

LSU

**Manship School of
Mass Communication**

Reilly Center for Media & Public Affairs

Leveraging technology to support women experiencing violence during the pandemic: Challenges and opportunities

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LSU Manship School of Mass Communication Reilly Center for Media & Public Affairs

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Adapting Services Supporting Louisiana Women Experiencing Violence During the COVID-19 Pandemic

Dr. Fanny Ramirez

Study Overview

Louisiana communities faced many problems during the COVID-19 pandemic, including the state's longstanding battle with reducing violence against women. The consistent rise of domestic abuse and sexual violence, coupled with Louisiana's stay-at-home order, presented unique challenges for those working to combat violence against women. Rapidly changing pandemic conditions forced organizations that typically rely on in-person communications and community-based interventions to shift their outreach efforts and direct services to a mostly virtual format. This study sheds light on how organizations serving women experiencing violence in Louisiana (e.g., domestic violence, sexual assault, stalking) adapted to the pandemic by leveraging technology and provides a framework for identifying and overcoming challenges in reaching this vulnerable population.

The primary investigator, Dr. Fanny Ramirez, and her team from the Manship School of Mass Communication with support from the Reilly Center for Media & Public Affairs, examined the role of technology during this difficult situation, looking at how organizations used a range of digital tools (e.g., hotlines, social media platforms, telephones, websites) to help those at risk. Specifically, the researchers asked: 1) What direct services and education initiatives were in place before the pandemic?; 2) How have organizations working in the area of violence against women leveraged technology-enabled resources during the COVID-19 pandemic to a) continue outreach and education efforts and b) help victims of domestic violence and sexual assault?; and 3) What new work-related opportunities and challenges emerged during the COVID-19 pandemic?

The research included semi-structured, qualitative interviews with 20 participants working in the area of violence against women across Louisiana, including eight upper-level administrators from sexual violence prevention, support, and education programs at higher education institutions, in addition to 12 from state-level accredited sexual and domestic violence centers. Interviews were conducted in the summer of 2020 via telephone or Zoom and lasted between 30 and 45 minutes. The study only selected centers accredited by the Louisiana Foundation Against Sexual Assault to ensure organizations met or exceeded minimum standards for governance, management, operation policies, procedures, and services.

Findings

Researchers found that serving this vulnerable population meant organizations had to rethink on-the-ground initiatives, reconstruct their media strategies, and adapt their direct care services, such as counseling, to work across different media. Remote work and the shift to virtual client services necessitated the expansion and enhancement of digital communication means. Leveraging digital communication and technology to reach potential clients came easier to higher education-based organizations than many of the accredited centers due to the application of student staff knowledge about effective social media communication with peers. Due to funding restrictions and limited access to strategic social media experts, accredited centers were challenged to adapt as swiftly. Additionally, accredited centers continued providing critical in-person services, such as keeping shelters open despite the pandemic and utilizing on-the-ground means for reaching those in need, such as providing pamphlets in doctors' offices. Both organization types recognized the need to convey their adherence to safety precautions, as well as emphasize their service as judgment-free, to allay fears of COVID-19 exposure and stigma related to breaking social distancing guidelines.

Implications and Next Steps

Considering the challenges and observations identified through this study, the researchers make the following recommendations for organizations to consider while continuing to adapt to the unprecedented circumstances presented by the pandemic.

- **Staffing for social media outreach efforts:** Existing ties between accredited centers and universities across Louisiana provide potential opportunities for creating technology-focused partnerships. The use of adult volunteers or upper-level student interns could enhance centers' virtual community outreach efforts and social media presence.
- **Funding for social media outreach efforts:** Accredited centers and their advocates could identify policy adjustments at the local, state, or federal level, as well as contact private donors, and request funding to be applied towards operational means. If not feasible as an ongoing allocation option, perhaps exceptions could be made should an emergency arise.
- **Diversifying digital media tools and content:** Digital auditing can strengthen and diversify a university program or accredited centers' digital media engagement by evaluating clients' social media preferences. Feedback from clients on their preferred technological tools can also allow for better tailoring of outreach efforts and digital messaging.
- **Pandemic readiness and safety assurance:** Actively communicating pandemic protocols and safety measures may reassure potential clients that it is safe to seek help from university programs and accredited centers, even during a pandemic.

- **Emphasizing judgment-free services:** Placing additional emphasis on the inclusive environments of university programs and accredited centers via compassionate language may reassure victims of a welcoming, approachable space.
- **Future studies:** Further evaluation of accredited centers and university programs' education efforts and services during the latter half of the pandemic might offer additional insights on how to best prepare and assist clients in future emergencies.

RESPONDING TO THE PANDEMIC

Twenty organizations and college centers working in the area of violence against women in Louisiana were interviewed to understand how these organizations adapted their services to meet the new situations and needs created by the coronavirus pandemic. Digital media was a vital and effective tool in continuing outreach to new clients and delivering essential services, though challenges persist in the ability for these organizations to fund social media strategies.

Higher Education Institutions

What they did

- University programs experienced a sudden drop in service requests in March 2020 followed by a gradual resumption of services in late April to early May 2020.
- Colleges shifted to offering virtual programs to provide resources for students across geographical distances.
- Social media platforms offered the opportunity to directly reach out to students. Popularity of specific platforms varied by campuses.
- “Our students said, ‘We have Facebook, but that’s not where we’re living.’ We’re a very visual school. Instagram works best.”
- Social media messaging changed from a focus on promoting services to one that emphasized compassion, care, and empathy.

New Challenges

- The all-digital format of classes and campus life made it more difficult to get in front of students and contributed to a loss of connection.
- Students were taking classes and working virtually, causing a digital media overload, rendering virtual programs less effective than in-person programs.
- Prior to the pandemic, instructors routinely referred students to the center after seeing certain red flags and warning signs through in-person interactions. The digital format made seeing these warning signs much harder, resulting in a decrease in referrals.
- The pressure to abide by social distancing mandates created stigma around students reporting for fear of punishment for breaking mandates.

Accredited Centers

What they did

- Centers experienced a decline in service requests in March of 2020 that gradually increased in late April to early May of 2020, coinciding with centers closing offices and shifting to remote work.
- Some centers shifted their education efforts to virtual settings, others continued with on-the-ground outreach activities, noting that this was a cheap and efficient way of distributing information.
- Social media was utilized as a valuable tool for reaching community members with the caveat of tailoring messages to the strengths of each platform to maximize effectiveness.
- Centers shifted messages to reflect themselves as essential workplaces striving to keep people safe from abusers and the virus.

New Challenges

- Challenges persisted with relying on social media as integral to awareness campaigns. Staff limited in social media best practices, and criteria for funding usage limited spending on social media campaigns.
- Centers adjusted by a offering combination of in-person and virtual services. Services that could easily be transitioned were shifted to a virtual format, but necessary in-person services, like shelters, remained open.
- The shift to supporting clients virtually brought up additional costs and need for technology resources, such as cellphone and headset purchases.
- Centers experienced challenges with connecting to new clients in the virtual service format. Hospital advocacy was difficult due to COVID restrictions and staying at shelters could be risky due to the pandemic.

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OVERVIEW

PROJECT CONTEXT

In March 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic.¹ Soon after, there were worldwide reports that domestic abuse and sexual violence were on the rise, with some helplines reporting a 30% spike in emergency calls, adding another public health crisis to an already dire situation.² Domestic violence experts were not surprised by this sudden increase—research has repeatedly shown that domestic violence cases increase when families are together for longer periods of time, such as summer vacations and holidays. Yet, the COVID-19 context presented new challenges for those working to combat violence against women. How would these organizations engage in outreach efforts and offer services to women at risk now that in-person interactions were highly limited?

PROJECT GOALS

This project assesses how Louisiana organizations working in the area of violence against women (e.g., domestic violence, sexual assault, stalking) responded to the COVID-19 pandemic regarding outreach and direct service efforts. Specifically, this project examines the role of digital tools during this difficult situation, looking at how organizations used a range of technologies (e.g., hotlines, social media, telephones, etc.) to help those at risk. This project asks:

- 1) What direct services and education initiatives were in place before the pandemic?
- 2) How have organizations working in the area of violence against women leveraged technology-enabled resources during the COVID-19 pandemic to a) continue outreach and education efforts, and b) help victims of domestic violence and sexual assault?
- 3) What new work-related opportunities and challenges emerged during the COVID-19 pandemic?

Understanding how organizations serving women experiencing violence in Louisiana adapted to the COVID-19 pandemic provides a framework for identifying and overcoming challenges in reaching this vulnerable population. According to the National Coalition Against Domestic Violence, prior to the onset of the pandemic 33% of Louisiana women already experienced intimate partner violence, and in 2010, Louisiana ranked fourth in the nation for femicide.³

¹ Cucinotta, D., & Vanelli, M. (2020). WHO Declares COVID-19 a Pandemic. PubMed, 91(1), 157-160. doi:doi: 10.23750/abm.v91i1.9397

² Taub, A. (2020). A new Covid-19 crisis: Domestic abuse rises worldwide. The New York Times. Retrieved from <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>

³ NCADV. (2016). Domestic violence in Louisiana. National Coalition Against Domestic Violence. Retrieved from https://assets.speakcdn.com/assets/2497/louisiana_2019.pdf

As early as mid-March 2020, local news outlets started to report an increase in daily domestic violence cases across Louisiana, and shelters in Shreveport, LA, were almost at capacity within just a few weeks.⁴ Louisiana also noted an increase in temporary restraining orders, which often precedes calls for additional intervention.⁵ All these elements point to COVID-19 detrimentally affecting Louisiana women seeking help during the pandemic.

PROJECT PARTICIPANTS

Throughout the summer of 2020, Dr. Fanny Ramirez and her research team from the Manship School of Mass Communication interviewed 20 organizations working in the area of violence against women in Louisiana. Participants included eight upper-level administrators from sexual violence prevention, support, and education programs housed within universities and 12 from state-level accredited sexual assault and domestic violence centers. The study only selected centers accredited by the Louisiana Foundation Against Sexual Assault to ensure organizations met or exceeded minimum standards for governance, management, operation policies, procedures, and services.

Interviews were conducted via telephone or Zoom and lasted between 30 and 45 minutes. Participants received a \$10 electronic Amazon gift card in exchange for their participation in the study. To ensure the confidentiality of participants and the information they shared, no real names of centers, programs, or individuals are used in this report.

REPORT ORGANIZATION

This report is structured into three sections. The first section examines how the COVID-19 pandemic has shaped the education efforts and direct services of university-based programs through a comparison of pre-pandemic and post-pandemic initiatives and services. The second section looks at how COVID-19 has impacted accredited centers and follows a similar before and after comparison model. The pre- and post-pandemic organization helps establish a baseline against which to contrast the changes brought on by the pandemic. The report examines both university-based programs and state accredited centers because these two types of organizations serve different Louisiana populations (e.g., students vs. general public) and thus encountered distinct challenges during the pandemic. The last section focuses on implications and recommendations moving forward.

⁴ Byrd, Z. (2020). Domestic violence rising in Louisiana amid measures to stop spread of coronavirus. KLFY.com. Retrieved from <https://www.klfy.com/louisiana/domestic-violence-rising-in-louisiana-amid-measures-to-stop-spread-of-coronavirus/>

⁵ Pagones, S. (2020). Louisiana women's shelters brace for increase in domestic violence during coronavirus. Nola.com. Retrieved from https://www.nola.com/news/coronavirus/article_2a4b0500-6f9d-11ea-b006-ff5887ec3dc7.html

SECTION 1: UNIVERSITY-BASED PROGRAMS

Part 1: Pre-pandemic Education Efforts and Student Services

In general, university programs primarily relied on in-person events and activities to educate their student population about sexual violence prevention and to raise awareness about the various services available to students.

On-the-ground education efforts

University programs relied heavily on in-person interaction for outreach and education initiatives. To raise awareness about sexual and interpersonal violence, programs tried to meet students where they are active on campus, from classrooms to university-wide events. Common outreach and education initiatives included

- Partnerships with student housing and residential life
- Collaborations with student organizations
- Presentations during orientation programming
- Classroom presentations
- Campus-based informational events and interactive activities
- Safety fairs
- Tabling events
- Seasonal promotions/events during Sexual Assault Awareness Month (April) and Domestic Violence Awareness Month (October)
- Print advertising (e.g., student newspaper)
- On-campus flyers (e.g., cafeteria tables, library walls, bathrooms)
- Handbook distribution

Digital media education efforts

Prior to the pandemic, university-based programs used digital media primarily as a complementary tool to promote offline events or to offer additional education programs. Several programs noted that student workers and interns were helpful in establishing a social media presence that resonated with the campus population. Common uses of digital media included

- Informational PowerPoints for online orientation programming
- Online health education and sexual violence prevention courses/training
- Direct emails and electronic newsletters or bulletins
- Social media (e.g., Twitter, Instagram, Facebook) promotion of in-person events
- Social media infographics and platforms to share educational information

Direct care services

University direct care services typically relied on in-person contact. While the range of services universities offer vary, common types of assistance included

- Medical care (e.g., STI, HIV testing; acute medical care)
- Evidence collection kit coordination
- One-on-one emotional support services
- Police report filing assistance
- Connections to mental health counseling
- Connections to community organizations offering higher levels of care
- Application assistance for SNAP benefits, Medicaid, etc.
- Legal assistance
- Safe housing arrangements
- Academic accommodation request coordination

Part 2: COVID-19 Implications for Education Efforts and Student Services

On-the-ground outreach and education activities came to a screeching halt in March 2020. Digital media tools (e.g., email, video conferencing software) and social media platforms (e.g., Instagram, Twitter, Facebook) became the go-to methods for raising awareness about available services and remotely educating students on sexual violence prevention and support.

Shift to virtual education efforts

Universities greatly reduced in-person education initiatives but continued to hold presentations and events through virtual meeting technologies like Zoom or Skype. The shift to virtual outreach initiatives brought opportunities to connect with students across geographical distances, but also called for quick-thinking as programs had to translate their plans to fit different media platforms. The lack of face-to-face interaction meant programs had to think in original, creative ways to keep students informed about important resources.

- “In terms of outreach, I used to lead a lot of monthly discussions. I would do roundtable discussions and bring campus speakers in during the lunch hour and serve lunch and the entire campus community was invited: faculty, staff, and students. That has changed, and since about mid-March 2020, things have been transitioned to an online format. We’re now sending out more webinars or prerecorded speaking events.” - *University P3*
- “We are moving events to virtual platforms, switching things around to Zoom. What we’re discussing now is how do you make it more engaging than just the Zoom. What can we do in terms of integrating videos or pre-recorded PowerPoint slides that are a little more exciting? If it needs to be virtual, how much creativity can we bring to it?” - *University P2*

- “We’ve tried to think outside the box and do some different things to respond to COVID-19. Instead of doing as much targeted discussion, I’ve been doing weekly dialogues, not like group therapy or anything, but just like – you can call in if you want some community in an open discussion where people can talk about whatever they want. This month I’ve been doing some Zoom walk and talks, sort of the same concept, we come up with an exercise component and we’re just kind of walking and talking.” - *University P3*
- “Immediately we created a page on our website that combined and updated all of the resources we offer and how they were now operating under COVID. And, if you go to our website, a banner pops up and you have to then click it shut. One of the things you see on the banner is ‘To see what resources are available during this campus closure, click here.’ We were making it really, really obvious to folks that this was important information.”
- *University P2*

Identifying digital media and social media best practices

The shift toward relying more heavily on digital media brought with it the challenge of assessing what medium or platform to choose for certain educational efforts. Findings show that identifying digital media best practices involves a lot of trial and error and often comes down to finding out where university students ‘live’ online. This varies greatly from one institution to another. A particular social media platform could be highly popular with one university, yet generate little engagement at another institution simply because the students at that other school have different social media preferences and habits. Programs spoke of discovering which social media platforms appealed the most to their student body and using that knowledge to tailor education efforts.

- “The students only follow certain social media accounts. They’ll follow the University Instagram, but whether or not they’re following all of our specific services or my office or our production office on campus health, that’s hit or miss. So, I’ve learned that if I’ve got a high-profile event, I’ve got to get the main university account to promote it.” - *University P2*
- “Twitter seems to provide a platform for a different type of engagement for students. I feel students are really much more transparent on the Twitter, about their thoughts, about their experiences about even disclosures, telling their stories. So, I feel like that’s kind of something that’s more been on our minds as we want to make sure that we are where the students are. But Instagram is great as far as providing content through simple graphics. One that we did recently was staying safe in intimate relationships. Just talking about the increased risk for domestic and dating violence particularly right now, during COVID-19.”
- *University P1*

- “Our students said, ‘We have Facebook, but that’s not where we’re living.’ I wonder if it’s school specific as to whether you are more Instagram or more Twitter or more Facebook. For some reason, it seems like we’re a very visual school. Instagram works best. Our student government has not updated their Twitter account in like two years, but their Instagram is going constantly.” - *University P2*

Change in digital media messaging

Besides having to carefully consider where to post their outreach content, universities also re-evaluated their messaging in light of the pandemic. Multiple institutions reported changing their social media language from one focused on promoting services to one that emphasized compassion, care, and empathy. Several institutions, especially Historically Black Colleges and Universities, noted that they also changed their messaging to address ongoing social justice issues

- “Whereas before I think a lot of our messaging was ‘we have this program, these are the services available,’ now we are saying, ‘We are here for you. We are being more personal.’” - *University P1*
- “From March to June, our office put up an Instagram video a day around things like sexual misconduct or services here at the university to fill that void with some kind of outreach from us. So that not only students can keep learning, but so that they knew we are here. That was a big one. It’s like, ‘We’re here. We’re still here for you.’ And, you know, the amount of people who have reached out to me is a lot less. But I did have a student email me yesterday saying, ‘Something bad has happened, can I talk to you?’ So, hopefully, it’s affected them, that way of letting them know that we’re still here.” - *University P2*
- “I think a lot of people are just feeling so isolated and alone right now. There’s gotta be some kind of message they hear or see that resonates with them. And, partially, that’s why we have a student working in our office who can help us with developing the messages that will resonate with our population and our students.” - *University P4*

- “Being a historically Black institution and all of the things that are going on in society right now, a lot of our students are on the ground doing marches and protests. What we’ve seen is students wanting to speak out about a variety of injustices against them and it’s not just current victimizations but it’s the things that have happened across their life” - *University P3*

Pandemic-triggered decline in service requests

University programs experienced a sudden drop in service requests in March 2020 followed by a gradual resumption of services in late April to early May 2020. Possible reasons for the sharp decline include

- Fewer cases: Less social interaction among students means there were fewer opportunities for situations that may lead to sexual assault.
- Inability to seek help: Lockdown restrictions may have made it impossible for individuals to leave their homes and seek help and support from on-campus services. In some instances, students who are being victimized may be confined with those committing the violence.

Shift to virtual services

Pandemic restrictions regarding staffing and on-campus work meant many university programs were forced to shift as many services as possible to a virtual format while leaving only a skeleton crew on site to handle in-person services. Students’ sudden departure from campus and the shift to a mostly virtual service environment brought numerous challenges and concerns for those working in sexual and interpersonal violence on college campuses. Without in-person contact and events, programs felt a loss of connection to their student population and worried about students not realizing services were still available, albeit in a limited and altered format. As classwork and campus activities moved online, students experienced a digital overload. This made it difficult for programs to attract students to virtual events.

1) Loss of connection

- “I think that there might be a barrier to folks seeing that what happens to them when they’re away from campus is still something that they can reach out to us about and get help from the university.” - *University P2*
- “There’s something about students not physically coming to campus and being online [...] kind of almost forgetting that we still are here. That connection, I think, is lost a lot when we’re virtual. A lot of our students may be exclusively taking online classes this fall, so they’re physically not in the area, and [it] doesn’t connect in their mind that we could still be a resource for them despite the physical distance.” - *University P1*

2) Digital media overload

- “A challenge for us running the program is making our content and our forms more accessible electronically, but also not overwhelming students with technology. Students feel overwhelmed already when things are in a typical situation, and it’s less personable when you’re through a screen.” - *University P1*
- “We didn’t have much luck with online activities. Even activities that were being done virtually that were giving away prizes—we had some areas saying post a video doing this and we got a prize for you—even those did not get good participation. I think at specific times later in the semester students were -- they were done. We tried but we didn’t get any participation.”
- *University P4*

3) Fewer referrals

- “We typically get a lot of referrals from instructors making a report to the university, based on seeing certain red flags and concerns. There’s gonna be less face-to-face time between instructors and students. It’s much harder to recognize warning signs virtually, especially if a student decides not to turn on their screens at all. I think we run the risk of more students falling through the cracks because instructors may not either see or report this type of behavior because they’re not in the actual presence of the student.” - *University P1*

4) Hesitancy to report due to COVID-19 rule violations

- “The worry that I have looking to the fall is that students might be reluctant to report because ‘I was breaking social distancing. I was doing something risky that we’ve been told is not good for public health. And so, if I report, I’m going to get into trouble.’ It’s very similar to the ‘I was drunk, so I can’t say anything because I’ll get into trouble for that.’ I think that we’re going to need to communicate that amnesty with some real energy to try to overcome students who will feel like ‘I can’t say anything because I’ll get in trouble.’”
- *University P2*

SECTION 2: ACCREDITED CENTERS

Part 1: Pre-Pandemic Outreach Work and Direct Services

Similar to university programs, accredited centers working in the areas of domestic violence and sexual assault overwhelmingly relied on in-person events to educate their communities about sexual violence prevention and to raise awareness about the various services they offered.

On-the ground outreach work

Domestic violence and sexual assault centers relied heavily on in-person efforts and community-based interventions to promote their services and raise awareness about sexual and interpersonal violence. Many have close ties to local hospitals, law enforcement agencies, and mental health organizations. Because community awareness is crucial to their operations, most centers attend any place that welcomes them, from schools to hospitals, to talk about their work, prevention, and crisis lines. Common initiatives included

- Community presentations
- School and university presentations
- Distribution of crisis line-branded flyers, posters, bookmarks, pens, and other items
- Tabling events
- Health fairs and conferences
- Newspaper ads
- Billboards (especially in rural areas)
- Church brochures and ads
- Coverage and interviews with local news organizations
- Word-of-mouth reputation built over time

Digital media outreach work

Though some centers had social media accounts and a website, digital media was typically not the primary tool for advocacy-based information sharing. Instead, social media worked mostly as a supplementary tool to promote offline events or educate the community. Common uses of digital media included

- Use of social media platforms (e.g., Twitter, Instagram, Facebook) to promote information about sexual assault and domestic violence services
- Use of social media platforms to share educational materials such as infographics

Direct care services

The direct care services at accredited centers relied heavily on in-person contact. While the range of services varied, common types of assistance included

- 24/7 crisis line support
- Hospital and emergency room support
- Evidence collection kit coordination
- In-house therapy and counseling services
- Police report filing assistance
- Police interview accompaniment
- Legal assistance
- Court accompaniment
- Safe housing arrangements
- Employment assistance
- Social services (e.g., SNAP benefits, Medicaid) application assistance

Part 2: COVID-19 Implications for Outreach Work and Services

Accredited centers reported a decline in requests for help in March at the start of the pandemic. While some centers shifted their education efforts to virtual settings, others continued with on-the-ground outreach activities, noting that this was a cheap and efficient way of distributing information. The continuation of on-the-ground efforts during the pandemic highlights one of the core differences in the way centers continued to operate compared to university programs.

Revising on-the-ground outreach work

Some centers prepared pamphlets and flyers to mail out to various locations in their community. They saw the use of such on-the-ground measures as an inexpensive effort that could be completed quickly and reach a broad community audience.

- “We knew we had brochures, pamphlets, and different things. So, we put together packets; we did it old school. It was somebody’s job to go through every parish and identify where people were going to be. Even during lockdown where would they go? Where do the students in our community live? What were those apartment complex names? Hospitals? Doctor’s offices? Places that still stayed open as essential places. We ended up putting together mail-outs and we mailed out literally hundreds of pieces of information.” - *Center 1*
- “So, we’ve been reaching out to OBGYNs and doctors’ offices now because we know that people are still going to those type visits and providing them with information, and local churches because a lot of those are starting to pick back up in our area.” - *Center 3*

Shift to social media outreach work

Like universities, many centers recognized in digital media tools an opportunity for community outreach and education efforts during the pandemic. Centers talked about social media platforms as the latest trend in public service announcements (PSA). They saw social media as a valuable tool for reaching community members but noted the importance of tailoring messages to the strengths of each platform in order to maximize impact. Centers also spoke of having to adapt their messaging to address the unique conditions of the pandemic and the various racial and social justice movements that were taking place across the state.

1) Social media as new space for PSAs

- “It used to be that you do PSAs or commercials on TV but now I think it’s [about pouring] that money into social media and different platforms that people have accessible on their phones or on their tablets. We had a campaign that we did [called] We’re Essential because You’re Essential. We’re still here for you during COVID-19. Our crisis line is always available.” - *Center 1*
- “Now that COVID is here we’re trying to put a lot of messaging out about what virtual services look like.” - *Center 2*

2) Social media tailoring

- “We tailor the things we post based on best practices for social media. On places like LinkedIn and Facebook, we’re sharing a lot of current events articles. Currently, we’re doing a lot of stuff about Black Lives Matter, a lot of intersectional conversations or engagements. Items that are more like a bulletin. Instagram is where we have our most followers and most engagement. We do a lot of Instagram stories, and those stories are mostly educating individuals. For example, July is Black, Indigenous, people of color, mental health month. We’re putting out a lot of messaging about mental health resources for Black, Indigenous, and people of color, information on where people can find a therapist that is more aligned with their race or ethnicity status. And, just try to promote a lot more inclusivity.” - *Center 2*

3) Change in messaging

- “My outreach person did a video a couple weeks ago about our services. We wanted to make the point that we’re still here, we’re essential workers, we’re using best practices to make sure we’re safe and that the clients that we serve are safe. Even though COVID is here, and we’re going through a pandemic, we’re still here for services. I think when everything was closed people weren’t thinking the services were there. We have to say we’re here. No matter what, we’re here, and we’re taking safety precautions to keep you safe, not only from your abuser but also from COVID-19.” - *Center 3*
- “The underlying message is still the same, but we’ve done a lot of reflection about the way we conduct outreach to black populations. So we are probably more affected by what’s happening on the Black Lives Matter forefront than COVID, honestly. We’re putting out a lot of messaging about mental health resources for BIPOC people, information on where people can find a therapist that is aligned with their race or ethnicity status. And just try to promote a lot more inclusivity.” - *Center 2*

Social media outreach work challenges

Although many agencies reported successfully utilizing social media for outreach and education efforts, others noted that they struggled to keep an active presence on social media platforms, often because of lack of staffing or because of funding limitations.

1) Lack of content and activity

- “While we have a web page, and while we have a Facebook, and we have an Instagram and a few things like that, they’re not as active as they really should, I think, during this time. [...] I think we need a better web page. I think we need better social media touches. I think we need to record some new PSAs, get them out into the community.” - *Center 1*

2) Funding limitations

- “There are challenges to using social media, mostly because of how funding for sexual violence centers is allocated. Funding often has to go to employees and services that provide direct services to victims of crime, and online social media campaigns do not qualify for that.” - *Center 1*

Pandemic-prompted decline in service requests

Centers experienced a sudden drop in service requests in March followed by a gradual resumption of services in late April to early May. Most centers closed their offices in March and moved to remote work, though domestic violence shelters remained open. Possible reasons for decline include

- Fewer cases: Fewer opportunities for socializing (e.g., outings, bars) means there were fewer opportunities for situations that may lead to sexual assault.
- Fears surrounding COVID-19: Individuals may worry about becoming sick or there not being enough safety precautions in place at shelters, hospitals, and other access points.
- Inability to seek help: Lockdown restrictions may have limited the ability of victims to leave their homes and seek help. Domestic violence victims may have been confined with their aggressors and unable to seek help. The drop in cases may thus have been a result of underreporting.

Implications of delayed help-seeking:

- Cases are more severe.
- Cases are past evidence collection time.

Reflections on decline in service requests

- “We saw here in our area when everything shut down a drastic decrease in the reports of these sexual crimes, really across all of our programs. They sent the social workers home. They sent the detectives home, and they were only working the most extreme cases. We had a very drastic decrease in the number of people who were reporting sexual assault. With the visitor restrictions put in place at the hospital and everybody’s real, natural fear of COVID-19, you don’t have nearly as many people going to the ER to report their sexual assault. Now what we have seen, really, just in the past few weeks is a major increase in the traffic to our crisis line. I think that’s good, but I think what we’re going to find is that we get a lot of reports of sexual assault that [are] really past that evidence collection time.” - *Center 1*
- “So definitely in the first two or three weeks when we closed, like in the end of March, it was very silent and I do think it was because people were adjusting to the new normal, trying to figure out what does this mean for me or my family or my work, am I gonna be okay?” - *Center 2*
- “But then shortly, I would say starting that third week, it was crazy. It was like we can’t, you know, we can’t function like this. We need more people; we need help. So, then we started calling people in. And our calls have increased each month from one month to the next by over a hundred calls. We’re still seeing an increase in calls. A lot of the survivors are calling us ‘cause they need help with rent or with groceries. Another is relationships that were not good pre-pandemic have now become worse because people are stuck in the house together. We’re getting a lot of requests for counseling for domestic violence, for them and their children, help with restraining orders, divorce, etc.” - *Center 4*

Shift to remote work and virtual services

A combination of in-person and virtual services

Pandemic restrictions regarding in-person work meant many centers shifted to a mostly virtual format, having to forgo much of the on-ground service offerings, such as emergency room or hospital support. But because centers serve vulnerable populations who need assistance even during a pandemic, services such as shelters typically remained open. Some centers quickly resumed in-person counseling, or at least gave clients the option to have in-person counseling, to meet the needs of clients who may not have access to technology. As a result, centers had to juggle both in-person and virtual services.

- “Some of us did not telework. We were here because we did have several people a week coming and knocking on the door looking for assistance. Two of us met with survivors here in person. Our emergency shelter maintained the same operations. We did not close the emergency shelter. We started bringing clients back in for face-to-face appointments if they felt comfortable doing so and pretty much everybody is now back to doing face-to-face appointments. Now we are seeing people. We dedicated one room where we scheduled one appointment at a time, so we didn’t have multiple people coming in at the same time. And then when our client leaves, then that room is – we’re still doing that – is thoroughly cleaned and prepared for the next appointment. So, we don’t have multiple people coming in and waiting in the waiting room and all of that. We do have some survivors still doing the telephone appointments, but the majority are doing face-to-face appointments.” - *Center 4*
- “We gave them options. Now that we’re in phase 2, we have individuals coming into the office for face-to-face counseling, and others doing counseling via telephone or via the internet. It’s based on what they want, so giving them that option.” - *Center 3*

Moving current clients to virtual service

Most centers were able to successfully transition existing clients to a virtual format such as telephone or Zoom for services. When reflecting on their ability to quickly transition to a different format, centers noted that they were able to do so because of the connection and trust between their staff members and existing clients.

- “Our advocates did their counseling calls, their non-residential appointments via telephone with the permission of the survivor if they wanted to do it like that and they all were very receptive and were very happy that we were doing that. All of our clients, it’s strictly telephone or cell phone” - *Center 4*
- “We were very quickly able to do assessments with all of our clients to see what their capabilities and level of comfort were to do virtual services, depending on if they had internet, if they had a smartphone, different things like that. Whether it was counseling over the phone or web conferencing. And, really I would [for] say 98% of our clients it was a smooth transition to maintain those services.” - *Center 2*
- “We started doing telework and we had caseworkers that had cell phones, so if someone called and needed services, we could schedule them, be that legal services, be that a case manager. The services, once they were on the phone and they were doing them they were going very well. They were getting the information they need[ed] and the services they needed, so we were able to work through that. Some counseling sessions were done via Zoom, other services, for safety and confidentiality reasons, were done via telephone, like case management.” - *Center 3*

Technology acquisition cost of moving clients to virtual services

A few centers also reported that moving to virtual services brought additional costs, such as purchasing new phones.

- “We did have to purchase cell phones and headsets for those that were working. You know, we used to only have one cell phone and just use that as needed, but when we were working from home, we had to have more than one cell phone to run the lines and stuff like that. The counselors all had cell phones, and we did that after COVID. That was something we had - we just had to buy more cell phones because due to technology you can’t be using your personal cell phone to interact with clients and that type thing. So that’s something we weren’t prepared for and was an additional expense for us.” - *Center 3*

New clients and virtual services

Most centers were able to efficiently transition existing clients to virtual services. Helping new clients however, presented some challenges. While some centers reported that new clients responded positively to the virtual service format, others noted that working remotely made it harder to connect with new clients. There were also concerns that the pandemic conditions made people more wary and hesitant to seek help.

Success	Struggle
<p>“New intakes – when they called for services, we just let them know that we were strictly doing teleworking and they were very understanding, you know, at this time due to COVID we’re only doing telephone appointments and if you agree to this, we’re happy to move forward with that.” - <i>Center 4</i></p>	<p>“All of the hospitals have basically shut down for visitors so we’re not able to do that in- person advocacy at the hospital. Right now, when people go to the hospital, they have the option to talk to one of our advocates on the phone, which of course is not - you’re not gonna wanna do that. Most people decline.” - <i>Center 2</i></p>
<p>“We did not have as many new contacts and we’re still not having many, even though our center is open right now. But we’re giving people the option to come in or have over the phone case management services. These services, once we get people on the phone, are going very well. They are getting the information they need and the services that they need” - <i>Center 4</i></p>	<p>“People are qualifying for the shelter. They’re saying they’re coming and then they don’t show up, or they come, and they stay a few days. I’ve been doing this for 19 years, so I understand that many times they’re just not ready to make that break. But I do fear that the victims are probably hearing, ‘you don’t wanna go to a shelter ‘cause it’s dangerous and you don’t know what those people got in there.’” - <i>Center 3</i></p>

SECTION 3: IMPLICATIONS AND NEXT STEPS

Staffing for social media outreach efforts

Findings suggest that, in general, university-based programs felt better prepared than accredited centers to use social media platforms to promote virtual services and continue outreach work during the pandemic. Several university-based programs spoke of having student workers or interns on their social media outreach team to ensure the program was using language and infographics that resonated with the university's student population. This may have played a role in maintaining a strong virtual presence even during the pandemic. Perhaps using a similar approach (e.g., using adult volunteers or upper-level student interns well-versed in strategic communication and the needs of domestic violence and sexual assault programs) would benefit centers' virtual community outreach efforts and social media campaigns. Since many centers already have ties to universities across Louisiana, there might be opportunities for technology-focused partnerships between colleges and centers.

Diversifying digital media tools and content

The pandemic forced programs and centers to rapidly shift their services and education activities to new formats, with little time to plan ahead or experiment with audience preferences. Findings show that virtual events were hit or miss. Centers and university programs may want to conduct their own digital media audit to evaluate opportunities and preferences in order to strengthen and diversify their digital media engagement. Feedback from clients may shed light on why some events were more successful than others. A similar approach may be applied to evaluate which technological tools (e.g., telephone vs. video conferencing) clients preferred for services rendered during the pandemic. A better understanding of clients' preferences and the various strengths of individual technologies and social media platforms would allow centers and programs to better tailor their outreach efforts, messaging, and services to the needs of their community.

Pandemic readiness and safety assurance

It is common for victims of domestic violence and sexual assault to be reluctant to come forward. Shame, self-blame, and fear of reprisal are some of the things holding back victims from seeking help. The pandemic brought additional barriers in this regard. Findings suggest that some clients waited to seek help because of pandemic-related concerns about what services would look like or what precautions were in place at each center. Prominently displaying COVID protocols or sharing safety guidelines may help reassure potential clients that it is safe to seek help even during a pandemic.

Emphasizing judgment free services

Findings show that accredited centers and university-based programs worried that women who experienced an assault while at a social gathering or at an event that did not conform to social distancing guidelines did not come forward for fear of being judged for violating the stay-at-home order. In this regard, the pandemic added the risk of another social stigma to an already vulnerable and reluctant population. Accredited centers and university programs often emphasize that they are judgement free environments as part of efforts to reassure victims and create a welcoming, approachable space. In light of the pandemic, they may want to strengthen this type of compassionate language or perhaps even note that having disregarded a social distancing guideline does not make someone unworthy of help.

Future studies

This research was conducted during the summer of 2020 while the pandemic was ongoing, and Louisiana was experience high COVID-19 case volumes. At the time, university-based programs and accredited centers were still adjusting to pandemic conditions and working hard to identify best practices under these challenging circumstances. Future studies may want to conduct a post-pandemic evaluation to see how programs and centers faired during the latter half of the pandemic. A post-pandemic study would also give centers and programs more time to conduct their own assessments of how education efforts and services were carried out during the pandemic, which in turn, might offer additional insights on how best to prepare and serve clients in future crisis situations.