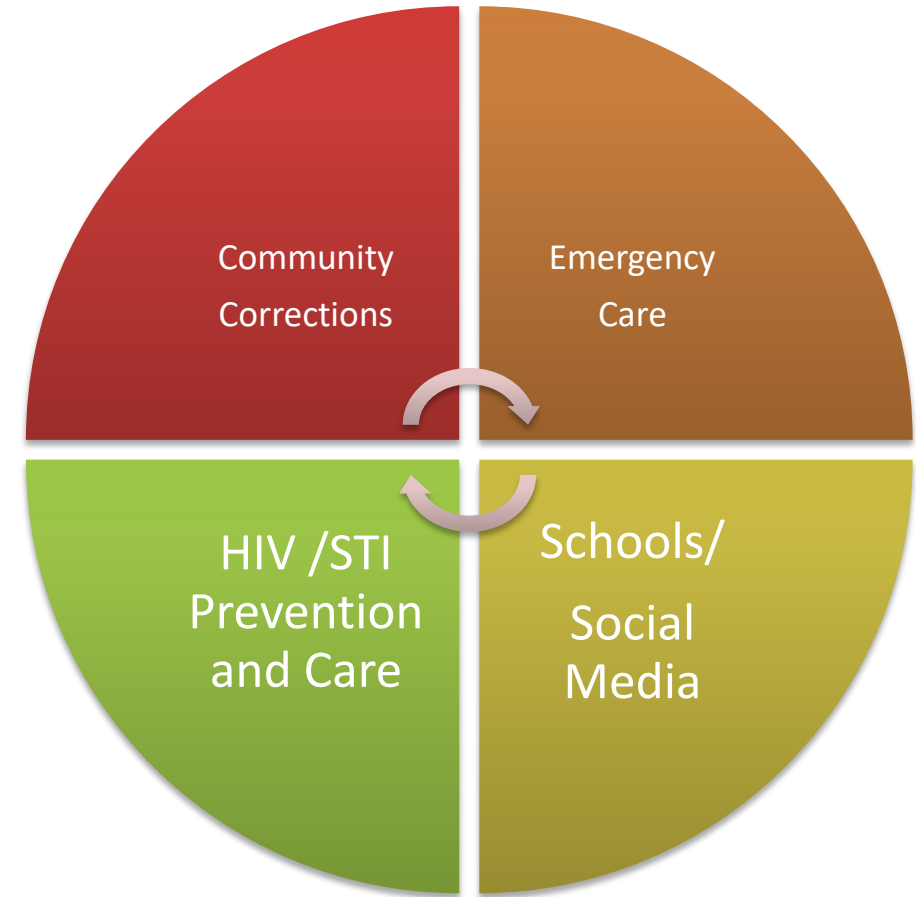
# ORIGINS OF WINGS COMPUTERIZED IPV PREVENTION SBIRT TOOL



**Where to find women who need IPV services and substance abuse treatment?**

Only 6% of women who use drugs who need IPV services are receiving it (Gilbert et al., 2015)

**Challenge:** How do we find the 90% or more of women who use drugs (WUD) who are experiencing IPV or dating violence and link them to violence prevention services?



# WINGS: AN EVIDENCE-BASED SBIRT MODEL TO ADDRESS IPV

WINGS is a one or two session evidence-based SBIRT model designed to address IPV and other types of gender-based violence (GBV) for women who use drugs

WINGS has also been used to collect aggregate data on different types of violence against women who use drugs and to raise awareness and inform community level advocacy and policy initiatives

WINGS is designed for women with same sex and/or opposite sex partners

## WINGS



Women Initiating  
New Goals of Safety

### what is WINGS?

WINGS is an evidence-based and highly adaptable tool to identify and address intimate partner violence (IPV) & gender based violence (GBV) among key affected populations of women.

**WINGS has been implemented in a wide range of organizations and programs:**

- HIV treatment
- Services for sex workers
- Harm reduction & drug treatment programs
- Justice settings
- Homeless services
- Refugee services
- Domestic violence services

**WINGS is available in 8 languages and has been implemented in 6 countries**

# INTEGRATING MOTIVATIONAL INTERVIEWING (MI) IN WINGS SBIRT

Motivational Interviewing (MI) a client-centered method of communication for strengthening internal motivation for change

Affirms women themselves as experts on their issues and as the primary agents of addressing IPV, substance misuse and other co-occurring problems

Harm reduction approach to improving relationship safety and reducing risks for IPV

OARS is core clinical skill of MI that is used in **WINGS** and other SBIRT models

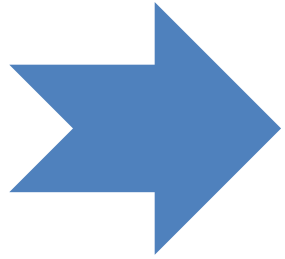
O= Ask Open-Ended Questions

A= Actively affirm and validate

R= Reflective listening

S= Summarize





## Collaboration Culturally Tailored

- Engage women as equals & experts on their own situation
- Create learning exchange
- Think and Reflect together
- Recognizes racism, classism, heterosexism are structural drivers of violence

## Evocation Advocacy

- Draw out ideas and solutions from women
- Engage and mobilize key stake holders from affected communities
- Coordinate Community Response

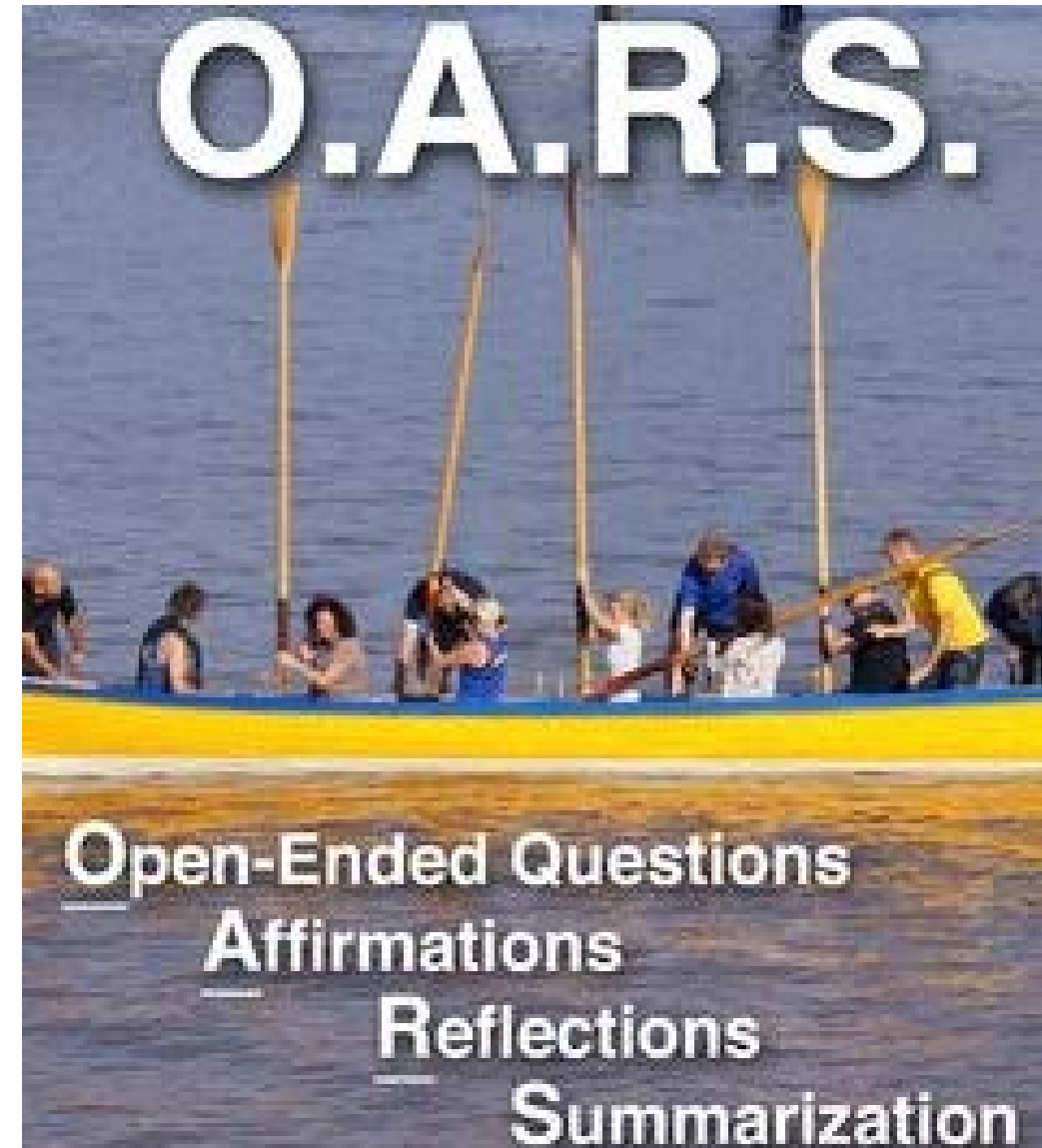
## Strengths-based Social Justice Lens

- Decision making left to women
- Strengths-based with focus on reinforcing resiliency
- Identify and Redress Isms and structural barriers to resources and services

# CORE COMPONENTS OF WINGS

WINGS may be delivered as a computerized self-paced model or computer assisted or traditional SBIRT model that may be delivered by a case manager, helping professional, outreach worker or trained peer advocate with following components

1. Brief psychoeducation on substance misuse and experience of different types of IPV and GBV (*use OARS and learning exchange approaches*)
2. Screening for different types of IPV and provide feedback on risks (*use OARS*)



3. Eliciting motivation to address IPV and relationship conflict (Use MI: *OARS, weighing pros and cons of change, highlighting change talk*)
4. Physical, Sexual and Emotional Safety Planning Tool (Use MI: *OARS and providing a menu of choices*)
5. Social Support Network Enhancement (use OARS – Provide Menu)



6. Identify and Prioritize Service Needs

*(Use OARS and Provide Options)*

7. Linkage to IPV and other Services

*(MI: use OARS and Provide Options)*

8. Goal setting to improve relationship safety and reduce IPV (MI: Identify *Client-driven Goals using OARS and SMART Goals*)

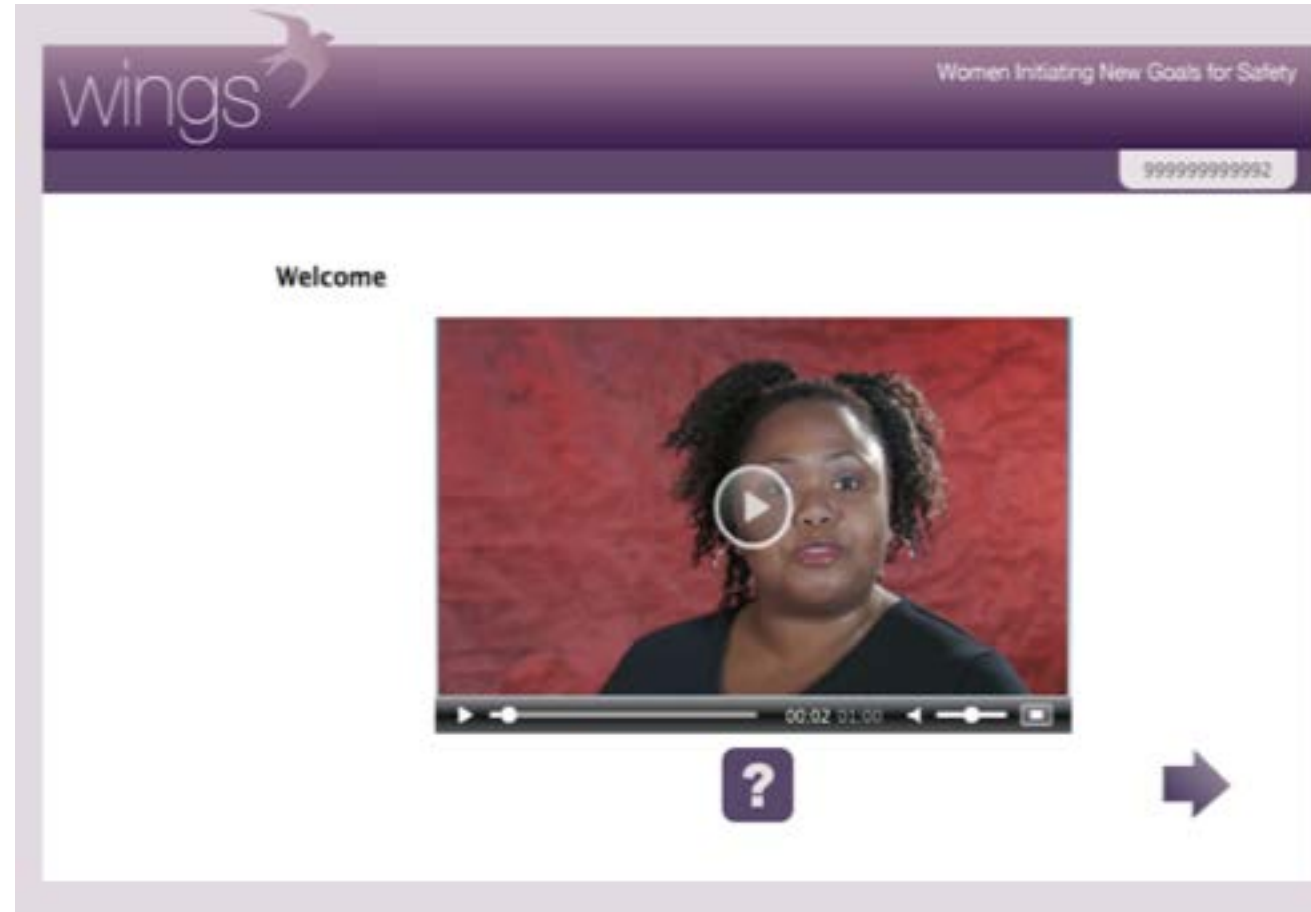


# COMPUTERIZED SELF-PACED WINGS

Self-paced web-based tool with audio may be delivered on smart phones/computer

Covers same core components using interactive exercises, videos, narrative characters, and computerized feedback.

Demonstration video:  
<https://www.youtube.com/watch?v=LpMpef-IRzQ>





### Three Stories



sound



In the past year, has your partner(s)  
choked you?

- A.  yes  
B.  no



sound



## Safety During a Violent Incident: Part 2

It is a good idea to practice how to get out of your house or apartment safely. What doors, windows, elevators, stairwells, or fire escapes would you use? Consider which exits are safest. Below, write down how you would get out.

If I decide to leave, I will:

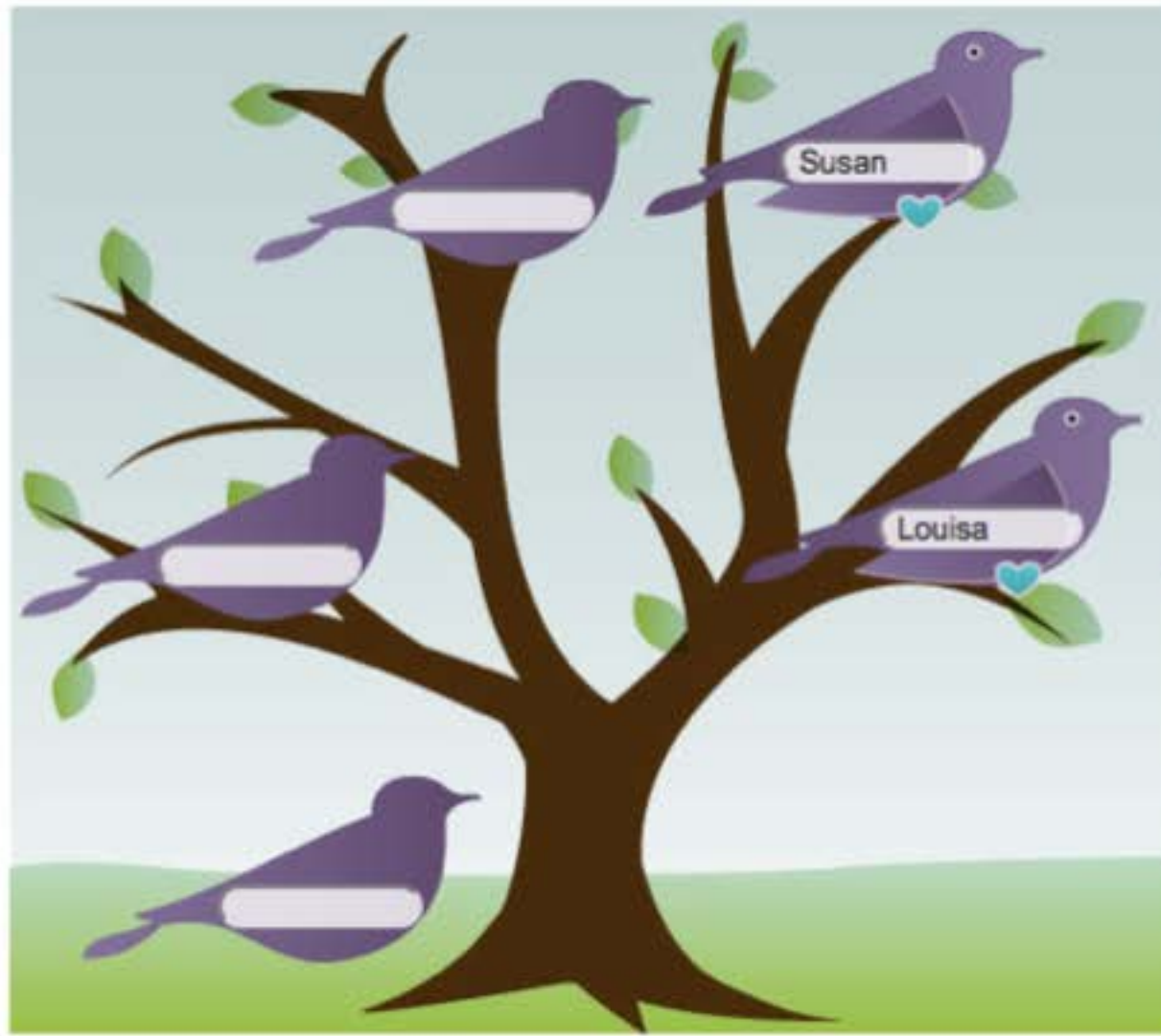
Go down the fire escape.



sound



### Social Support Map: Practical Support



#### Instructions: Practical Support

Now click on the names of people who can give you practical support, like giving you a place to stay, watching your pets, or lending you money.

sound



## Steps To Increase Support

Can you think of two things you can do to strengthen your support from family or friends in the next week? This may be calling someone who you like to hang out with to get together for coffee or go for walk so that you have a chance to connect with him or her. It may mean calling or a text, email or letter to someone who you have lost touch with but who you would like to reconnect with. It may mean choosing someone who you trust and respect to talk with about the relationship conflict or abuse that you are experiencing so that you can get their advice or support on how to deal with it.

Action Steps to Increase Support from Family and Friends in the Next Week

**In the next week, I can do the following to strengthen my support:**

|

**In the next week, I can also do the following to strengthen my support:**

sound



## Goal Setting

Let's identify the goals you most want to pursue.

**If you could choose the best outcome (s) for you and your partner, what would it be? (select all that apply)**

- A.  My partner and I stay together, with no change
- B.  My partner and I stay together. Stop emotional abuse.
- C.  My partner and I stay together. Stop physical abuse.
- D.  My partner moves out and we have no further contact.
- E.  My partner moves out, but continues to be involved with me.
- F.  My partner moves out, but continues to be involved with my children.

**Other desired outcomes:**

sound



### Resources To Help You Towards Your Goals

What services might help you work towards these goals with your partner? (Select all that apply.)

- A.  Job training for self or partner
- B.  Help getting housing
- C.  Education/go back to school/GED
- D.  Recreation/social activities
- E.  Safety day care for children
- F.  Mental health counseling for self or partner
- G.  Alcohol drug abuse counseling for self or partner
- H.  Anger management or batterer's treatment program for partner or self
- I.  Counseling or group support to deal with partner abuse
- J.  Emergency domestic violence shelter or residential program
- K.  Legal assistance (i.e. assistance getting restraining order, divorce or child custody)
- L.  Counseling from a religious organization (pastor, priest, rabbi)
- M.  Couples/marital counseling

Other services that might help you:

sound



## List of Organizations

**Here is a list of organizations that provide the service you just selected as the most important to you.**

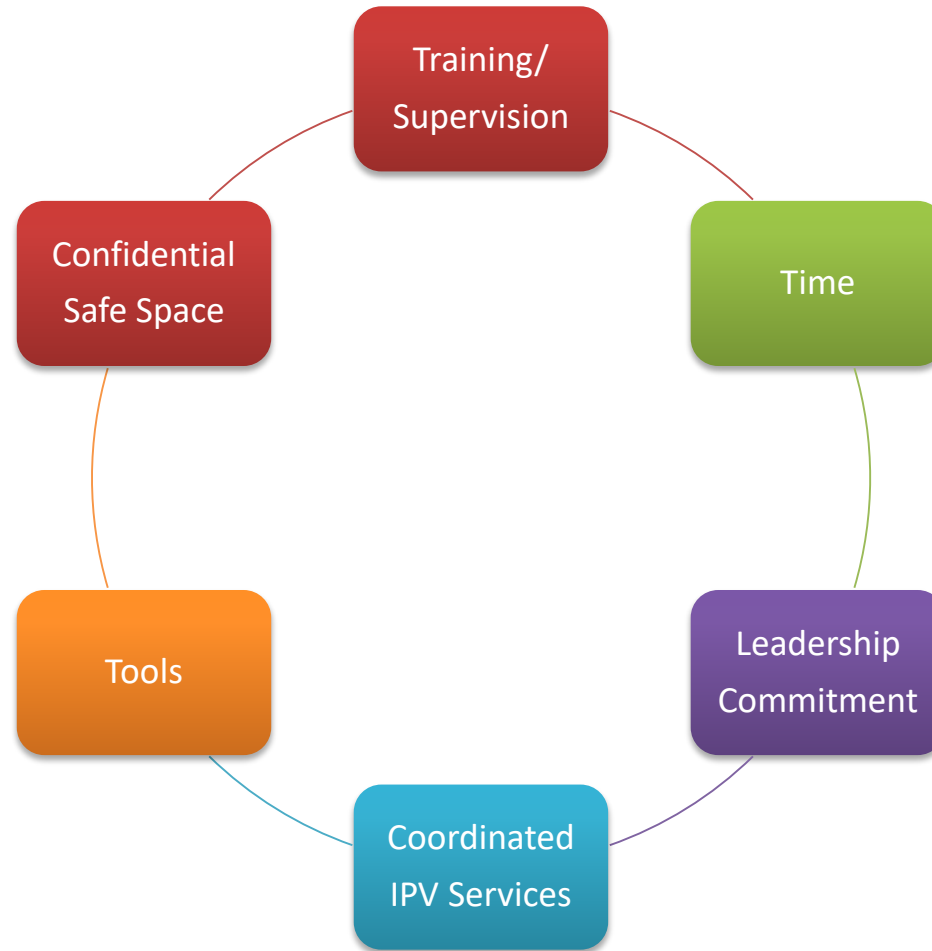
At the end of this session you'll be given or mailed a booklet that includes these as well as other service organizations.

### *Resources for: Emergency domestic violence shelter or residential program*

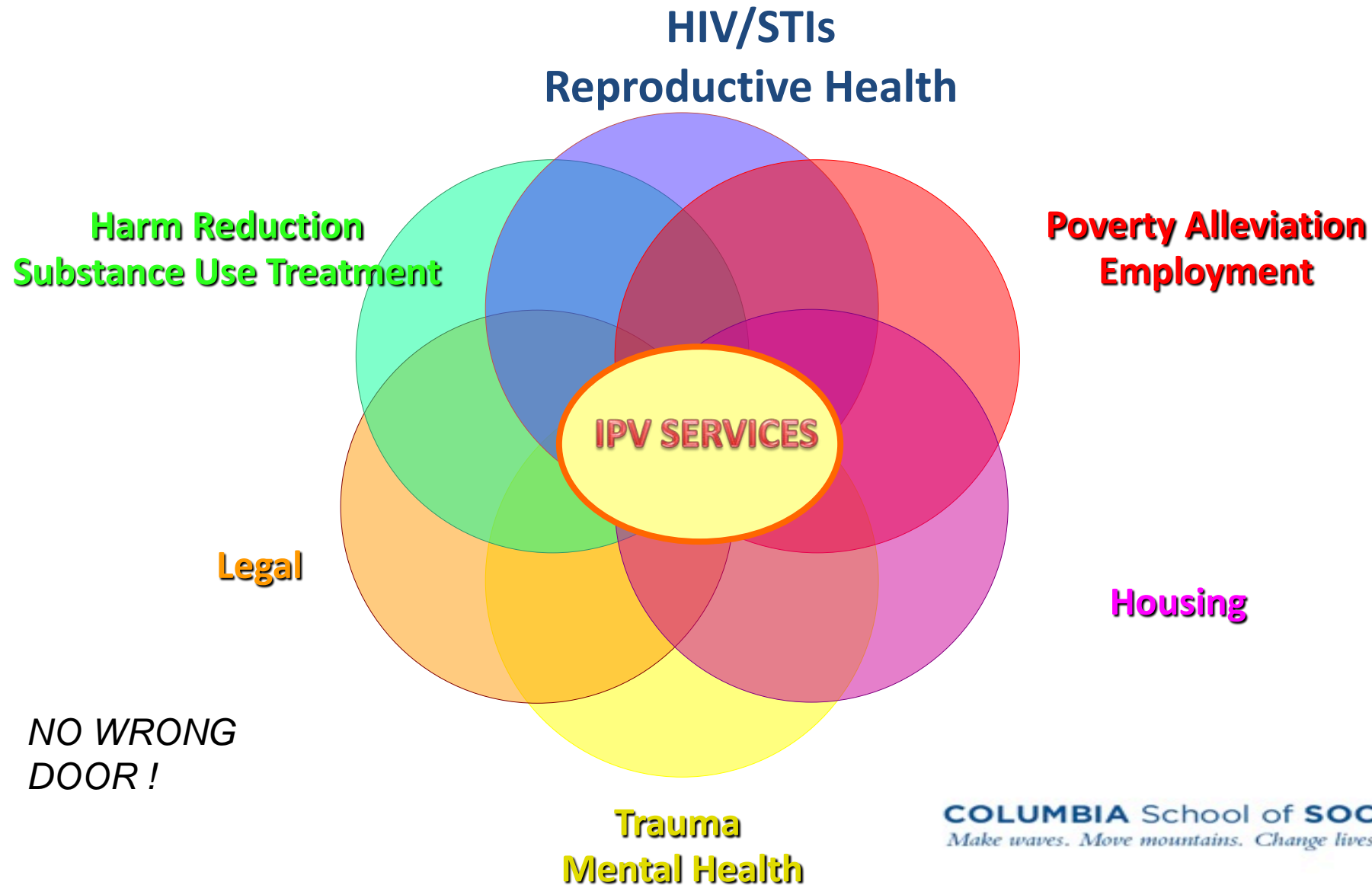
Name	Tel	Description
<b>Safe Horizon</b>	1-800-621-HOPE (4673) Domestic Violence hotline	Safe Horizon is New York City's largest provider of domestic violence residences for battered women and men, with more than 700 beds available throughout the five boroughs.
<b>Sanctuary for Families</b>	(212)-349-6009 extension 221 Receptionist	Sanctuary runs several small shelters in the outer boroughs of New York City for domestic violence survivors and their children who no longer have a safe place to stay free from violence. Clinical, legal, and advocacy services are offered on-site.



# LESSONS LEARNED: RESOURCES NEEDED TO IMPLEMENT WINGS SUCCESSFULLY



# BUILDING A COMMUNITY NETWORK OF COORDINATED IPV SERVICES



# POTENTIAL BENEFITS OF A COMPUTERIZED SELF-PACED GBV SBIRT MODEL

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- Studies show WINGS computerized model is equally effective in identifying and reducing different types of GBV as WINGS delivered by a clinician or counselor (Gilbert et al., 2015; Gilbert et al., 2016).
- May provide greater sense of privacy and confidentiality, particularly in settings where women are fearful of disclosure
- May extend reach of IPV services in overburdened high caseload settings
- May be culturally tailored and translated into different languages in settings where there are a lack of bilingual speaking staff
- Can generate aggregate data that can be used to inform policy and programs to address GBV
- May be used to pivot around COVID restrictions!



# FUTURE DIRECTIONS TO TACKLE COVID-19/IPV SYNDEMIC

- Collect aggregate data on IPV and other types of gender-based violence (GBV) to document scope and severity of public health threat of violence against women in communities hit hard by COVID
- Use data to target policy and culturally tailored program efforts to redress IPV and GBV among women in high burden communities
- Integrate IPV prevention and brief interventions like WINGS in COVID prevention, testing and contact tracing initiatives (e.g. social media campaigns, COVID
- Ensure universal access to internet and smart phones and use social media to encourage groups to connect and direct individuals to trusted resources for all types of support

## WINGS



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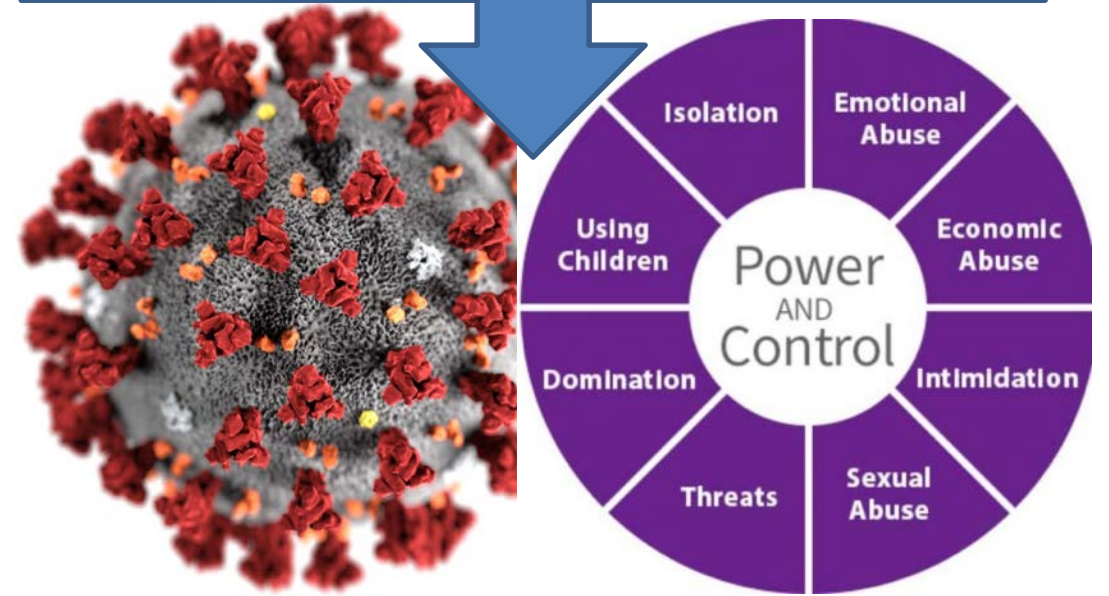
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- Justice settings
- Homeless services
- Refugee services
- Domestic violence services

**WINGS is available in 8 languages and has been implemented in 6 countries**

1. Mobilize key stakeholders (e.g. local government reps, faith-based leaders, providers, survivors) in high burden communities to advocate for IPV/COVID prevention resources, coordinate community response and tackle structural drivers (e.g. racism)
2. Target economic assistance/cash transfers to high burden communities using data driven approaches.
3. Increase federal, state, local funding for DV agencies to meet surge in demand.
4. Ensure DV staff receive adequate financial and emotional support as critical essential workers in the COVID-19 pandemic.

**STRUCTURAL DRIVERS**  
RACISM, INCOME INEQUALITY, MASS INCARCERATION AND LACK OF ACCESS TO UNIVERAL HEALTH CARE



# THANK YOU & GET IN TOUCH

Contact: Louisa Gilbert at [lg123@columbia.edu](mailto:lg123@columbia.edu)

Access all WINGS articles and resources at  
[projectwings.org](http://projectwings.org)

Follow SIG on Twitter @ColumbiaSIG



Sign up for our e-newsletter: <http://sig.columbia.edu/>

[COVID ACTION RESOURCES: https://blogs.cuit.columbia.edu/cssw-covid19resources/](https://blogs.cuit.columbia.edu/cssw-covid19resources/)

*We at CSSW condemn anti-Black racism in all its forms and are committed not just to making statements, but to taking action.*

## HOW CONFIDENT ARE YOU TO SCREEN WOMEN FOR INTIMATE PARTNER VIOLENCE AND LINK THEM TO SERVICES?

1. Not at all confident
2. A little confident
3. Somewhat confident
4. Confident
5. Very Confident



# HOTLINE/TEXT SERVICES

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The National Domestic Violence Hotline is 24/7, confidential and free: **1-800-799-7233** and through [chat](#).

The National Sexual Assault Hotline is 24/7, confidential and free: **800.656.HOPE (4673)** and through [chat](#).

The [StrongHearts Native Helpline](#) for domestic/sexual violence is available 7am-10pm CT, confidential, and specifically for Native communities: **1-844-762-8483**

The [Trans LifeLine](#) for peer support for trans folks 9am-3am CT: **1-877-565-8860** *This hotline is staffed exclusively by trans operators is the only crisis line with a policy against non-consensual active rescue.*

The [Deaf Hotline](#) is available 24/7 through video phone (**1-855-812-1001**), [email](#) and chat for Deaf, DeafBlind, DeafDisabled survivors.

[National Parent Helpline](#) Monday -Friday 12pm-9am

