Pilot Project Summary

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ANTI-VIOLENCE FRONTLINE WORK DURING COVID-19

Workplace Stressors, Strategies, and Solutions

GENDER, WOMEN'S, AND SEXUALITY STUDIES PROGRAM
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PROJECT SUMMARY

Since March 2020, our world has been irrevocably shaped by the global coronavirus pandemic. COVID-19 has radically changed the way we live, work, socialize, mourn, and support each other, as well as revealed the cracks in support systems and exacerbated preexisting social stigmas. As a scholar of gender-based violence (Dr. Corinne Schwarz) and a student of gender, women's, and sexuality studies (Leigh Welch), we wanted to find our small way to contribute to the growing body of knowledge seeking to understand the effects of COVID-19 on gender, violence, and work (Brodkin 2021; Kofman and Garfin 2020; Musheno, Vencill Musheno, and Austin 2021; Quinlan and Singh 2020).

The work here represents our pilot project, an initial study of 17 service providers located in the Great Plains region of the United States from November 2020 to February 2021. This region includes nine state: Montana, North Dakota, South Dakota, Wyoming, Colorado, Nebraska, Kansas, Oklahoma, and Texas.

In short, we wanted to know: "How are service providers in the anti-violence sector doing anti-violence work during COVID-19?" Our semi-structured interview questions focused on the following major thematic areas:

- What are the effects of COVID-19 on day-to-day workplace experiences, routines, and challenges?
- What are the shifting client needs and concerns under a global pandemic?
- How have service providers had to implement new or modify preexisting coping strategies to navigate their work?

We use a combination of street-level bureaucracy theory (Lipsky 2010; Maynard-Moody and Musheno 2003) and anti-violence feminist theory (Bumiller 2008; Goodmark 2018; Richie 2012) to make sense of our project. Street-level bureaucracy centers service providers in its analysis, as these frontline workers show the nuances and applications of policy in action. As well, anti-violence feminist theory asks us to attend to the interlocked matrices of oppression (Crenshaw 1991) that shape the lives of victims and survivors experiencing harm, as well as the service providers tasked with helping them.

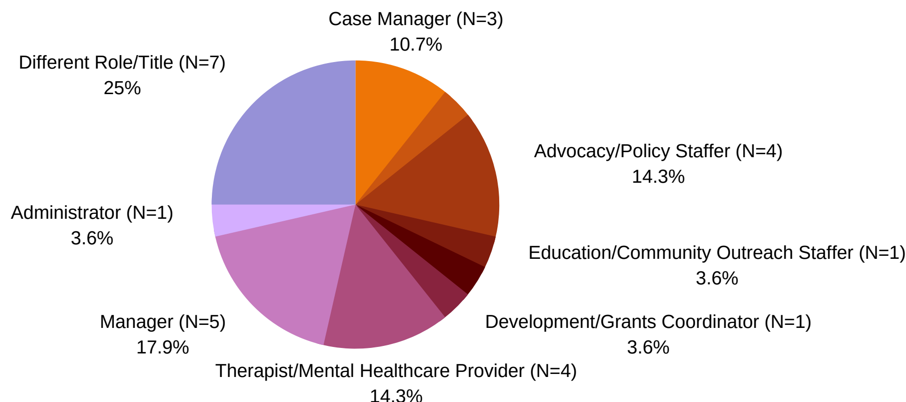
RESEARCH METHODOLOGY

In order to develop our sample of potential participants, we first conducted an internet scan to find repositories and lists of anti-violence organizations by state. We compared results from state-level anti-violence coalitions to informal resource lists; any organization that worked directly with clients to provide resources like case management, legal assistance, shelter, educational programming, or therapeutic services qualified as an appropriate site for our study.

For the pilot stage, we came up with a list of 43 organizations. We contacted stakeholders via email or telephone; for organizations with internal list servs, we granted consent for administrative staff to circulate our interview request internally. As well, we gained some participants through snowball sampling: coworkers forwarded our initial contact emails or offered suggestions for other participants in the interview itself. In total, we conducted 17 virtual or telephone interviews with frontline workers from eight organizations. Interviews ranged from 23 to 67 minutes; participants were asked questions from an IRB-approved protocol of 10 semi-structured questions. Upon concluding the interview, participants answered a brief demographic survey.

KEY DEMOGRAPHICS

To maintain participant privacy as much as possible, we only gathered specific, self-selected demographic information at interviewees' discretion. All 17 participants identified as women; 16 of the 17 participants worked 35 or more hours a week at their job. The majority of participants (eight out of 17) had worked in the anti-violence sector for one to three years. Most fascinating to us was the range of job titles reflected by our participants' roles. Because interviewees could select more than one job, the graph below does not add up to 17 but does indicate all job titles held by at least one participant. Other job titles included shelter victim advocate/intake staffer, forensic interviewer, and a range of director-level executive roles.



KEY FINDINGS

While there are certainly more than three key findings, we wanted to share what we found to be the most prominent, pressing themes. All quotes are verbatim from the transcript with light editing indicated by bracketed ellipses to indicate the removal of filler words or transition between sections of the interview.

#1: COVID-19 AMPLIFIED PREEXISTING CLIENT CHALLENGES

While COVID-19 did create new challenges for clients—specifically those related to health protocols and precautions—many interviewees shared examples of how the pandemic exacerbated longer term concerns. Specifically, issues around childcare, public transit, jobs (both finding work and being consistently scheduled), and housing remained powerful in clients' lives. As a mental health provider explained, ***"A lot of my clients have had to cancel therapy sessions, because their children are at home distance learning. [...] They're either in charge of teaching their kids and trying to make sure they're engaged in school, or they just don't have a private space to be able to talk without their children overhearing. And so that has been a barrier. So, childcare for instance, it was a barrier pre-COVID. But the nuance of it has changed, if that makes sense. And so that's what I would say is the case for a lot of things, is that the challenges themselves, like the big headlines, are the same, but why they need them or what that what their needs might look like [is] a little bit different"*** (interview 2/22/21). Here, clients face a new context for their concerns—the complications of life under COVID—but the concerns themselves have not drastically shifted.

Interestingly, another mental health provider/manager saw client challenges around work both increasing and decreasing due to the pandemic: ***"I have not heard anything super different, other than it affecting people's hours at their job. And we had one resident who was an OT [occupational therapist], who saw clients on contract basis, whose families then didn't want to meet for their OT appointments. And that impacted her pretty greatly. [...] But then, you know, the flip of that is we had a resident get a job at [the local center for] behavioral health, like the week the pandemic started because they were hiring and has worked there the whole time. And, like, worked doubles, and, like, just really thrived"*** (interview 12/7/20). Depending on the sector, some clients faced dramatic pay cuts and lost hours, while others, though fortunate in the sense they were able to access a stable job, had to navigate the complicated stress of working long hours with the public during a global pandemic.

As well, those service providers in the domestic and intimate partner violence spaces noted that abusive partners' methods of control had extended to pandemic-related practices. A shelter victim advocate described interconnected patterns of control that felt unique to living under COVID: ***"I'm having ladies come to me saying that they are literally having [...] the abuser not wanting to leave the house because he doesn't want to be exposed to COVID, sends her out. So that way, you know, if she gets it, that's on her, that's her fault that she got it. [...] A lot of ladies, when they come to me, they feel like, [...] 'I haven't had any masks, [...] he wasn't giving me any masks, I don't have any.' [...] But then also, I feel like some abusers may be not letting them out of the house, you know, like they're isolating them even more so because they don't want them to go out. And maybe they're lying to them and not giving them the actual updates that's coming from the CDC and the health department and things like that"*** (interview 12/16/20). The control that shaped survivors' lives before COVID-19 still exists, but the isolation and forced contact take on new resonance with the conditions of pandemic living.

#2: MASK COMPLIANCE IS ALMOST UNIFORMLY CONSISTENT

In general, interviewees shared coworkers' and clients' respect for mask policies in their offices, even when these policies created new challenges or heightened already emotional moments. For example, one administrator/program manager explained that masking was a necessary health practice that also limited certain social interactions and interpersonal connection: ***"That in and of itself, sometimes, is a lot, and trying to connect with people and interact with people in a meaningful way when half of your face [...] is covered up, that that takes a lot of body language away. And that's really, really important for me, when I'm dealing with staff or when I'm dealing with clients. Very important. You can also see more of their emotions and issues, you know, when they're not covered up"*** (interview 12/10/20). Particularly intense workplace moments, like a forensic interview for child abuse, a sexual assault examination, or a heated discussion, were made even more complicated with limited body language and facial clues. For organizations whose client base crossed multiple cities or counties, some interviewees noted that some clients expressed initial frustrations for having to comply with wearing a mask in-office when they may not face mask mandates in the rest of their public life.

Two participants directly mentioned challenges with law enforcement mask compliance. Though we did not interview any police officers, lawyers, judges, or probation officers, we interviewed many frontline workers whose work included some kind of collaboration with stakeholders in that space or whose anti-violence work was nested in part of the criminal legal system. One advocacy/policy staffer noted ***"one of the other things that stuck out to me in a negative way was usually the police officers put their masks on when we ask them to. But a police officer that I had just the other day you know, he put his mask on. But the entire time he was there, he had the mask pulled down off of his nose and mouth"*** (interview 12/7/20). Another manager/forensic interviewer noted that, while her organization required law enforcement to wear masks when engaging with clients, ***"We have given them, I guess, the freedom to choose whether they wear a mask or not when they're around each other in the observation rooms"*** (interview 11/19/20). Even if law enforcement officers eventually comply with organizations' policies, the initial ask from a service provider can increase stress and decrease collaborative time.

#3: THE "VIRTUAL OFFICE" CREATES DISTANCE/DISCONNECTION AND NEW FORMS OF CONTACT

Interviewees shared very complex relationships with the pivot to Zoom and remote contact. Rather than being wholly good or bad, the "virtual office" is complicated. Zoom fatigue is real, but the connections facilitated through online meetings is also meaningful. Only seeing clients and coworkers through a screen can feel distanced and clinical, yet the glimpses into people's lives beyond the office—their pets and children running through the screen, their work-from-home crowded dining room tables—is strangely intimate. With respect to the rhythm of daily work, many interview participants shared how they missed the ease and spontaneity of in-person "water cooler" chats. According to one service provider who wore many organizational hats—she crossed the advocacy/policy, volunteer coordination, development/grant writing, management, and youth outreach roles—the closed-door policies that protected against COVID transmission also increased isolation: ***"When I come in, I'm in my office with the door shut or, you know, I have not done a lot of interacting with other coworkers. And [...] that would be a big deal, when I've been in and tried, they're so swamped with what's going on that [...] they often don't have even just a few minutes to talk to me. [...] So, there's Zoom connections, but it's not the same. When you're on Zoom. you don't, after the meetings over, hang around and talk to your friends"*** (interview 12/2/20).

Those post-meeting conversations could be the space to forge new partnerships, brainstorm solutions to client challenges, or practice shared coping skills, but Zoom feels like a less organic space for those moments to emerge.

For clients, especially those involved in some kind of group therapy or collaborative educational class, Zoom was a barrier to the more engaged conversations that could only come from interpersonal contact. As a case manager explained, in her work with youth, the inability to cultivate rapport and engage in potentially sensitive conversations about sexual health and safer relationships was a huge shift from her in-person work pre-COVID: ***"I'll be honest, it's been a struggle. We do a lot of work as a group, there's a lot of confidential things that we talk about. We are used to having our own space within a school to where we don't have other people in the room. So young people are more willing to share in group in person, oftentimes. [...] So, I think [...] not being able to have that in person, like, 'Hey, I'm here, I care about you. I've shown up, let's get together, let's hang out,' has really made it not feel as important [...]. I think that they don't feel as connected"*** (interview 11/20/20). Anti-violence work is critically important for those moments of forging connection and combatting the isolation clients may feel as victims, survivors, or individuals on a path of defining their relationship to harm or abuse. While connection can certainly be fostered on virtual platforms, the challenges of gathering a group on Zoom with limited body language cues can make those moments of connection more difficult to cultivate.

IMPLICATIONS FOR POLICY AND PRACTICE

Anti-violence work post-COVID will not return to "normal"—but frontline workers are prepared to handle this. While there are many important implications here, we want to stress three key findings. First, service providers shared many lessons about increased comfort with remote resource dissemination and work-from-home policies. Options like virtual counseling and therapeutic services, while helpful from a public health perspective to avoid increased transmission rates, can also be reconceptualized post-COVID as improving accessibility and equity. Interviewees noted that public transit, childcare, and work schedules sometimes made pre-COVID meetings inaccessible for clients with multiple responsibilities. Offering telehealth services or case management Zoom meetings could potentially resolve these challenges, especially if clients had stable access to an internet connection.

KEY FINDINGS

Second, some of the innovations of client care under COVID were transformative—and powerful enough to stick beyond 2020. Due to COVID-era practices that decreased interpersonal contact, service providers were able to implement changes that actually increased client accessibility. An advocacy/policy staffer shared that, while they had to put away the communal toy boxes to reduce transmission, ***"those kiddos, like, get a certain toy or whatever, and then they get to take it home with them. And so that's really fun, I think for them, knowing that they get to take something home"*** (interview 1/4/21). The children with whom she worked were engaging with her organization because they or another family member had experienced violence or abuse, so this small action rooted in COVID precautions could actually generate a more positive experience for youth. Another case manager described a small change in how her organization distributed gas cards to clients: ***"And we used to just sort of give them to people as they came in. And once [...] March, April, we were like, [...] we could just put them in people's mailboxes at the beginning of every month. And then that way, we know that they all got one, and then they just have it. And that's been great"*** (interview 12/15/20). This practice of exchanging gas cards and other paperwork was a secure, streamlined way to reduce contact during COVID, with an added post-pandemic benefit of reducing challenges coordinating schedules to exchange resources or documents.

Finally, a return to the new "normal" also requires the rebuilding of certain relationships and stakeholder partnerships that may have frayed during COVID-19. We think here of the law enforcement officers whose mask compliance challenges may have caused extra stress for anti-violence frontline workers, the community partners whose office closures compounded preexisting resource limitations, or the differential exposure threats felt by coworkers with different degrees of varied client contact. We include this here not to blame anyone for their strategies for navigating COVID-19 but to acknowledge the reality that service providers even within the same sector had profoundly different experiences during the pandemic. One manager described her domestic violence shelter's staff as ***"feel[ing] like an island"*** (interview 2/22/21) when they remained open in the face of widespread closures; an administrator/program manager shared how her staff ***"felt like sacrificial lambs"*** (interview 12/10/20) as caseloads increased in the face of similar closures. Renewed partnerships and collaborations can and will be shaped by these dynamics, and service providers must be prepared to navigate the interpersonal, affective elements of work post-COVID.

NEXT STEPS

The 17 interviews reflected here are just the start of our work. As noted earlier, our pilot project focuses on the Great Plains, and we will continue to expand across this multi-state region. We know that frontline workers' experiences are not only shaped by their organizational policies but also state-level directives. How do statewide mask mandates affect the day-to-day of anti-violence work during COVID-19? And how does that compare to states that may only have mandates at the city or county level? What will increased access to vaccines and prevalence of COVID-19 strains do to frontline anti-violence work? Gaining insight on these questions can only come from speaking to more workers across a broader geographic scope.

ACKNOWLEDGEMENTS

We thank all of the frontline workers whose voices appear in this report. As we state at the end of every interview, do not hesitate to let us know if we can be of service to you and your work. You can reach our project team by emailing **corinne.schwarz@okstate.edu**. We want our research to be able to speak to the both the challenges service providers face as well as the creativity, ingenuity, and resistance expressed in the face of COVID-19's compounding concerns. Funding for this project was provided by faculty startup funding from the Oklahoma State University College of Arts and Sciences. Special thanks to Kay Bjornen from the Edmon Low Library at Oklahoma State University for her assistance with data visualization. As well, special thanks to Jacob Beaumont, Jonathan Coley, Heather McLaughlin, and Rachel Schmitz for their editorial assistance.

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