# The Silent Pandemic: The Impact of COVID-19 on Gender-Based Violence (GBV) In the United States

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## ABSTRACT

The purpose of this study is to explore how COVID-19 and its socio-political impacts have reconstructed or exacerbated gender-based violence (GBV) in the United States, as well as how service and prevention providers (such as shelters, hotlines, and nonprofits) have had to adapt their services. During this study, six individuals were asked to take part in an hour-long interview to discuss their experiences as service providers and advocates against GBV during COVID-19. The individuals chosen came from across the United States and have worked in varying roles addressing gender-based violence nationally and in their communities. The main themes that emerged during these interviews were that the socio-political impacts of COVID-19 (including lockdowns, job loss, isolation, etc) have caused an increase in cases of GBV, as well as made it more difficult for victims to access resources and protection services. Additionally, many cited the lack of government response as one of the major barriers service providers faced in supporting victims. This study helped to contribute to our understanding of why violence against women and girls increases in times of crisis, as well as how COVID-19 specifically has impacted GBV in the UnitedStates. Not only do the findings of this report help shed light on the often-overlooked issue of gender-based violencein the U.S., but lessons from this report can be used to help implement progressive policy to support women now - and during future crises.

## Introduction

Gender-based violence (GBV) refers to any harmful act directed at an individual based on their gender. This can include, rape, intimate partner violence (IPV), stalking, kidnapping, female genital mutilation/cutting (FGM/C), child marriage, and other forms of harm primarily - but not exclusively- directed at women and girls. Gender-basedviolence can also include acts of harm directed at individuals based on their gender and sexual identity - and violence against queer and trans people is another facet of GBV. Overall, GBV is a broad issue impacting almost allsocieties across the globe and is founded in gender inequality and upheld through patriarchal power structures and social norms that allow it to continue for generations.

With one and three women across the world experiencing physical or sexual violence in her lifetime, it is easy to seewhy GBV is considered a a global issue, (Gender-based Violence, *UNHCR*). In the United States, IPV alone accounts for 15 percent of all violent crime, (Domestic Violence, 2020). Despite this and other shocking statistics about gender-based violence in the U.S., many still don't fully understand the full scope of GBV within our country.

The lack of awareness about the scope of gender-based violence in the United States severely impacts how adequately we can address it, even *in* times of relative stability. However, we know that in times of crisis and instability, the threat of GBV increases significantly for women and girls. As COVID-19 has rapidly disrupted almost every facet of our daily lives in the United States, causing massive job loss, supply shortages, and lock-downs - the imperative to understand how this has impacted GBV and protection services has only grown.

In this paper, I choose to zoom in on the experiences of six individual women, spread out across the country, whosework around gender-based violence prevention and advocacy has been impacted by the pandemic.

While statistical data can give us an overview of what is happening nationally around GBV, by highlighting women's personal experiences we can see the multi-layered effects the pandemic has had on women. Women's lives are full of complicated nuances, and our experiences of power and powerlessness often overlap in a way that statistics alone cannot show. Through their stories, I hope to take an in-depth look into the effects that the COVID-19 pandemic hashad on the rates of gender-based violence (GBV) and service providers in the United States.

## Literature Review

### Invisible Bodies

The literature on the subject of gender-based violence (GBV) in the United States, while present, is sorely lacking. GBV itself is a notoriously under-reported crime, and in fact, rape is *the most* underreported crime, (The Criminal Justice System, *RAINN*). Victims of GBV are often hesitant to report their experiences to the police due to shame, fear, and the inadequacy of the criminal system to provide lasting justice and safety to victims. The under-reporting of GBV due to the consistent failures of the judicial system is also coupled with the chronic underfunding of research into this issue and who it affects. As a result, the data we do have about gender-based violence in the United States most likely under-estimates the scope of the issue. These invisible bodies are littered everywhere throughout the statistics we have on GBV, clouding our understanding of the scope of the issue. For the amount of societal and interpersonal damage, we still do not know the full toll gender-based violence has on our country.

Not only does underreporting and failures in data collection impact the quality of data we have available, but systemic racism and transphobia in the policing and criminal justice system also impacts who gets counted as a 'victim'. As author Mikki Kendall explains, "because of the high number of missing persons, as well as the unsolved murders of marginalized women, girls, and femme-presenting people in the United States, we don't have a concrete idea of the femicide rate in this country," (Kendall, 2020). The deaths and disappearances of women and Trans people from marginalized communities are often dismissed by police, and as a result, their deaths are not adequately included in national statistics.

However, based on the data we do have, we know that GBV is a broad-reaching issue that impacts almost everyone -and every aspect of our society.

As mentioned by journalist Rachel Snyder, in the United States alone 1,200 abused women are killed every year -with an average of three women killed every day by someone they know, (Snyder, 2019). Additionally, twenty people in the United States are assaulted every minute by their partners, one in three women will be raped in her lifetime, and for every woman killed in the United States from intimate partner homicide nearly nine are *almost* killed, (Snyder, 2019).

Furthermore, the U.S. is only just beginning to understand the scope of female genital mutilation/cutting (FGM/C) and child marriage. According to the World Health Organization, FGM/C involves the total or partial removal of the external female genitalia for non-medical reasons and is an extreme form of GBV and a human rights violation, (World Health Organization, 2020). A study by the CDC found that over half a million women and girls were at risk of or living with the effects of FGM/C in the United States (Goldberg et al, 2012). Advocates argue that the routine dismissal of this issue as a 'foreign' one has hidden this practice in our own country for generations and has limited the amount of resources survivors have access to. Moreover, between 2000 and 2018 over 300,000 children were married in the United States, the majority of whom were adult men marrying underage girls, (UnChained at Last, 2021). In the United States, child marriage is a social norm that is upheld through complicated systems of patriarchy, communal norms, and economic survival strategies and is associated with multiple health risks, including heart attack, diabetes, stroke, sexually transmitted infections, death during childbirth, and others, (Child Marriage – Devastating Consequences, *UnChained At Last*). Yet, issues like FGM/C and child marriage are often ignored in the United States, leaving a combined 700,000 young girls to deal with the negative impacts from

these forms of GBV alone. These are just a few of the seemingly endless statistics available to support the notion that the United States has amassive gender-based violence problem.

## Victim or Villain?

In Mikki Kendall's award-winning book, *Hood Feminism: Notes From The Women That A Movement Forgot*, she explores how the modern feminist movement has often centered whiteness in its fight for gender equality and has failed to look at how the intersectionality of oppressions impacts women from marginalized communities. When speaking about CeCe McDonald, a Trans woman who was assaulted and harassed to the point where she had to stab her attacker to escape to safety, Kendall highlights how McDonald was actually *herself* sentenced to jail for manslaughter despite the legitimacy of her fear. "Self-defense can lead to imprisonment if you don't fit the convenient victim narrative," Kendall argues, "And there's the sad fact that laws that govern the state's response to violence are more likely to be used against victims than against villains," (Kendall, 2020). What Kendall highlights here is the dichotomy that, while women from marginalized communities often face higher rates of gender-based violence, the systems designed to protect women are often turned against them. The systemic racism, classism, homophobia, transphobia, Islamophobia, and other systems of discrimination embedded in our criminal justice system often turn victims into villains and make it harder for women and people from marginalized communities toescape the violence they are facing.

In 2013, intimate partner violence was the second leading cause of death for Black women and the third leadingcause of death for Indigenous women, while it was comparatively the seventh leading cause of death for white women, (Snyder, 2019). Additionally, despite being only 13 percent of the total population, Black Americans account for an average of 34 percent of all missing persons every year according to the FBI's National Crime Information Center, (Kendall, 2020). Unfortunately, "When women disappear from marginalized communities, the issue doesn't always get a lot of attention. Excuses are made about drugs, risky behavior, or simply that the missing person in question is an adult who likely moved on to someone somewhere else. Even when the bodies pile up, it is entirely possible that the police will ignore them because of their race," (Kendall, 2020).

While white victims of similar profiles may get amber alerts, news coverage, and full police involvement, victims from Black, Asian, Latine, and Pacific Islander communities are often dismissed and chronically under-investigatedby police who utilize racist stereotypes to dismiss their cases. This issue particularly burdens Indigenous communities, and Indigenous women, in the United States.

The Missing and Murdered Indigenous Women (MMIW) movement brought national attention to the systemic disappearance of Indigenous women in the United States, and the lack of investigation into there disappearances andmurders. In 2016, the National Crime Information Center reported 5,712 cases of missing Native American women and girls, while the U.S. Department of Justice's missing person database only reported 116 cases, (Missing and Murdered Indigenous Women and Girls, 2018). That means of all the Indigenous women who disappeared, only around 2% were ever formally considered disappearances by U.S. law enforcement. Additionally, a study by the Urban Indian Health Institute found that in articles referencing these disappearances, nearly one-third used violent and racist rhetoric to discredit the victims, (Missing and Murdered Indigenous Women and Girls, 2018). The reality is that systemic racism limits which victims of gender-based violence receive funding, support, investigation, and are accepted as 'true victims' by American society at large.

The barrier of a 'convenient victim' also stops Transgender and Lesbian, Gay, Bisexual (LGB) victims of gender- based violence/intimate-partner violence from receiving justice. The story of CeCe McDonald is just one of many where a Trans woman was either harassed, attacked, assaulted, or killed because of her gender. In the U.S., Trans people face an increased risk of assault and death due to the the violence they face from perpetrators as well as from the police, healthcare systems, poverty, and housing discrimination, (Garza, 2019). According to the Human Rights Campaign, 2020 was the most dangerous year for Trans people in the United States since 2013 - with a total

of 44 Trans people murdered during that year, (Human Rights Campaign, 2021). Furthermore, nearly 90% percent of all Trans people whose deaths had been reported were people of color, (Kendall, 2020). Yet, due to transphobia, the violence Trans people face is often not taken into consideration as a facet of gender-based violence. Additionally, Trans people are also less likely to report their assaults due to fear of police violence against them, and even in death many Trans people are misgendered by police and family, (Doubly Victimized: Reporting on Trans Victims of Crime, *GLAAD*), obscuring the scope of the issue further.

For Lesbian, Gay, and Bisexual (LGB) women, violence can come from both within their community and from without. Many LGB women report being deliberately targeted by heterosexual men due to their sexual identity. In 2019, a group of young men on a bus in London violently assaulted a same-sex female couple. Before the attack, thevictims reported being harassed by the men, who asked them about sexual positions and to kiss in front of them, (London Bus Attack: Arrests After Gay Couple Who Refused to Kiss Beaten, 2019). A combination of misogyny andhomophobia, this case was just one example of how LGB women are often targets of violence due to their gender and sexual orientation. On the other hand, the rates of violence within LGB/same-sex partnerships are often at the same level or higher than that of straight couples, (Rose, 2000). Abuse in opposite-sex relationships is often undermined by heterosexual, patriarchal norms that privilege the male partner. However, abuse within same-sex relationships is complicated by their inherent divergence from those heteronormative relationship roles. Despite this,LGB women still face high rates of abuse and violence in their relationships. A CDC study found that 61% of bisexual women and 44% of lesbian women will experience rape, physical violence, or stalking by a partner in their lifetime, compared to 35% of heterosexual women, (Walters et al, 2013). Similarly, LGB victims are often reluctant to come forward due to homophobic discrimination from police, which has in the past resulted in both partners - the abuser and the victim - being arrested, (Rose, 2000).

The common thread between these diverse communities and their relationships with gender-based violence is that the elevated rates of GBV in these communities often correlates to the inadequate response of police and criminal justice systems. It is not that Black, Indigenous, AAPI, Latine, LGBTQ+, or low-income communities are inherentlymore violent. Rather, it is that the - often already subpar - systems of protections in place for victims of gender- based violence are fundamentally inaccessible to many of these communities. As Kendall notes;
“When you know that oppression doesn't come from one direction but from many, then you have to develop a framework that allows for not finding safety and solidarity with those who oppress people who look like you. For marginalized communities, that can mean never calling the police because you know thatstopping one form of violence by introducing another isn't safe for you or for those you love,” (Kendall, 2020).

While the criminal justice system often fails to protect privileged victims of gender-based violence, it is at least accessible to them. The rare moments of coincidental success in this system privilege white, wealthy, heterosexualand cisgender women - helping to drive the rates of GBV in these communities down. For marginalized communities, turning to the U.S. criminal justice systems often invites more violence into their lives, and as resultthey do not have those same systems of protection.

Given what we know about how the COVID-19 pandemic had disproportionately impacted marginalized communities as well, we can only assume that women who are used to dealing with the double or triple threat ofmultiple marginalizations were doubly or triply impacted by the effects of the pandemic on GBV as well.

## The Ripple Effect

Despite the passing of legislation such as the Violence Against Women Act and others, gender-based violence still remains pervasive in the United States. However, GBV does not only impact the victims and their families, but oursociety as a whole. Gender-based violence has never occurred in a vacuum - and while much of the violence itself may be confined to the walls of our homes, it's ripple effect touches almost every major issue in the

U.S. today, including public health, the economy, and gun violence.

The economic and public health costs of gender-based violence can be astounding. In case of intimate partner violence (IPV) alone, the medical costs to taxpayers are upwards of $8 billion annually, and IPV causes survivors to lose more than 8 million work days each year, (Snyder, 2019). IPV can cause severe disabilities in survivors and is also a major risk factor for developmental disorders in children, (Snyder, 2019). Yet, these statistics don't include economic and public health impacts of rape, stalking, FGM/C, child-marriage, or other facets of GBV that are pervasive in our society. Despite this, these statistics are important to share all the same. They help us to contextualize the effects of GBV outside of the domestic sphere and show that gender-based violence has deep public health and economic costs.

Gender-based violence is also a major driver of homelessness across the United States. In many cities across America, the police are empowered to give nuisance citations to victims of intimate partner violence (IPV) for screaming too loud, making too much noise, or generally causing a disturbance during their abuse. These citations often result in evictions or threats of eviction, particularly in low-income communities where housing is notoriously unreliable. In fact, "In cities where police can give nuisance citations, IPV winds up being a major cause of eviction," (Snyder, 2019). Depending on the study, anywhere between 25% to 80% of homeless women have IPV histories - and many scholars cite IPV as one of the key drivers of homelessness among women in the U.S., (Snyder,2019).

Furthermore, gender-based violence is also deeply tied to the epidemic of gun violence in the United States. An analysis by Bloomberg News found that between 2014 and 2019, almost 60% of mass shootings involved an act of intimate partner violence (IPV), or involved a gunman with a history of IPV, (Gu, 2020). Additionally, the report found that; "Shootings committed by domestic abusers aren't only routine, they're among the deadliest. The higher the casualty count, the more likely the perpetrator was reported to have had a history of domestic violence or violence against women, Bloomberg's analysis found. In shootings with no fatalities, only 15% of aggressors had records of beating, harassment or other acts of brutality at home. In those with six or more deaths, that number shot up to 70%," (Gu, 2020).

Snyder speaks on a similar statistic, reminding us that, "it's not that domestic violence predicts mass shootings. It's that mass shootings, more than half the time, are domestic violence," (Snyder, 2019). While the Sandy Hook School Shooting is most often remembered for the tragic loss of 25 students and elementary school teachers, many forget that the shooter began by first murdering his mother in her home. Without comprehensive background checks and sufficient gun laws, dangerous weapons can - and have - fallen into the hands of even more dangerous men - with devastating effects for women and society.

From gun violence to homelessness, gender-based violence is a broad public health crisis that affects almost every major issue in the United States. Yet, it is not the only public health crisis we are dealing with today.

## Lessons from The Ebola Crisis

While the impact of public health crises on GBV has just now come to the surface of the conversation in the United States, we are not the first nation to face the dual pandemic of disease and GBV. "During epidemics," Dr. Monica Adhiambo Onyango of Boston University says, "the very measures taken to protect populations and keep health systems afloat leave women and girls especially vulnerable to violence."

Between 2014-2016 the Ebola virus devastated many West African communities, then from 2018–2020 a similar outbreak hit communities across the Democratic Republic of the Congo (DRC). Parallel to the socio-political effects of COVID-19, the public health measures used to address Ebola involved social isolation, lockdowns, and school closures, (Onyango, 2020). Due to these similarities, the lessons we can learn about how the Ebola crisis impacted women can be used as a guideline for what we can expect when we examine the impacts of COVID-19 on gender- based violence in the United States.

Neither the Ebola virus nor the COVID-19 virus themselves make people more prone to violence. Rather, it is the socio-political crises around these viruses that exacerbated already existing gender divides. Lockdowns can trap victims with their abusers, chronic employment can increase the rates of violence, and shutdowns can make shelters inaccessible to survivors trying to escape, (Onyango, 2020). During the Ebola crisis in Guinea there was a reported 4.5% increase in sexual and gender-based violence, and nearly twice as many rapes were reported in this time period than previously, (Caspani, 2015). Similarly, during the 2018–2020 Ebola outbreak in the DRC, many communities reported an increased rates of sexual and physical violence against women and girls as well as and increased rates of sexual exploitation and abuse, (Stark, 2020). In general, the socio-political effects of the Ebola crisis left women more vulnerable to violence, abuse, and exploitation.

However, in the heart of the crises, Sierra Leone emerged as a beacon of hope. Before the onset of Ebola, Sierra Leone had one of the highest rates of female genital mutilation/cutting (FGM/C) in the world and had no established law against the practice. Performed as part of initiation into The Bondo Society, FGM/C in Sierra Leone was often performed in a large group. When the Ebola crisis hit, Paramount Chiefs (traditional heads of Chiefdoms) and local councils banded together to enact laws and pledges to postpone these initiations to reduce the spread of Ebola, (Bjälkander, 2016). Due to the restrictions implemented to stop the spread of Ebola, the group initiations where FGM/C was mainly performed were postponed or disbanded, and the rates of FGM/C across Sierra Leone dropped dramatically. In a conference held towards the end of the Ebola crisis, the Political and Public Affairs Minister of Sierra Leone estimated that 70% of women and girl-relatives of the members of parliament no longer wished to undergo FGM/C, (Bjälkander, 2016). Additionally, many of the regional laws banning FGM/C stayed in place after the pandemic - protecting girls for generations to come.

An in-depth look into the multi-faceted effects that Ebola had on GBV across West and Central Africa highlights how public health crises can negatively impact women. Due to the collapse of the healthcare systems across West and Central Africa during this time period, many of these issues were pushed to the side as communities fought to keep the viral pandemic under control. However, this crisis was the first time that many scholars came to acknowledge that - like other types of crises such as war, famine, and floods - public health crises can disproportionately impact women and girls. Yet, Sierra Leone shows us that they can also be the catalyst for change - moments where the world stops and people and societies can re-evaluate their priorities and change for the better. What we were able to learn from how women were impacted by the Ebola crisis can help us better estimate how women might be affected by similar public health crises today, and in what ways socio-political measures to stop a virus can impact the underlying public health crises of gender-based violence. While many lessons from the Ebola crisis suggested that a gender-conscious approach to dealing with a public health crises would be the best way to address and avoid these issues in the future - U.S., and global, pandemic policy, all but completely failed to heed the lessons Ebola taught us at the onset of the COVID-19 crisis.

## A Silent Pandemic

A UN report called the global rise of violence against women during COVID-19 a ‘shadow pandemic’ of epic proportions. Occurring alongside the viral one, this pandemic was not spread by coughing or sneezing. Rather, it was spread through public health measures such as the restriction of movement, isolation with abusers, financial crises, and general instability, (Press release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19, 2020). However, these crimes are not occurring in the shadows or in the dark corners of our communities. We know that GBV touches all parts of our society, happening in broad daylight in hospital rooms, courtrooms, and street corners across our nation. It is not the shadows, but the silence forced upon victims by systems of communal shame, inadequate research, and a failing criminal justice system that allows this pandemic to flourish in our society. Amplifying the voices of women fighting this silence will help us understand and address gender-based violence, and how the parallel pandemic of COVID-19 had impacted their journey to fight a much older, much deeper pandemic.

# Methods

## Overview

In order to gain a deeper understanding of the impact COVID-19 has had on GBV across the U.S., I invited six individuals to participate in an in-depth interview exploring this topic. The participants of this study were asked to answer a series of predetermined questions about their work and experience in the field of GBV-prevention. For thepurpose of this paper, I choose to take a qualitative approach to my exploratory research. While numerical data mayhelp us understand the scope of the issue, qualitative research helps us take a deeper dive into the complexities of women's experiences during the pandemic, and gives us a more nuanced understanding of the multi-layered effects COVID-19 has had on GBV and service providers. Using face-to-face interviews as my method of data collection also allowed me to build trust between myself and the participants, increasing the authenticity of my data, as well asgiving me a more detailed picture of the multiple effects COVID-19 has had on women.

## Research Procedures and Sampling Methods

In order to gather my data, I conducted a 1-hour long virtual interview with six participants and myself. During thisinterview, I recorded the participant's answers to a set of pre-written questions about the subject of gender-based violence. Each participant was awarded a $50 gift card to honor their time.

My goal was to recruit participants who are advocates and leaders fighting GBV across the United States. They could have been activists in their own time or part of organizations aimed at ending GBV and supporting survivors.Additionally, their work had to be conducted either in-whole or in-part within the United States. While the fight to end gender-based violence is a global one, for the sake of this research project I am focusing specifically on the United States context. All participants were also required to be 18 years of age or older.

Participants were selected through a voluntary response sampling method. They were chosen based on their repliesto an outreach email I sent out through my connections to organizations and individuals in the field of GBV prevention. As a result of this method, my research for this paper is based on a non-probability sample, as the individuals were selected based on non-random criteria, and not every individual has a chance of being included. However, in order to make it as representative of the population as possible, I selected the first six eligible participants who replied to my email to reduce my own bias in selecting individuals. Steps were also taken to conduct the study in a culturally competent way that allowed for participants of various cultural backgrounds to participate, though I was only able to host the interview in English.

Finally, as advocates for such a sensitive and controversial subject, the participant's work did leave them with certainvulnerabilities. They may be more vulnerable to backlash due to the nature of their work, or they may even be victims of GBV themselves who need certain levels of psychosocial support. Steps were taken to ensure that their confidentiality was maintained and that I provided them with adequate access to resources if any emotional stress was caused by the interview.

## Research Questions

Below are the predetermined questions that were asked to the participants:

*RQ1). Can you describe your involvement in the work to end gender-based violence (GBV)?*

*RQ2). In what ways has COVID-19, and the socio-political effects of COVID-19, impacted the rates of GBV in yourcommunity/the community you work in?*

*RQ3). How have you seen COVID-19 impact your organization, your advocacy, or the organizations in yourcommunity that seek to address GBV and support victims?*

*RQ4). We know that COVID-19 has had a more detrimental impact on marginalized communities than others (Blackcommunities, Indigenous communities, Communities of Color, Low-income communities, LGBTQ+ communities, Immigrant/Non-citizen communities). In what ways are the impacts of COVID-19 different for women who also identify as part of a marginalized community?*

*RQ5). What changes have you seen in your work and in GBV as a whole since the start of the COVID-19 pandemic -given these changes what kind of resources do you think are needed to help support women facing GBV?*

*RQ6). In the CARES Act 153.5 billion was pledged to public health organizations such as; hospitals and communityhealth centers, and $26 billion to Safety Net organizations such as; food stamps and child care - but none specifically to domestic violence shelters and organizations fighting GBV. Do you think the federal government's response to the GBV crisis has been adequate?*

### Analysis

Once I compiled the data from the interviews I then conducted a thematic analysis, examining any patterns or trends that emerged from the testimonies. This qualitative analysis method helps us to not only understand the 'what' of theeffect of COVID-19 on GBV, but also the 'why'. Why are the rates of GBV increasing? Why are service providers struggling to support victims? It is the 'why' that is so often left out of quantitative research, yet most crucial in undertaking how these things occur and the potential solutions that can be provided.

## Results

After conducting six interviews with participants from across the United States, these were the major themes, patterns, and trends that emerged from our conversations. All quotes and themes attributed to the participants weretaken directly from an automated transcription of the audio recordings of the interviews. Quotes were edited for clarity and concision.

### RQ1). Can you describe your involvement in the work to end gender-based violence (GBV)?

#### *Service Providers, Policy Makers, and Researchers*

Of the six individuals interviewed, four participants reported working as direct service providers at organizations aiming to end gender-based violence and supporting survivors. One of these participants reported working in a rapecrisis center as well as working directly in outreach with Afro-Caribbean communities impacted by gender-based violence. Another participant reported working in development at a non-profit organization seeking to address female genital mutilation/cutting (FGM/C) in the United States. The third participant was the chief coordinator of the Domestic and Gender-Based Violence Prevention Program run by her local county government. The final participant had worked for over a decade in gender-based violence prevention organizations and is currently working as the Executive Director and Founder of a non-profit working to address female genital mutilation/cutting(FGM/C) in the United States and globally.

Additionally, one participant reported working at the U.S. government to advance women's rights at the highest levels of U.S. domestic and foreign policy, with an emphasis on raising awareness about female genital

mutilation/cutting as a policy initiative. She also engaged in personal advocacy in her own time.

Finally, the last of the six participants of this study reported working as part of a research team on the topic of GBV.The study team considered gender-based violence in the United States during COVID-19. Their GBV research has been completed, is under review for publication, and is being leveraged to impact policy across the U.S.

## RQ2). In what ways has COVID-19, and the socio-political effects of COVID-19, impacted therate of GBV in your community/the community you work in?

### *Lockdowns Increase Intimate Partner Violence (IPV)*

Of the six participants interviewed, 100% reported that there had been an increase in the rates of intimate partner violence (IPV) during COVID-19, with lockdowns and stay-at-home orders trapping victims at home with their abusers. While these measures were necessary to stop the spread of COVID-19, the participants reported that they also prevented survivors from leaving their houses for significant periods to receive help. One participant also explained how COVID-19 has created a window of opportunity for abusers to further exploit and isolate their victims. “Abusers are getting more creative,” they said, “using COVID to control. Just broadly, an example of that might be saying, ‘Oh, you can't go out because of this disease’ and then that further increases isolation for the abused person in their home.” These issues have combined to create a far more volatile situation for victims of IPV.

Additionally, participants noted how, in some areas, shelters and crisis centers were forced to close or decreasecapacity due to high rates of COVID-19. And even where shelters were open, one participant reported that, “[Shelters] also noted that they had a decrease in clients following all the lockdowns or stay at home ordersbecause people just assumed that providers were closed, or people are now stuck at home with their abusers. It's like, they don't have that time where they're maybe commuting to a job or they have other excuses to leave the home where they can seek out services, that they no longer have those opportunities. So even if services were able to continue operating in certain states that for women and people seeking services, they are still much harder to navigate.”

Despite being open, the confusion around who was open and offering services prevented many victims from reaching out to the providers who were still in operation. Overall, COVID-19 made protections and prevention services more difficult for survivors to access, leaving many trapped at home with their abusers and nowhere to go.

### *The Silence Deepens: Sexual Assault, Rape, and Female Genital Mutilation/Cutting (FGM/C)*

However, IPV is not the only form of GBV that has increased during the COVID-19 pandemic. Female genital mutilation/cutting, or FGM/C, was also reported by two participants to have been on the rise. “Based on what I know in the work that I've been doing,” one participant explained, “I know that [COVID] has significantly increasedthe number of girls who have been cut during this time and at large, because it allows that norm to just perpetuate without anyone actively working against it, that it just helps to be continued to be brushed under the rug.” With national attention absorbed in pandemic news, facets of GBV, such as FGM/C, that are practiced and enforced by systems of communal shame and silence continued to be practiced in the shadows during COVID. These participants also highlighted how more girls may have been at risk due to the struggle for organizations to reach vulnerable communities and girls during COVID-19.

Rape and sexual assault are two other facets of GBV that are deeply entrenched in a culture of science and shame that stops survivors from reaching out and reporting these crimes. Many participants also reported an

increase in these crimes in their communities and the communities they work in. However, the participant who worked at a rapecrises center noticed a startling change at her center during COVID-19 - *fewer people* were reaching out to access their services. When their organization switched to phone advocacy, she noticed that "they were getting a lot less calls from people, as most survivors are unwilling to do phone advocacy". It is important to note that this doesn't necessarily mean that rapes and sexual assaults across the U.S. decreased due to COVID-19 - rather, that survivors were not reaching out for services or going to hospitals to receive treatment. Just like FGM/C, COVID-19 has worked to enforce the silence that allows these facets of GBV to continue and created additional barriers for survivors seeking support.

### *The Mental Health Crisis Exacerbates Violence in the U.S.*

Both economic and societal stressors caused by COVID-19 also had an impact on the severity and rate of GBV, as these factors can cause abusers to become more violent. Many participants pointed out how socio-economic stressors such as job loss, financial uncertainty, and general instability caused by COVID-19 worked to increase the violence coming from abusers themselves. Additionally, COVID-19's adverse mental health impacts have also increased the rates of drug use and alcohol abuse across the United States, with social distancing measures leaving people feeling hopeless, lonely, and isolated. "Alcoholism is a big issue in [the populations I work in]," a participantexplained, "and it has been on the rise due to COVID as well, and it precipitates gender-based violence." The adverse mental health impacts of social isolation, including exasperating depression, anxiety, and alcoholism have inturn exacerbated the rates of GBV in many communities. This is combined with the general increase in stress due tothe pandemic, making violence and abuse more common in many communities and households.

### *Silver Linings: Travel Bans and Female Genital Mutilation/Cutting (FGM/C)*

Despite the many adverse effects of COVID-19 on GBV, two participants of the study, who work separately to address FGM/C in the United States, commented that travel bans and lockdowns may have worked to protect select girls in the United States. In the U.S., vacation cutting (or transporting a minor to another country to undergo femalegenital mutilation/cutting) and medicalization (FGM/C being performed in the clinic by a medical professional) are two major drivers of FGM/C. With international travel halted and many doctors offices closed for in-person visits, they assumed that many families may have been unable to make the journey to have their daughters undergo FGM/C or have put the procedure on halt until later. However, one participant noted that while this may have stopped some cases - overall the number of girls at risk or who had undergone the practice continued to rise during COVID-19 despite the limitations.

## RQ3). How have you seen COVID-19 impact your organization, your advocacy, or theorganizations in your community that seek to address GBV and support victims?

### *Decrease in Organizational Capacity and Outreach*

All of the participants working in direct service provision with survivors of GBV reported that their organization faced challenges in providing their services during COVID-19. While some of these issues were linked directly to the public health standards taken to address the spread of COVID, others emphasized the lack of resources providedto their agencies - and how donations and financial support for their work dried up during the economic crises caused by the onset of COVID-19.

The direct impacts of COVID can be best highlighted in a short anecdote told to me by one participant. Whileworking at a rape crises center, they explained how,

"As a rape counselor, we go into hospitals. During COVID you can't do that. So there was a six, seven month time period when the volunteers could not go into the hospitals to do rape crisis counseling. Only in January did they start doing phone advocacy, which was helpful, but the big problem with that was not everyone in the hospital who was offered these services were taking it - because some people find phone advocacy impersonal. So it's been difficult in that regard, just not being able to, from an organizational standpoint, offer these resources to survivors."

Social distancing efforts to limit the spread of COVID-19 made it more difficult for the rape crisis counselors to support survivors in a way that they felt was accessible and able to meet their needs. Furthermore, even when the services shifted to an online format to accommodate social distancing measures, many survivors did not feel comfortable engaging in these services.

This statement was echoed more broadly by another participant who stated; "Just generally speaking, [COVID-19] seriously disrupted operations. In the case of shelters... they were forced to limit their capacity, and some had to close, or had to restrict who was allowed to stay. Those that were able to remain open were forced to navigate a ton of challenges, such as having to increase their cleaning and sanitation as well as staggering eating times. They had to move in-house therapy visits online, they had to enforce masking and social distancing and everything that all businesses are going through.

Many organizations that we spoke to attempted to shift their services online, so whether that is psychosocial support, whether that is legal advocacy, they're moving all of those things online, but a lot of other respondents, that I spoke to at least, just really could not emphasize enough how slow and cumbersome that process was, especially because some of these were not quick changes...and they did not have the infrastructure to make that shift, and other issues that came up where people felt that remote services were less effective because in gender-based violence work the human connection is so important."

Transitioning their operations to a COVID-19 setting was difficult within itself, but with GBV service providers so reliant on face-to-face services, the transition online took time and a great deal of effort - and still left many survivors feeling unsupported by these services.

COVID-19 also interrupted the crucial connections between different GBV service providers. "In the GBV world, it's often advantageous or beneficial to have all of these partnerships," one participant explained, "where you can refer people - and referral pathways were disrupted. If your community partner has to close because of COVID, what does that do to you? And then that kind of increased workload on other organizations, and they really have to fill the gaps." Organizations that relied on referrals to help support survivors' mental and physical health, finances, and legal services were suddenly left without those partnerships in the wake of COVID influenced closures. These organizations were then forced to either take on the extra work themselves or leave survivors without the crucial resources they needed.

Additionally, one participant highlighted how the needs of the public health crises diverted resources and attention away from organizations aiming to end GBV and support survivors. "The health care structures are focused so much on the immediate needs of COVID," they explained, "and the ripple effect is something that's not being focused on as much, with the economic blow back of COVID it's hard to get this work prioritized." What organizations needed to support the transition to online services and support increasing their capacity was funding, but for many of these organizations, funding quickly dried up during COVID. However, "there was a surge in the short term of emergency funding for a lot of organizations," another participant noted, "which was great, but so many [organizations] were really concerned about what is gonna happen next year, it's so unpredictable. There was a lot of uncertainty, and so that's a little bit scary to know that your funding resources might be shorted up in a couple of months, in addition to having to increase their costs due to COVID." Even with the presence of short-term, emergency funding - the financial future of many organizations was still uncertain.

Overall, participants noted how COVID-19-related restrictions decreased, and sometimes ended, organizations' capacities to offer services to survivors of GBV. Additionally, the transition to online services alienated

many survivors from reaching out to receive support from their organizations as online services were seen as impersonal, and removed the human connections crucial to supporting survivors. Knowing where funding would come from, was also a major struggle faced by organizations during COVID-19.

### *Forced to Innovate: COVID's Push Towards Virtual Services*

"Some people find it a bit impersonal," one participant said of the slow switch to virtual options coming from GBVservice providers, "which is also good for some other people." While generally, participants noted the switch to virtual services for survivors of GBV as a general disadvantage of the COVID-19 pandemic, a few did note that theanonymity allowed by these options was preferred by some survivors. Another participant agreed that the public- health needs of COVID-19 forced GBV service providers to focus on developing their virtual programs further, which for many had been on the back burner for years. "I think organizations, or at least a lot of the ones that I talkto," they said, "are really trying to capitalize on that and are figuring out how they can move forward and continue that kind of momentum."

While the switch to virtual services was not beneficial all around, many organizations used the space that COVID-19 provided to further develop their virtual programs that would offer more anonymity for survivors if theydesired it - as well as provide easier access for a broader audience of survivors across the U.S. and the globe. "We'vebeen able to expand our virtual programming in a way that wouldn't have necessarily done if it hadn't been [for the pandemic]," another participant agreed, "I don't wanna say it was a benefit, but we were able to think strategically about how to reallocate funding and to prioritize programs as well in a way that we couldn't have done previously. And then we have, in some ways, also been able to connect with larger groups of people." This innovation reminds us that no one program, or method of support works for all survivors universally, and the more diverse programs organizations can offer, the better chance they have at supporting all survivors' needs.

## RQ4). We know that COVID-19 has had a more detrimental impact on marginalized communities than others (Black communities, Indigenous communities, Communities of Color,Low-income communities, LGBTQ+ communities, Immigrant/Non-citizen communities). In what ways are the impacts of COVID-19 different for women who also identify as part of a marginalized community?

### *Barriers to Services Gets Higher*

All of the participants of this study agreed, COVID-19 has an adverse effect on marginalized communities both in rates of GBV within these communities and in their ability to access services. "There's already a disproportionate rate of IPV in the marginalized community I work with," one participant recounted, "and I've also seen it get worse because of COVID." The statement from this participant was echoed by all six participants, who agreed that marginalized communities were uniquely impacted by COVID-19, both from a health standpoint and in terms of its impacts on GBV. "The pandemic overlaid existing inequities in access to GBV services," another participant agreed,"and so it really exacerbated disparities that were already in place… for instance, with the shift to remote services, ifyou don't have internet access, you are unable to participate." While historic barriers such as racism, classism, homophobia, transphobia, immigration status, and others impacted survivors' ability to access services before COVID, the onset of the pandemic increased those institutional barriers.

In regard to immigrant and non-citizen communities, one participant explained how pre-existing U.S. laws aroundimmigration are intersecting with the increase in GBV caused by COVID-19 to create even more violent situations."[COVID-19] is not an isolated incident. It's all interconnected and it's creating the disparities that we're seeing today," the participant explained, "COVID overlays all of these structural factors that are putting us

in this position.For example, immigration enforcement has had a chilling effect on asylum seekers and people in Hispanic and Latine communities. Their willingness to report domestic abuse or any type of gender-based violence is really hindered by immigration policies in this country. Laws around that really are converging in this pandemic and resulting in what we're seeing." Systemic racism and xenophobia in other areas of U.S. policy, such as border and deportation policy, have converged with COVID-19 and gender-based violence to create barriers to services for immigrant and non-citizen communities that are almost impossible for survivors to scale.

Another participant also raised concerns about incarcerated women, and how GBV and mass incarceration in the U.S. have intersected with COVID-19. "There's already gender-based violence in women's prisons," they explained,"and I know that COVID has done some bad things in prison populations. Especially in America, where we have thehighest mass incarceration rate in the world. We need to know if it's affecting those populations too." Yet, the needsof incarcerated women are often pushed to the side. Another participant similarly noted how sometimes funding to GBV organizations comes with caveats - including that they cannot provide services to incarcerated or formerly incarcerated women. As much as COVID has impacted these issues, the funding mechanism in place before COVIDalready created structural barriers for women from marginalized communities to access services.

These are just two examples of how vulnerable and marginalized communities have seen gender-based violence itself and the barriers in place for their access to GBV prevention and protection services grow during COVID-19.

## RQ5). What changes have you seen in your work and in GBV as a whole since the start of the COVID-19 pandemic - given these changes what kind of resources do you think are needed tohelp support women facing GBV?

### *Money, Data, and Innovation*

Broadly speaking, most participants highlighted an overall negative trend in terms of the capacity for organizations to support victims of GBV during COVID. While different organizations each had their own struggles based on how,who, what, and where they provided their services - all of the participants mentioned that their organizations or workwas in some way negatively impacted. Common themes brought up by the participants were the need for increased funding to their organizations, better data collection so they can best adjust their services to the needs of women andgirls, and the need for creative thinking in terms of solutions to address GBV in a public health crisis setting.

For the participant who worked in the rape crises center, she explained how, "extra funding could have enabled things like phone advocacy to happen earlier and make it better. Maybe not just phone advocacy, but using Zoom video, hospitals with tablets or something that they could give some survivors so we could see each other and so there's face to face communication if they wanted that." Many echoed her statement, saying it wasn't a lack of will or creativity that has stalled their service prevention, rather it was the lack of financial and capacity support to adapttheir services to the unique barriers posed by COVID-19.

In addition to greater funding and resources, data collection on this issue was brought up by multiple participants. "My testimony will just be data, data, data all around. Until we know, we can't even figure out if we're actually moving the needle on this stuff." Data can also be crucial in motivating major actors to take action to address GBVacross the country, yet many organizations feel the gap between the data they need to best adjust their services to aCOVID-19 setting and the outdated data they have from before the pandemic.

One of the participants working in data collection and research also explained that COVID-19 impacted their abilityas data collectors to provide that crucial information. Explaining that their team struggled to get a hold of service providers and organizations for research - as many were already overwhelmed by the ever-changing realities of COVID-19. "Trying to get a hold of people was difficult," they said, "especially because we were try-

ing to do this rapid assessment within six months of the pandemic hitting the U.S..” Funding for their research was also a big barrier - and looking into the future they are unsure of how and when more funding will be coming in to continue tosupport their crucial work.

### *Mental Health Awareness Expands During the Pandemic*

However, one benefit of the pandemic, a participant argued, is the expanding awareness of the importance of mentalhealth within organizations and policymakers. “In the pandemic,” they said, “we're realizing that mental health needs to be de-stigmatized because we're all struggling just generally as humans... but I think for gender-based violence survivors more broadly…that's something that I hope for all the organizations, and the funding streams, thebills, legislation, they all focus more on mental health.” Through this increased awareness of the importance of mental health, this participant hoped that organizations and legislation will focus more on comprehensive services moving forward - addressing the mental health impacts of GBV on survivors as well as their physical, financial, andlegal concerns.

RQ6). In the CARES Act 153.5 billion was pledged to public health organizations such as; hospitals and community health centers, and $26 billion to Safety Net organizations such as; food stamps and child care - but none specifically to domestic violence shelters and organizations fighting GBV. Do you think the federal government's response to the GBV crisis has been adequate?

### *Simply Put, No*

“To put it simply”, one participant said of the government response, “No. I don't think they've done a great job of addressing [GBV in the pandemic].” In terms of policy, all of the participants' responses highlighted the government’s failure to include a gender-justice framework into different levels of policy at the onset of the pandemic. While the lessons we can learn from the Ebola crisis and others suggested that there was a strong need forpolicy that protected survivors and victims of GBV at the beginning of these public health crises, no federal legislation, or even acknowledgment of this problem, was ever issued.

One of the other major issues brought up by all participants was the lack of resource allocation to institutions and organizations working to address GBV. “There needs to be more of that resource allocation and prioritizing for this issue because it connects to so many other issues... if you don't address or prevent or respond to domestic violence, then it will have a longer-term cost in terms of the other issues that you're trying to solve.” The long-term impacts ofCOVID-19 on GBV, and in turn, GBV on our society, were completely forgotten at the onset of the pandemic.

Beyond the pandemic, the participants also went further to say that the federal government should be more involvedin the work to end GBV overall. “I do think there is a role for the federal government to play, particularly if you're connecting this - and you should connect this - to a public health issue as well because this should be a public healthissue and not a private issue,” another participant explained, “part of that is also being able to do prevention in someway.” While solutions are needed to support organizations supporting survivors of GBV right now, the participants also stressed the need to invest more resources into prevention and youth education services to begin to end the generational violence embedded in many cases of gender-based violence.

*The State-by-State Approach Failed to Contain COVID-19... and GBV*

Many public health experts have argued that the 'state-by-state' approach taken by the federal government in terms of COVID-19 policies (such as mask mandates, social distancing, etc) failed to contain the spread of COVID-19. However, this stance also created a great deal of confusion among GBV service providers, and made it so that therewere no universal protections for survivors across the board. Only 21 out of the 50 states enacted protections for GBV survivors in their COVID-19 policies, one participant of the study explained. They went on to detail how, "The protections really varied by states, many focused on exempting domestic violence survivors from movement restrictions or lockdown, so in other words, allowing people who are experiencing or who are at risk of experiencing GBV to leave their residences and seek safety or services. Some protections in certain states were much vaguer and just added blanket exemptions for all people experiencing safety concerns. Other states focused less on people experiencing GBV, and rather folks who are providing services such as shelter staff, so exempting them from movement restrictions, but this also means that overhalf of states did not do anything. They did not include protections, and that really had serious implicationson the ground for women and those working in services, and I think this piecemeal response created just a lot of confusion around what services are available, and who's still offering services." Survivors of GBV were left to the will of their state to decide where or not they would receive protections or not,and over half of the states in the U.S. failed to offer them any protections.

## Discussion

The general findings of this research highlight an increase in the rate of gender-based violence due to COVID-19 related socio-political changes in the United States between 2020-2021. Among the major contributing factors to thisincrease include stay-at-home orders with no exemptions for survivors of GBV, the increase in mental health issues and isolation exacerbating the violence from abusers themselves, and the deterioration of the capacity of GBV service providers to offer protections and services to victims. The collapse of the capacity of service providers was directly linked to a lack of funding for these organizations, a lack of data, and state-level laws that restricted their ability to provide these services. These issues, along with COVID-19 itself, have also increased the barriers for members of historically marginalized and oppressed communities trying to access crucial GBV services and prevention programs. Furthermore, most participants agreed that the lack of federal government response to COVID-19 itself - and the underlying crisis of GBV - exacerbated the length and severity of these issues. Participants explained further that an increase in funding and capacity support, more data, as well as gender-justiceoriented federal legislation to protect their ability to provide these services would be crucial first steps to ameliorate the increase in GBV that they are witnessing across the country.

However, these findings have also brought to light some of the silver linings fought for by organizations and activists working in GBV prevention. Increased awareness about mental health and the transition to virtual service options are just two examples of how the socio-political effects of COVID-19 also created an opening for organizations and advocates to innovate and re-shape their services to better address the needs of their communities.

The findings of these interviews also echos data coming from other researchers across the United States, including a study by Columbia University whose research during COVID-19, "revealed stark failures by governments to preventand respond to often predictable increases in GBV, and confused efforts to ensure access to a full range of critical SRHR services," (Gender Based Violence, SRHR, and COVID-19, *Columbia Public Health*). Their research also found that 99% of GBV and SRHR service providers in the U.S. agreed their work had been impacted by COVID-19, including an additional 74% of whom noted that clinical management of rape or other facets of GBVhad been limited or completely stopped due to COVID-19, (Impacts of COVID-19 on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) Programs and Services in the United States, *Columbia Global Health Justice & Governance*). The study also noted that, across the U.S., historically

marginalized groups experienced a widening of the gaps in their access to GBV service providers. Overall, the findings of this study both confirm and provide further evidence to support the findings of larger studies researching the impacts of COVID-19 on GBV and service providers.

## Conclusion

The results of this study found that, while COVID-19 has exacerbated many facets of gender-based violence, it has also created a window of opportunity for women and organizations to implement crucial services and new innovations to address the needs of survivors of GBV across the country. Services providers, researchers, activists, and advocates in the field of GBV prevention are working to offset the impacts of COVID-19 and continue to support women. However, government inaction, funding limitations, and a lack of data on this issue has limited the ability of these actors to continue to provide the best quality and most compromise services possible. Greater action is needed from major players across the U.S. to continue to support survivors of GBV and gain back the crucial advances lost in women's economic, social, and political empowerment in the U.S. due to COVID-19.

As the Delta variant of COVID-19 threatens to cause nation-wide lockdowns again, it is imperative that we use the lessons we learn today about how women were adversely impacted by COVID-19 to help us in creating more gender-responsive policies and practices going forward. Policies such as national exemptions for restriction of movement for people escaping violence, universally declaring shelters essential services, and increased funding being directed to these services could all help in alleviating the burden of the pandemic on women and people facing GBV. Furthermore, it is important that we remember COVID-19 was not the first, and will not be the last, multi- national public health crisis. The lessons we learn today can prevent the devastating impacts we have seen play out during the COVID-19 crises in the United States for women at the onset of similar crises in the future.

Furthermore, the effects of COVID-19 haven't been limited to the U.S. alone. Globally, more than 192 million people have tested positive for the virus - with Brazil and India tracking just behind the United States for most cases. Many studies have shown that, just like in the United States, COVID-19 has left women and girls globally more vulnerable to abuse and delayed substantial progress on gender equality. In a policy brief put out by the United Nations, they detailed the negative impacts COVID has had on women. Across the world, the study found that women have lost major gains in terms of economic security, including experiencing disproportionate job loss compared to their male counterparts - as well as having to deal with an increase in the amount of unpaid care work in the home. Additionally, the re-allocation of health resources and funding has cost women significant strides in access to reproductive and sexual health services. Finally, just like in the United States, the UN found that with lockdowns, economic and social stressors, as well as social isolation imposed by COVID-19, "gender-based violence is increasing exponentially," (United Nations Office of Women, 2020).

In countries with substantial reporting systems is in place, there has been a surge of upwards of 25% increase in cases of violence against women, including in France, Argentina, Cyprus, Canada, Germany, Spain, the UK, and Singapore, (United Nations Office of Women, 2020). However, many countries lack a stable and reliable reporting system to even collect the initial data. The UN report also stressed that these numbers most likely only represent the most severe cases, with many women continuing to suffer in silence. Globally, the UN also found that support systems and service providers are struggling as well. In a survey conducted in New South Wales, Australia, they found that 70% of service providers working to address GBV reported that COVID-19 had increased the level of complexity of their cases and response strategies, (Lattouf, 2020). The pandemic made it harder to direct survivors to resources and protection services all around the world.

The importance of a gender-justice oriented approach in addressing COVID-19 is a global one, with the need to prioritize response plans to support women increasing as COVID-19 spreads to impact the most vulnerable women globally. Among the UN's solutions to address the needs of women and girls includes policies that integrate prevention efforts and services for GBV survivors into COVID-19 response plans, declaring domestic violence shelters and service providers as essential services and increasing resources to them, expanding the ca-

pacity of domestic violence shelters, and working to transition crucial services to an online setting, (United Nations Office ofWomen, 2020). Yet, just like in the U.S., women are not taking these setbacks lying down.

The quick and seemingly unstoppable spread of COVID-19 across the globe in 2020 highlighted how deeply interconnected we truly are. The international impact of COVID-19 emphasized the need to build global bridges andconnections between women and anti-GBV organizations. As organizations worked to share resources, platforms, and strategies with one another - the global fight to end violence against women and girls strengthened, and partnerships to bring about global change have grown.

The lessons learned from this study have contributed to our understanding of why gender-based violence increases during public-health crises, as well as how COVID-19 specifically has impacted GBV in the United States. Not only do the findings of this report help shed light on the often-overlooked issue of gender-based violence in the U.S., but the key findings from this report can be used to help implement progressive policy to support women now - and during future crises.

## Limitations

There is no study out there without its limitations, including this one. The first major limitation of this study is its scope and scale. While highlighting the perspectives of all women is important, the stories and findings from these six participants alone are not enough to capture the full picture of the impacts of COVID-19 on gender-based violence across the United States. Many more participants would need to be included in further research in order to get a clearer picture of the impacts COVID-19 has had on GBV and service providers. Unfortunately, due to time and funding constraints we were not able to open the research up to further participants, though future researchers should seek to explore the diversity of perspectives and experiences of GBV advocates and service providers duringthe pandemic.

Additionally, as a qualitative research study, the method of data collection for this research does have certain limitations. As the quotes and themes taken from the interviews are self-reported data, they are limited by the fact that they cannot be independently verified by researchers outside of this study due to safety measures taken to protect the interviewees. However, quotes from the participants were directly taken from an automated transcriptionof the audio recordings of the interviews, so steps were taken to reduce the chances of selective memory, telescoping, attribution, exaggeration, or other researcher bias in data interpretation.

Finally, due to the scope and capacity of researchers, we were only able to interview people working in the field of GBV prevention who only spoke from their experiences as advocates and professionals, not their personal experiences. Though we do acknowledge that many people working in GBV prevention often have some sort of connection to the issues, future researchers with the capacity to offer adequate protections to participants should also look into interviewing survivors about their personal experiences specifically to see how they navigated their abuse under the constraints of COVID-19 and what resources they need based on their first-hand experience.

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