

DARYL FOX: Good afternoon, everyone, and welcome to today's webinar, Understanding the Effects of the Pandemic for Domestic Violence Victims, hosted by the Office for Victims of Crime. At this time, it's my pleasure to introduce Kristina Rose, Director of the Office for Victims of Crime for welcome remarks and introductions.

KRISTINA ROSE: Hello, everyone, and welcome to this webinar entitled Understanding the Effects of the Pandemic for Domestic Violence Victims. I'm delighted to let you know that in addition to the Acting Director of OVW and our wonderful panelists that we will be joined by Associate Attorney General Vanita Gupta, who will offer some closing remarks. When I was told that 1,100 people had registered for this webinar, maxing out our registration, I was blown away. Clearly the impact of the pandemic on domestic violence victims is an issue of great interest and rightly so. Each year, we commemorate domestic violence awareness month to help bring attention to this horrific crime. But the past few years have brought challenges that we never anticipated. Challenges that have impacted survivors in ways that we are still trying to understand. And that's why we're here today. To listen and learn from a panel of individuals who will shed light on what we know about how this global pandemic has impacted domestic violence survivors and their service providers in our country.

We'll learn from the researchers who have studied it and from the service providers who have experienced and witnessed it. It promises to be a fascinating session. Educating ourselves about how the pandemic has impacted victims of domestic violence is one way that we can help identify the most effective approaches for supporting these survivors during these difficult times. And this falls squarely within the priorities that I had set out for OVC. Over the coming years, we'll be searching for and identifying creative and innovative ways for expanding access to victim services and increasing service options available to crime victims so that they and their families can choose the services and support systems that best meet their needs, depending on the challenges that they are facing at that moment.

I want to quickly mention a new report that was recently released by the National Network to End Domestic Violence called Tech Abuse in the Pandemic & Beyond. They surveyed 1,000 survivors and revealed that not surprisingly, tech abuse increased during the COVID-19 pandemic and survivors encountered additional barriers to safety, justice, and healing. We'll put a link to this report in the chat today. We don't have time to discuss it in full, but I wanted to let you know that it was available. These and other resources only get developed because victim service professionals listen to survivors in our nation's communities. And I want you to know that we at OVC are listening, too. To our grantees, to survivors, and to those of you who practice in this field every day.

Now I would like to welcome Allison Randall, the Acting Director of the Office on Violence Against Women. She's been at OVW since June, though she previously served as OVW's Chief of Staff in 2012 to 2019. Allison has been addressing issues around domestic violence and sexual assault for more than 20 years. Eleven of those have been spent in the federal government. In addition to OVW, she's worked at the White House in the Office of the Vice President and at the Department of Health and Human Services, Family Violence Prevention and Services Program or FVPSA. In the nonprofit field, she worked at the National Network to End Domestic Violence and the National Coalition Against Domestic Violence. I've known Allison for years and I know her passion for this work and I'm so glad to count her as a colleague, a friend, and as a co-sponsor for this event. Please welcome OVW Acting Director Allison Randall.

ALLISON RANDALL: Thank you, Kris. And, you know, for advocates and for survivors across the country, you have no stronger supporter than Kris Rose, who is doing incredible work leading the Office for Victims of Crime. You know, on behalf of our entire team at the Office on Violence Against Women, we're really honored to be here with you today as we mark the end of domestic violence awareness month and joining you today from Washington, DC, the ancestral land of the Nacotchtank and Anacostan peoples. You know, COVID really continues to mark our daily lives and disproportionately impact survivors of domestic violence and sexual assault and their families, and it has particularly impacted communities of color, survivors of color, from higher rates of COVID infection to a greater economic toll. The pandemic has really, you know, not only affected survivors, but exacerbated the challenges faced by all survivors.

And in some cases, you know, on the ground for those of you in the field that has meant, you know, more calls for help, more requests for service and others, you know, survivors felt that they had no options or services were unavailable, folks were worried about the virus, worried about what would happen if they called police and fewer survivors were able to get the support that they needed. But as advocates, your commitment has never wavered, which has been so crucial, as we have seen, you know, reports increase and folks struggle during this, you know, incredibly long-lasting pandemic. You know, our grantees, and the grantees that Kris speaks for as well have continued to serve, you know, tens of thousands of survivors throughout these past 17 months. And you've done everything from a switch to virtual services, to drop off food and cell phones for your clients, find creative ways to serve folks safely. Because the work you do is so vital and so lifesaving. I just want you to know that these issues are top of mind for the highest levels of Department of Justice leadership. You're going to hear from our wonderful Associate Attorney General today. The Attorney General himself and the Deputy Attorney General personally care about these issues. They

have even had a listening session hearing directly from advocates about the issues that you're facing and that survivors are facing, like staff turnover, waiting lists for services, and difficulty accessing justice for survivors. I'm looking forward to continuing to work together and most importantly in our work by centering the voices of survivors. I think often of the recent words of Lavon Morris-Grant, who's a noted author, and advocate, and she recently said, "We have to respond to what survivors are asking us for and not what we think we should give them." So I want to thank all of our panelists and all of you for continuing to center survivors in all of your work every day and in response to COVID. I turn things back to Kris.

KRISTINA ROSE: Thanks, Allison. We're so grateful for OVW's partnership. We have an outstanding lineup of federal leaders, researchers, victim service providers, and I am delighted to have the privilege of introducing them to you. First we'll hear from Dr. Alex Piquero about the findings from his report on domestic violence during COVID-19. Dr. Piquero is the Professor and Chair of the Department of Sociology and Criminology, and the Arts and Sciences' distinguished scholar at the University of Miami. He is also a Professor of Criminology at Monash University in Melbourne, Australia. He has published over 475 peer-reviewed articles in the area of criminal careers, crime policy, and crime prevention, and has collaborated on several books. He has also served as a member of several National Academy of Sciences panels related to criminal justice. Then we'll have Dr. Bethany Backes, Assistant Professor in the Violence Against Women Faculty Cluster at the University of Central Florida, and she'll present research findings on domestic violence calls during the pandemic. Dr. Backes holds a joint appointment in the Department of Criminal Justice and School of Social Work, and has over 20 years of combined experience in domestic violence, direct services, and research. Dr. Backes also spent a decade at our sister office, the National Institute of Justice, where I was lucky enough to work with her on research on untested sexual assault kits.

Our third panelist today is Tosha Connors, CEO of My Sister's House in South Carolina. My Sister's House is the only full service domestic violence agency serving Charleston, Berkeley, and Dorchester counties--Counties, and Ms. Connors has served as the CEO for four years. She has 15 years of experience in the nonprofit field, ranging from small to large organizations, serving everyone from individuals living with developmental and intellectual disabilities to abused and neglected children. She has much to share with us about her experiences as a service provider during the pandemic. And our final panelist is Ashleigh Washington from Safe Horizon in New York City. As the Senior Director of learning and development, she leads and trains professional development for the agency's 900 plus employees. Over the past 15 years, Ms. Washington has served women facing barriers to safety, justice, education,

and mental health. She worked for the New York City Department of Education in substance abuse and recovery in HIV supportive housing in both direct practice and management roles. We are so fortunate to have her here to share her experiences and insights. So welcome to all of our panelists and let us begin. Dr. Piquero, the floor is yours.

DR. ALEX PIQUERO: Good afternoon. Thank you very much, Kris, for the wonderful introduction. It's a real pleasure to be here with everybody this Friday afternoon. And I look forward to spending some time with everybody. About a year and a half ago, we're sitting in--all of us who were sitting in lockdowns sadly enough. And since I'm a criminologist, one of my main focus is what happens when these large scale changes at the structural level affect all of our lives, and in particular, what happens with crime? And we were sitting around one afternoon, and one of the things that came up to us was, you know, this is I think going to be sadly having a disproportionate impact on family violence and domestic violence. And there's lots of reasons to obviously--to think through why that could be the case. And so we set out to explore this issue. Next slide, please. In the city of Dallas, we were the first set of researchers, great team there of colleagues as well as people who work in the police department, as well as some graduate students of mine. It's always one of those great, great articles. And so we were the first article--research study to actually look at whether or not the COVID lockdown that occurred in March in Dallas, Texas changed the patterning of domestic violence in the city. And what we found was a demonstrable spike in domestic violence incidents reported to the police department in the first two weeks right after the lockdown.

We did our study immediately when the lockdown happened in the first few months after that, following it up over time. And we were concerned about, well, is it--is it just Dallas? Is it, you know, are we finding something unique here? And so several months went on and I joined the Council of Criminal Justice, which I'm sure many of you are familiar with. And one of the leaders of the council, Thomas Abt asked me, "Alex, since your initial Dallas study, what do we know? Is this--the pattern the same in the United States? Big cities, small cities, what about across the world?" And so my colleagues and I set out to do what's called a systematic review, or a meta-analysis. And I'll explain this without Greek equations or figures or anything like that. Next slide, please. Basically what a systematic review is, is we go through all of the research literature, whether it's in academic research, whether it's in government papers, any research, think tanks, nonprofits, whatever we could find. And we were focused squarely on whether or not domestic violence incidents increased during lockdowns compared to a previous time before the lockdown. So think about what life was like before mid-March 2020, and then what life was like after mid-March of 2020. So what a systematic

review does is it goes through and finds every single study, and then summarizes them all to come up with an overall answer or overall estimate. Our research ended up finding 18 different studies when we did this work in January of this year across the world. And we looked at studies that measure domestic violence using crime data, outline registries, administrative documents, hospital admissions, regardless of what the researchers looked at, we coded for it. Next slide, please.

This is a very simple visual. And there might be a lot on the screen, but I want you to look at the left side of your screen. And what you're looking at is in that middle of the screen is basically a zero, meaning that there's no relationship. Anything to the right means that domestic violence increased after the lockdowns, and towards the bottom of that figure, you're going to see to the left of that kind of main middle line and that means domestic violence went down. What you see overwhelmingly, if you're looking at the forest and not the trees, is that in these studies, domestic violence increased during the lockdowns, regardless of how you measured the outcome of domestic violence, whether you looked at cities in the United States, or cities around the world. Next slide, please. We also looked at then only U.S. studies because a lot of individuals will be focused on what's happening in the United States. We separated out the international studies from the U.S. And so what you see once again is the same substantive answer. Most of the estimates are to the right of that, which indicates that domestic violence increased during COVID-19 lockdowns. Next slide, please.

To summarize this, our review found that domestic violence incidents in the United States increased by 8.1% following the imposition of stay-at-home orders. Now to come up with 8.1%, imagine if there were 20 of you taking an exam in a class and everybody gets a number and I take everybody's number and divide it by 20, that's my average. So that's how we calculated the 8.1% increase. While the evidence supporting this is strong, it's also unclear what exactly drove that spike. And I get this question all the time from reporters and practitioners and people working at the ground levels, what was going on? Well, you, me, and everybody else in this webinar went through the same kinds of experiences when the lockdown happened. There's no book on our bookshelf that says, "Here's what you do when you get locked down," because it hasn't really happened in our lifetime. But we do know that the lockdowns and pandemic-related impacts have exacerbated factors that are typically associated with domestic bonds, such as increased unemployment, stress associated with childcare, homeschooling, increased financial secure--insecurity. We also know that during the first few months of the lockdowns that alcohol use increased because we've measured that from sales receipts, as well as opioid use, as well as opioid overdoses measured with ER visits. So all of these things were occurring in that March, April, May timeframe. By isolating parents and children in their homes, the pandemic separated

potential victims from their network of friends, neighbors, and teachers and other individuals keeping--capable of helping people at risk. Next slide, please.

The implications of these results are absolutely in my mind crystal clear. They confirm the concerns that were raised by public health leaders, the UN, people in our highest levels of the government here in the United States, victim-survivor advocates, and policymakers around the world for a pandemic-related spike in domestic violence. The evidence is crystal clear. Our findings highlight the need for additional resources for domestic abuse prevention, and absolutely for victim services. We also need to continue to direct resources to historically marginalized groups, and those disproportionately isolated during the pandemic and those who are still impacted, by the way, including older adults, women and children with past experiences with violence and abuse, as well as those with ongoing mental illness and chronic health conditions. Next slide, please. When the Council on Criminal Justice released our initial report, as you can imagine, it was of interest to a lot in the media. The New York Times was the first media group to broadcast our results. And then subsequently, CNN picked it up, Fox News picked it up, People Magazine picked it up, Global Citizen, Tampa Bay Times. It was local state, national, and international audiences. And that's a really--a really bad set of findings. Our research really made it out into the world to really expose the problem that we detected during the pandemic style lockdowns and that are still continuing to this day, by the way. Next slide, please.

My colleagues and I, one of my graduate students who's a lead author, Laura Lesue, just published a paper looking at lockdowns in Guatemala. And the reason why I highlight Guatemala is because we know that in certain countries around the world, domestic violence is not treated seriously by the criminal justice system if it even is reported, even if--even if the system and the police and the correction and court system respond to it in ways that we expect them to. So we know that around the world, we think that the pandemic-related domestic violence increases are probably even higher than we're able to document. But what we see right here, look at the bottom of the screen, that first break is the lockdown, and you see a real sizable increase in the middle part of figure B there at the bottom, that is during the stay-at-home orders in Guatemala. Unlike the United States, most of the countries around the world had much longer stay-at-home orders. And then in Guatemala, what happened was when the stay-at-home orders were lifted, and people could go out of the houses again, we saw domestic violence actually decrease in Guatemala, which is a really interesting finding. Next slide, please.

So what does all this mean? Aside from our work in Guatemala, we've also replicated our findings here in Miami-Dade. We've replicated our findings in San Antonio. And a

recent study by Justin Nix and Tara Richard at the University of Nebraska, Omaha that's coming out any day now, did another study of calls for service data in other cities around the United States. And once again, find the same exact conclusion, regardless of how you study the problem, regardless of where you study the problem, the evidence is absolutely crystal, crystal clear. What does this mean? It means that we have several policy options that we need to do, and we should have done and we always should have done. Number one, technology. All of us are very big fans of this thing. We're almost glued to this thing. And some of you know that when you call some domestic violence hotlines, whether in cities or counties, it doesn't automatically always go to a person. Sometimes you have to hit a 1, and then hit a 4. A survivor doesn't have time to spend on a phone hitting a bunch of numbers. There are now apps available on phones that you can click on that icon and it immediately draws attention whether to social services, your peer network, or the police department. Those things should be everywhere and available for everybody. And people need to know that they exist and can download them for free.

Number two, we also think that what police departments can do and we understand that they are resource-thin these days, is that they can go back on welfare checks to previous domestic violence survivors just to see how things are going. That's a simple little thing that they can do in their communities. Number three, and my colleagues are going to speak in a--in a little bit of time absolutely have been saying this since day one in their positions. Shelters were under-resourced before the pandemic. And the pandemic has exacerbated this domestic violence problem. There are pandemics within pandemics. We know women have returned to the labor force at lower rates than men have. And we don't know what the long-term effects of domestic violence are. And the fact that we saw increases in physical domestic violence, I have no doubt that our estimates are a floor and not a ceiling, because you can only imagine the amount of emotional violence that never gets drawn to the police attention. So we need to double up, triple up, quadruple up, whatever up we got to do. And I'm heartened to see that the Biden administration has directed some dollars from the American Rescue Plan toward this effort. And lastly, long term, we need to educate the kids right now who are 1 year old, 2 years old, 5 years old that bottom line, hitting another human being is absolutely unacceptable under any circumstance. Next slide, please. Thank you very much for your time. It's been a privilege to spend some time with you. I'm looking forward to seeing the next presenters.

DARYL FOX: Thank you very much, Dr. Piquero. Our next speaker will be Dr. Bethany Backes.

DR. BETHANY BACKES: Hi, everyone. Thanks so much. And thanks, Dr. Piquero for that presentation. I think that really was helpful and laid a lot of groundwork. I'm really

excited to be here. It feels a little bit like coming home, being back with some of my DOJ colleagues. So I'm going to be sharing some findings from a study that my colleagues and I started about 18 months ago, similar to when Dr. Piquero started his work as well. And ours was really focused on learning more about those working in the criminal justice system. So prosecutors, law enforcement officers, and systems-based advocates and what they were seeing in terms of calls, cases. And we also looked at things like some of their unmet needs, and concerns just related to COVID and transitioning to remote work, and so on. Next slide, please. So today, really, I'm going to talk primarily about their perceptions and experiences with changes and calls and cases, both general calls and cases, domestic violence calls and cases, and protective order filings, and just some thoughts about how they started responding to those calls and cases.

This is a mixed-methods study. So what that means is that we did a survey that had some open-ended questions, but we also have been conducting ongoing qualitative in-depth interviews with study participants to learn more about their experiences and what was happening during this time. And one thing I will note is that I think--I struggle as an intimate partner violence researcher, so a lot of our data that we know is focused on domestic violence and that really, for a lot of criminal justice data relates to what's happening in the home. We really wanted to focus on intimate partner violence. So what's happening between dating partners, or intimate partners during the pandemic because we do think that's different than kind of general domestic violence or how that might be captured in some of the data. So ours dives a little bit deeper into that particular area. Next slide. So this just gives you a quick overview of some of our survey demographics. We have participants from 24 states. We worked with kind of local, state, and national organizations to get this out.

Unfortunately, our timing wasn't the greatest. We got this out right in mid-May, and it was a week before the murder of George Floyd. And we kind of pulled back our efforts in putting out the survey because we wanted to be cognizant of other things that were happening at that point in time. We re-launched the survey in January, and we have our presentation from about 51% of participants are law enforcement officers. About 24% or a quarter of our sample are victim advocates working either in law enforcement, agency or prosecutors, or court-based position. We have about 16% of our focus who were prosecutors, and then the other 10% were either staff at these places so dispatch--dispatchers in 911 calls, and so on. And we had a pretty good representation of areas served as well, about 30% served in metro area, about 35% served in rural area, and about 10% we working within American Indian or Alaska Native reservation or village. Next slide.

So this kind of shows initially what we asked, what their--what their perceptions were about changes in calls and cases since the start of COVID. And we used March 1 as a starting point specifically. And so what you can see from this slide is there were differences between general or non-domestic-violence calls and cases, and the number of domestic violence calls and cases. And so almost half reported an increase in both calls for service from police for DV incidents, and an increase in prosecutorial and advocacy caseloads specific to domestic violence. We also see a much larger decrease in general calls or cases compared to domestic violence calls or cases. And these differences are statistically significant, which is helpful to know that kind of they are meaningful data and there are some differences there. Next slide. And then to kind of elucidate these findings, when we ask more people about some of these, these are some of the things we heard. So from a law enforcement officer in Michigan, "The calls for service seems to be more common for domestic violence. Our criminal sexual conduct cases have also exploded in the amount of reporting abuse." So we heard a little bit more about not only domestic violence, but also some of these other interpersonal violence cases, or kind of combined experiences of victimizations were happening in these calls and cases.

The next quote talks a little bit more about the problem with schools and daycares being closed as the abuse not getting reported. "By the time I get the allegation, the abuse has been for an extended period of time or serious physical harm has happened essentially to the victim." So we are also hearing about how the school and daycare closures were really impacting the situation with domestic violence within the home, and also schools are typically a way that domestic violence is reported through these systems, you know, through school counselors, or teachers, or so on. And that wasn't happening, and that was very concerning to a lot of the criminal justice personnel. Next slide.

We also wanted to find out more about protective order filings and violations since COVID. I think in particular we are interested in, you know, do people still have to go in person to submit these forms? Are people coming in to get them? How have agencies adapted and so on? And there definitely were some challenges there. But a lot felt that people weren't coming in as often to file protective orders. Only about 34% felt there was an increase in filing, but what we did see is a lot of them felt--almost 50% felt like the violations were happening a lot more often than pre-COVID. So we're trying to understand this a little bit further with the interviews about what were the reasonings behind this, but there was a large concern about the violations and that those violations were associated with more serious violence and injury. Next slide.

So kind of to add context to some of the prior slide is that one thing we did hear about this, and I mention this kind of early, is that with all the unrest with law enforcement, I think this has been challenging for victims to seek police help when needed. Plus, the rumor that law enforcement is not arresting people and are releasing people quickly due to jail overcrowding has hindered victims in seeking services. So that is something we've heard from this particular participant and we did hear this from others throughout the study. And I think this also goes to--and I think Dr. Piquero talked about this, is that we can't necessarily look at this in a silo, right? We can't look at COVID on its own. There have been numerous issues occurring alongside COVID that may be impacting not only the--what's happening with domestic violence but also survivor trust in the system and the desire to seek services and access to such services. Next slide.

When we ask about change and severity of DV calls and cases, about a third of respondents noted an increase in severity and about half saying it did not change. But we were--in some of the qualitative interviews, we are seeing kind of this issue where people are talking about more stab wounds, more firearms being used that they're seeing more often, and so some of these more serious indicators of lethality are being noted more in the interviews as being higher than what they've seen in the past. Next slide. So--and this kind of talks a little bit about severity, and again goes to this whole issue of school being closed, so having less school and less community activities has made it harder to know about the things going on with the child at home. Many of my DV victims have cited the Coronavirus as a contributor to the stress and escalation of violence in the home. It is unclear how many of them this is true for, versus how many of them are using Coronavirus as a way to deflect from the abuser's toxic behaviors when those victims are trying to drop the charges. And this talks a little bit about there's a lot of escalation that people were seeing. But also now that everyone's in the home, they felt that survivors had less of an opportunity to leave or try to seek services or, for example, testify and report case or so on. They had--they lost a lot of control throughout the pandemic. Next slide.

And this shouldn't be surprising, but overwhelmingly participants felt safety decreased for victims during the pandemic. And a lot of them were struggling with how to overcome certain issues like Dr. Piquero mentioned in terms of shelters or getting services, or getting the court to speed up cases or view protective orders, and so they struggled with how to help victims or survivors be safer or feel safer, or get them to a safe place. So, over 85% felt safety decreased, with about half of those participants reporting that safety decreased by a lot. And this is kind of a common thread and almost a feeling of helplessness has come out in some of our interviews in terms of feeling at odds and trying to figure out what to do and how to help folks during this time. Next slide.

So of course along with that, like I said, this feeling of not knowing how to help or these barriers to access and I think this is something our partners are going to talk about a little bit more. But some of these things we heard specifically during this time period and again, this is kind of the first--the last 18 months in the--in the survey collected, we've been doing this kind of before the delta variant really kicked up as well. But we're hearing kind of domestic violence victims were less likely to go into shelters or seek medical treatment for fear of getting COVID. So you have this kind of coupled with--there's also kind of less access or shelters are having to create some parameters around entry and keeping people there or reduced capacity because of COVID, but you also have people less likely to seek help because they're fearful of getting COVID and they're trying to balance those health concerns with their safety concerns.

Again, the next quote is "There are challenges with helping domestic violence victims find housing after law enforcement is called. COVID has had major restrictions on our domestic violence shelter with regards to how many victims they can house. And victims are more afraid, domestic violence with much, much more severe injuries, victims even more reluctant to find alternative housing." I think we--those of us who work in this field, I do a lot of research on housing, we know this is going to be a huge issue for survivors. Not only has it always been, but the lack of housing not just shelter, but transitional housing and permanent support of housing, or affordable housing is a huge barrier to safety. And for survivors being able to make some autonomous decisions to leave relationships if that's their desire. And so I think we're going to continue to see that outlay play out with the eviction moratorium happening and kind of--as we see the kind of inflation of other costs of housing, and also some economic distress. Next slide.

And again, these kind of come through in these barriers to leaving the abuser. They felt like--they heard a lot about the COVID pandemic making it more difficult for victims to afford to leave. They're stuck in their situation because they cannot make ends meet if they leave. So some victims have had a harder time relocating from their abuser. Many victims are more hesitant to leave their abuser because their children are at home with them all day. And so this came up again about the economic burden particularly being on victims or survivors, on women, and having less resources to leave because not only are they not able to work, they're taking care of their kids at home with the pandemic, schools closed. So they're taking on additional roles, and trying to maneuver in this new reality of lockdown, or just kind of changing economic circumstances in their lives. Next slide.

So then we asked about strategies used to help victims during COVID. And they--I find this slide particularly interesting because, you know, the top two things people have

said that they did was encouraging survivors to call the police, and suggest they file for an emergency injunction of protective order. However, some of our qualitative data is starting to show us that victims did not have a lot of trust in the police or if they did, they also weren't sure if they were putting more burden on the police during this time, knowing there was a lot of things happening. Also, the injunction of protective order, there's a lot of confusion, even amongst the advocates that work in the systems about what was happening now, how to file, was it online, was it not, did you have to go in person? And so there was confusion over rules and policies about how to obtain a protective order and file something like that. And to get access to it once it was filed and approved. And you'll see some other things as well, encouraging them to stay in another home or residence. Again, I think some of these don't necessarily mimic the needs of the survivors at the point in time, and I think that's kind of a note to the field to really think about planning in general, and planning should there ever be some sort of similar, whether it's a natural disaster or as we kind of continue through this pandemic. Next slide.

So kind of in summary, we did see in the people working on the frontlines perceive a definite increase in calls and severity of DV incidents. I think the severity is very concerning as we start to see some of the data come out related to intimate partner homicides as well. There is a concern that there's a lack of reporting in help seeking. And, you know, typically schools were a way that a lot of cases got identified and that kind of way of identification was taken away from some of these systems providers. There's a perception that victim safety has greatly decreased during COVID and like I mentioned before, this reduced access to availability of services, wasn't really just due to COVID, it was also due to the social and political activities of the past 18 months and how that's impacting perceptions of the criminal justice system and service providers. And final slide.

And just to--you can--a plug for our study, we're still doing interviews, we were interviewing samples from our survey participants but now we're expanding this. So if anyone is interested. And talking to us more about your experience with COVID, feel free to scan the QR code and--or get in touch with us, we're starting to--we're going to be doing about 50 more interviews to wrap our data collection. And final slide. If you have any questions, I'm going to be on to answer any questions and feel free to reach out to me. We have additional data related to other aspects of this, and some other infographics that I'm happy to share at another point in time.

DARYL FOX: Okay. Thank you very much, Dr. Backes. Our next speaker will be Ms. Tosha Connors.

TOSHA CONNORS: I'm really excited to be here. Thanks for having me. I'm excited to share about what's been happening from a victim service provider aspect over the last 19 to 20 months. I run an agency called My Sister's House. We're here in Charleston, South Carolina. And I think a lot of what we've been experiencing has been validated by what's just been presented by the other two presenters as well, so let's get into it. Here's some of the things I'm going to touch on. The impact on client services and equities experienced by underserved populations, challenges and barriers that our clients and our agency have faced, and approaches that we've taken to serve victims during this time. So impact on client services. The impact has been great, and they're the obvious ones that we've all experienced that have been discussed, the isolation, the fear, the confusion, but specifically on client services, as it relates to our emergency shelter, we did have to reduce capacity immediately in shelters. So, we went from a 36-bed facility down to 18 clients or 8 rooms that we had for individuals or families to be in. This meant that we had to transition. For 40 years, we've really been known as and have operated as an emergency shelter with additional supplemental services. And--but we really had to think about what the needs were for the clients, what they were asking for and what we were able to provide. That meant that we had to pivot to become much more community-based.

There are some positive things that happened as far as the client services are concerned. We had to work more closely with the other service providers in our area, we had to strengthen those relationships in ways that we didn't do before. I think sometimes people talk about partnerships and how they work together. But during the time of COVID, we were really forced to. We recognize that we can't do everything for a victim or a survivor, and that we really need to rely on those additional community partners to provide the resources, the expertise, in order to provide a more holistic service to those clients. We really focus on being more agile and innovative, not for the sake of saying that we're being innovative but so we can be relevant for the next 40 years in a way that makes sense to the clients that we're serving. This has been a mechanism for change in a positive way. And it also forced us to look at our strategic plan. Again, we just completed our strategic plan at the end of 2019. And with the advent of COVID, it made us go back and rethink what we thought before.

And as it was mentioned, it's not just giving the clients the services that we think they need, but what they're telling us that they need. And those needs have certainly changed over the last 19 to 20 months. Some of the inequities that are experienced by the underserved community and the communities that I'm talking about include people of color, the LGBTQ+ community, the elderly. Those things existed before, and they were exacerbated during the time of COVID. When we look at safe shelter, safe shelter doesn't just mean our emergency shelter. But it also means housing. And for us

saying affordable housing is like an oxymoron. I know in a lot of places due to the pandemic, people were moving. And here in Charleston, in particular, housing prices and rental prices went through the roof. So, it was expensive to live in Charleston before and it's almost unbearable. People who have lived here for a long time cannot afford the rents because the prices have been so elevated. And certainly our victims and survivors have felt that. So, when they're trying to find housing that's affordable, when they're trying to find rents, it becomes a very serious challenge. Also given because the transportation issue really works hand in hand, we don't have a really great public transportation system. And that makes it difficult for those clients in rural communities to get to where the jobs are, which for us, you know, tend to be downtown or on the peninsula. And if you're living farther out in a rural community, it makes it very challenging to get to where the jobs are.

Law enforcement is another one. Because of the things that transpired over the last two years with law enforcement, we heard from a lot of our clients and a lot of victims, they were scared to reach out, they thought that they wouldn't be listened to, which is something that they felt beforehand, right? But knowing that law enforcement was taxed, they were stressed, they were without a lot of resources and there just wasn't a lot of trust in that community for a lot of our victims and survivors. So when they would come to us and we would ask, you know, the standard questions and if they've had any interactions with law enforcement, it was either I'm too scared or they're not going to help me anyway, so they thought it really wouldn't be a good use of their time. The language access is also something that we have experienced a great deal. We have a growing Hispanic population, among other things that are happening here in our community, and there aren't a lot of people who are equipped to deal and offer the equitable services to clients from other cultures or communities.

So we've had to really pivot and look at how can we direct those resources so we can provide equitable services. That is certainly a challenge. And even if you're using an interpretation service, when you're not in person, they can make a very big difference to how that survivor is feeling or receiving services on the other end. Community resources were certainly limited, depending where you are. So, if you're an elderly victim, it is even more challenging, and people often overlook them. We have worked closely with our mayor's office and other community resources to try and strengthen that for the elderly community. But in particular, I know that community has suffered a great deal. Not only our agency, but certainly other agencies that were really feeling the burden of not being able to fully staff or offer resources like they had in the past. There's also the isolation piece. And then the transportation piece that I mentioned with the housing, a lot of our clients don't have access to vehicles, they don't own a vehicle, or they're not allowed to have the keys to the vehicles that do exist in their

homes. And so it really restricted their movements, particularly going back to the lack of public transportation options.

So, challenges experienced, I really look at COVID as phase one and phase two, we had 2020, and then moving into 2021. With 2020, certainly with our shelter environment, we were set up for a congregate care setting. So we really had to shift what that looked like. Ultimately, we just decided to go and use hotels primarily because of the health and safety for our staff and clients. We had a few outbreaks among staff and this was before vaccinations and after the vaccinations were offered, and then also with clients. So, what we were seeing from our clients, when we would have healthcare providers come in and offer free testing or vaccination clinics was that that really wasn't high on their priority list. They were really worried about those base level needs, the housing, where their kids were going to get their next meal from. And so we did experience some resistance from clients even around testing, that that wasn't their primary concern. It was, "Where am I going to be sleeping?" And, "How am I going to take care of my children?" Certainly with our staff as well, they had their own healthcare needs that they were dealing with, people were trying to homeschool their children at home or take care of their aging parents. And that became also magnified during this crisis, where we had to look at how we could support our staff and what that looked like moving forward.

Communication with clients. So, for us and technology is a challenge in 2020 and 2021 for sure. We weren't on the cutting edge of all of the newest and latest, greatest technology, really, for a lot of budget reasons, right? We were doing a lot of things in person. And so when the pandemic hit, we had to shift quickly so we could communicate with the clients in our community. That meant accessing the phone more often, using things like Doxy.me or Zoom, trying to find partnerships with our local libraries for those clients who were in more rural areas, trying to find ways that we could get our staff member to that client and not necessarily make that client come to us. So we had some challenges around how do we afford the technology? What does that learning curve look like for our staff and for the clients to get used to this sort of new way of doing business together?

And then in 2021, on the next slide, you'll see that technology is still a challenge in a slightly different way because we have been able to upgrade some of our systems, but that learning curve still exists. As I mentioned, we went to primarily a hotel-based model for our emergency shelter clients. This presented a whole host of new problems like transportation, for instance, food preparation is very different when you're in shelter and you're providing for several people at one time, and now needing to buy meals and individual items for families who were in different locations. Again, the

health and safety of our staff and clients continues to be an issue that we deal with, that we work with our community partners to try and mitigate and to try and share advice and guidance from the CDC and our local state agencies around best practices. Staff burnout is also very real with our staff. Everybody was dealing with the trauma of COVID and then they were also dealing with the trauma that our clients were faced with. And we certainly saw an increase in the severity of cases that our clients came to us with. So, several clients who showed up and they were experiencing a lot of verbal or emotional abuse in their relationship and then during the time of COVID, a lot of very severe physical abuse that happened. And so staff were trying to figure out how to navigate these waters, how do they deal with somebody else's trauma and their own trauma, we typically talk about vicarious trauma. And we recognize that staff have their own lives that they're dealing with. But at the same time, it felt like everybody was really going through a very traumatic experience, magnified to a greater level. And it was very difficult to deal with.

I will share that in June, we had about three weeks where we had three severe things happening at once. We had a client who was kidnapped, and that was also kidnappings really increased in our area. We had a client that was kidnapped and we feared was dead. We had a second client whose abuser was threatening to murder her and my whole staff. And then we had a staff member who had a mental breakdown and had to be hospitalized. And all three of those things happened within a three-week period. So we were dealing with multiple challenges. And I'm sure, like, the staff, some of them were questioning whether they wanted to stay in this job and if they could deal with that. And I know that I thought about that myself a few times. How do I take care of myself? How do I deal with this? And how do we move on?

So, our approaches to how we serve victims and really our goal is to get them from victim to survivor. We are much more community-based now. We have a housing first model. So it is our goal with those first few conversations when somebody is coming in. If they do not have housing, we are trying very hard with our housing coordinator to navigate those waters, find permanent supportive housing or use some rapid rehousing dollars to get those people placed. So then we can saturate them with the other services that they need. And always staying trauma informed and client centered, making sure that we're really listening to what the clients' needs are and that we're responding appropriately. You guys are not alone. There are a lot of resources out there. I know sometimes it's challenging when you're reaching out and you're hearing no or you're hearing that people are under-resourced. But I would just encourage you to keep trying to listen to your family, your friends, your coworkers, share the resources and share an ear and listen to them and help them out. Thank you for having me.

DARYL FOX: Thank you, Ms. Connors. Our final speaker today will be Ms. Ashleigh Washington.

ASHLEIGH WASHINGTON: Hello, everyone. Thank you for having me. I'm happy to be here to talk about Safe Horizon and our experience over the past 19 months or so. So, Safe Horizon is the largest victim services agency in the country. We support victims of domestic violence but also sexual assault, crime, elder abuse, child abuse, any harmful experience that you can think of. No matter how minor it seems, we serve survivors. Every year we work with up to 250,000 New York City children, adults, and families. Again, we work with people who've experienced any sort of crime or harm, can be trafficking, community violence, and we even support youth homelessness. We have about 1,000 employees and about 100 locations all over New York City. We're located in courts, police precincts, we have counseling centers, we're in the family courts, we have community-based programs. We have five child advocacy centers and aid shelters. So our reach is pretty wide throughout New York City. Next slide, please.

I'll talk about some of the challenges and opportunities that COVID has presented us. One of the things about the media, and the sharing about domestic violence specifically, even though at Safe Horizon, we haven't seen some of the increases that other cities or other programs have seen. Just the awareness of people talking about domestic violence more and about it as an issue has given us leverage to advocate for this issue and really all aspects of violence in our community so that we can provide better support and do more of what we need to do to respond. We, actually in the beginning of COVID--so if we go back to March 2020 and April, we actually saw decreases in our hotline calls and Safe Horizon, we operate a hotline for the entire New York City, so people can call in about domestic violence, rape and sexual assault, general crime. And when they're calling this hotline, they're not necessarily saying that I'm a domestic violence victim, or a sexual assault survivor, sometimes they're just calling a number to get help, or sometimes people are generally curious.

So for instance, last April 2019, we had about 6,400 calls to our domestic violence line, which accounts for about 85% of all calls that come through, we get about 6,000 and 9,000 calls a month. And when we looked at that at April, we got about 6,500, as well. So between April 2019 and 2020, we saw things pretty much stable with a slight increase of about 1 percent. And with our rape and sexual assault hotline, that decreased significantly in terms of the calls we received, and our hunch is that people's dynamics have changed. Perhaps people just were prioritizing COVID safety over any other type of safety in those times. And we've continuously to see our calls pretty much stabilized. There were some spikes and spurts in the beginning. And we think that's attributed to the city, the city was really pumping out the hotline, people

were very curious and very compassionate about this issue. So we got a lot of calls from people just wondering how they could help. And so it's something we continue to look at to really see how has COVID shaped help seeking and how people come to us on the hotline specifically. We did--we do know from some of our advocates on our hotline specifically that some of the calls they did receive were different, people who were calling for help require, they were more rushed, because the ways they would normally seek help, it wasn't safe to do that anymore. Maybe they weren't in a safe location. Maybe someone was around where they couldn't speak and share their full story. So the dynamic shifted a bit and how those calls were experienced, how they were felt, and how advocates were able to respond in the moment.

We also experienced a lot of limitations and a lot of pressure on us as a--as an agency when courts and government providers and other community providers closed for all the reasons that they had to close of us as a whole world prioritizing COVID safety. And that meant that people were coming up to us more for things when other organizations were closed. So that really is great that we were able to be there for survivors, but it made it very difficult. The other big challenge, as previously mentioned, taking care of our staff, we have a large workforce, and there's this collective grief and loss. We lost a lot of people in this country due to COVID and that alone with our staff, not only our staff, but our clients experiencing so much loss of family and loved ones, matriarchs, patriarchs, and their family took a toll. So the burnout, the vicarious trauma, life, people trying to homeschool their kids and also work remotely, to respond to a hotline call, or do a remote order protection, or do those case management services with someone in a shelter, or do a remote counseling session on top of your own life, grief, loss, and just burnout and fear, we have had to do a lot to take care of our staff and try to retain them. And obviously, we've had a lot of turnover as people's life circumstances have changed.

So right now, we are looking at a lot of things like pay equity, how do we make sure that we have a better paid workforce within our organization. That's something we were working already--already working on as a part of our anti-racism and racial equity work within our organization but COVID obviously has made it even more challenging, even more important. We shifted to remote learning in remote communities to really take care of staff, making sure that incoming staff are trained virtually, which was something we did not do to the skill before across this mini staff. And so all of our training on client-centered practice, trauma-informed practices, orders of protections 101, all of our anti-racism training and vicarious trauma training happens online now, which is something that we plan to keep because of how big we are. And we're also figuring out now what hybrid schedules look like. We know a lot has worked for staff to work in this way, a lot has worked for survivors, and we're trying to figure that out and

increase our capacity really, to be remote, reach more survivors in ways that are meaningful to them with everything they have going on in their lives.

And this has been mentioned before as well, technology has been a gift, we've learned how to leverage it, we've done things we've never done before with our remote counseling sessions. For instance, now we do so much more therapy and counseling at our counseling centers virtually than we ever did before. So that's been helpful to allow us to do more with less. And it's also presented challenges for people who speak different languages who don't have internet access. When COVID first hit and became a challenge of, you know, people who don't have access to smartphones or consistent internet-reliable phones, beyond safety, but just because of financial means it made it harder to figure out how it will be accessible. And then we think about people with disabilities, that was something we also had to adapt to and be mindful of, investing in different translation services, making sure we have accessible services not only for clients, but things that staff could use in their home environments, in their remote environments where they were working. Next slide.

And here are some--just a few more service provision examples. So we--when COVID first landed March 2020, the shutdown in New York City, remote there, we--hearings went remote. So our courts and precincts were able to facilitate any hearings. We were able to do protective orders with clients, through email channels, and through Zoom, through WhatsApp, through whatever was available to the client. We also have child visitation programs that we--that we supervise, child supervised visitations, and we were able to sustain those visitations virtually so you would have an advocate, and a parent and a child who would be on a virtual visitation that we were able to help. So it was really great that we were able to leverage technology and keep that going.

Remote services in our shelters and councils that I've touched on, but we actually saw in our shelters, our utilization decreased. As mentioned before, people were prioritizing COVID safety, the dynamics of their relationship might have changed or what have you. So we had some people actually leave shelter when COVID hit, because they were afraid of living in those conditions and were prioritizing that risk over any other risks that might be opposed to them and their children. So we were able to, for our shelters, really have protective equipment for staff, obviously, social distancing in the sites and actually doing remote case management counseling within the shelter. So a resident might be in that dwelling, but the case manager was--would be in their office but doing remote check-ins and support to them, which was key because all of the respite and support that they would have otherwise had was nonexistent. So the remote work was vital. And as mentioned, as well, this really strengthened our coordination with our programs and our child visitation programs, making sure that

we're coordinating these however we could to keep as much going as possible to create a predictable environment for survivors.

One of the biggest things that became clear is that survivors were prioritizing basic needs, utilities, food, rental arrears, moving expenses right now, as we're kind of in a different phase of COVID, are the things that people are prioritizing, because people were so reliant on systems and things before, they are trying to catch up. And also people's material conditions are different. COVID has, you know, caused unemployment, people having to use the resources they had to respond to it in other ways. They are coming to us continually, even at the height of COVID, for things like utilities, rental relief assistance, people need to move. And we're really seeing people coming to us not necessarily wanting all the systems that we're embedded with, but really wanting support for today, tonight, tomorrow, how they're going to feed their children, what are their needs for today, tonight, tomorrow to make it.

So that is how we are currently responding and adapting. And right now, we're figuring out how much of what's worked are we keeping and how do we continuously roll that out in a way that's supportive of survivors, of course, but also for staff who are really tired, exhausted, and grappling with their own realities of vaccine mandates and their own children returning to school, their own grief and loss, how do we continue to hold on to this workforce to do this very important work as we go into another phase of COVID. So thank you all. That concludes my presentation.

DARYL FOX: Thank you, Ms. Washington. And I want to thank all the speakers today that participated. Wonderful insights on all your presentations. That brings us to the end of our presentation portion today. So what we'll do, is as mentioned, we're going to open up the program to some questions. As mentioned, you can enter your questions to our speakers into the Q&A box, select all panelists. Also, if you can, please state your question with which speaker you're directing your question to so as we go through them, they'll know to unmute their speaker.

So the first one is to Dr. Backes, "Did your research note any differences in the impact of COVID in urban versus rural victims? I'm just curious if rural areas, which traditionally have fewer or more inaccessible services, experienced disparate impact due to COVID."

DR. BETHANY BACKES: And that's a great question. Thank you for that. And we're actually looking at those data right now. So I can tell you a little bit about it. We didn't see a lot of differences in terms of protective order filings or violations. We are seeing some differences in severity. Severity seems to be higher in urban areas and rural areas. But the numbers in calls and cases seem to be--increased greatly in both. In

terms of tactics used, I think the tactics in terms of how they're supporting survivors were a little bit different. In our rural areas, we found them more likely to tell them go stay with someone else, go to another family member's house for a little while, and also we've seen the rural areas encouraging the use of chat text and hotlines more often. So that is a couple things that we're seeing and we're going to be analyzing those data a bit more. The one thing I will say in the [INDISTINCT] is we're hearing more about agencies trying to find ways to use flexible funding to provide support for survivors and that was a lot of--a lot of attempts to try to get access to funds that weren't restricted so they could provide alternate types of housing or kind of escape plans for survivors.

DARYL FOX: This was directed to Ashleigh. "You mentioned the challenges associated with virtual advocate--advocacy services. Have there been services created to be accessible to people without smartphones or internet or is that still presenting a gap in service?"

ASHLEIGH WASHINGTON: Speaking for Safe Horizon, I think that that does still present a gap. We have things like our SafeChat online but you need internet for that, right? You need a smartphone or a desktop. The most accessible is our hotline, which is a 1-800 number, that's citywide, and that is usually the entry point people come through, and through that line, we are able to deploy various translation services and things like that to meet people's needs. But in terms of the other technological pieces of how people get support, it has been a challenge. But also a lot of people have had smartphones and have introduced some of our advocates even to ways to connect that we weren't even using. So I think despite some of the resources that survivors do not have that come to us, they also do have a lot of things that they're already using to get by and we just tap into those.

DARYL FOX: And Ashleigh, while you're on, there's another one that came in. "How is your organization dealing with staff that are experiencing the same challenges as these victims and clients? Is there grace afforded to your staff in those instances?"

ASHLEIGH WASHINGTON: Yes. If you mean by the same issues the grief, loss, and like trauma in general, we have a very robust strategy for self-care and well-being in the workplace, so everyone from our HR teams to our supervision policies to our supervision training to my department, which is learning and staff development, we do a lot to create opportunities for staff to share about what's going on, so we have support groups in an ongoing way. We have debriefs around a lot of the stuff that's happened over the past year with racial violence and systemic violence, so that--those channels create opportunities for people to get support. We also have a number of people who have--who identify as survivors themselves and we know that that

dichotomy that can be--a false dichotomy of client versus worker. And we know that people who do this work are also survivors and sometimes going through things as well. So we have policies in place and we also message that when people are going through a difficult situation, whether it's domestic violence or family violence, elder abuse, or a general harm they've experienced in their community, how they can access services and how they can use the resources at Safe Horizon to get support. But that's definitely something that we think about and respond to.

DARYL FOX: This one's more general than any, you know, the researchers or the service providers could chime in on how it affected them, but "How did abortion access during the pandemic affect reproductive coercion in domestic violence if at all?" Does anybody have any insights through their research on that? And that's something we could probably follow up with post-event here.

TOSHA CONNORS: Daryl, I will just say--this is Tosha. We didn't have any reproductive coercion but we did have three babies that were born in shelter during the summer. So we had a lot of pregnant women come to us and who gave birth while in our care. So we saw a lot of that happening and we were able to provide the right resources to them and get them to the right victim service providers. But we actually saw a lot of babies born in our area.

DARYL FOX: Okay. Thanks so much for that, Tosha. And that's going to bring us to the end of the Q&A today. So what I'd like to do is hand the program again over to OVC Director Kristina Rose for some closing remarks.

KRISTINA ROSE: Thank you Daryl. Actually, I'm going to introduce our Associate Attorney General right now. I understand that she is on the call, so I will do that. We are so happy to be able to have Vanita Gupta, the Associate Attorney General of the United States. She supervises multiple litigating divisions within the Department of Justice and oversees a number of grant-making components, including the Office of Justice Programs where OVC resides and the Office on Violence Against Women. And this is not her first time serving at the department. Like many of us, we just can't seem to stay away. From October 2014 to January 2017, Associate Attorney General Gupta served as the Acting Assistant Attorney General and head of the Department's Civil Rights Division. She's also served as the President and CEO of the Leadership Conference on Civil and Human Rights and is Deputy Legal Director and the Director of the Center for Justice at the American Civil Liberties Union. Associate Attorney General Gupta has devoted her career, which began as an attorney at the NAACP Legal Defense and Education Fund, to civil rights work and criminal justice reform to ensure equity and support for underserved communities. And if I can just add a few

personal words of my own, I want to say that we are just thrilled to have her at DOJ. It is a gift to have an Associate Attorney General who cares so much about crime victims and prioritizes their voices in policy discussion. We know how lucky we are to have her in our corner. So please join me in welcoming Associate Attorney General Gupta.

VANITA GUPTA: Thank you so much, Kris. It is always an honor to be involved in any program that you are involved in, and it's a pleasure to join you and Allison and both of your teams, and to be here with all of our speakers and panelists and participants. I understand that more than 1,000 people registered for this webinar, which I think is pretty incredible. And on behalf of the Attorney General and everyone at the Department of Justice, I really commend all of you for your commitment to supporting survivors of domestic abuse and for the work that you're doing every day in communities across the country to bring them justice and healing. Too many people in this country have experienced sexual violence, physical violence, or stalking by an intimate partner during their lifetime. And we continue in the grip of a pandemic that has brought unprecedented challenges to survivors who face isolation and service providers stretched beyond their means, which is really why your work today is more important than ever.

Domestic violence causes deep and lasting trauma and it can escalate into acts of extreme, sometimes even fatal violence. It is devastating, devastating to victims, and the collateral damage is extensive. As the President put it, "Domestic violence is an abuse of power that tears apart the fabric of relationships and families, and undermines the well-being of communities." But we are here in a demonstration of our collective resolve to end the scourge of domestic violence and to give survivors the help and hope they need and deserve. And I am proud of the actions the Department of Justice is taking working with so many of you. Local victim assistance programs supported by our Office for Victims of Crime reached more than three and a half million survivors of domestic and family violence in fiscal year 2020. That number includes individuals seeking help for the first time and victims who returned for additional services. OVC recently awarded \$1.2 billion. That's \$1.2 billion in Victims of Crime Act Formula Grants to support thousands of victim services programs nationwide. And our Office on Violence Against Women recently awarded more than \$476 million to address domestic violence, dating violence, sexual assault, and stalking. We're supporting vital resources like the National Domestic Violence Hotline, and we've helped to develop new apps designed to protect victims and build their legal case against their abusers.

And with their recent enactment of the VOCA Fix Act that the President signed into law with overwhelming bipartisan support, the Justice Department has been committed to

expeditiously and seamlessly implementing the new law to support victims. In fact, the Deputy Attorney General issued a memorandum to all federal prosecutors across the country to appropriately take steps to implement the law. Following that memorandum, monetary recoveries from deferred prosecutions and nonprosecution agreements had helped bolster the Crime Victims Fund. And we're setting the stage for even more robust funding for victim services. September deposits into the fund reached \$254 million, the largest monthly amount in the last four years. This bodes well for vital victim services, including those supporting domestic violence survivors. And as we widen our network of services, we are making a concerted effort to reach those who are most vulnerable.

For many people of color, conventional victim services are less likely to meet their needs and in fact, can serve as a barrier to healing. We need to make sure that these victims have the same access to services and the same level of support that are available to all victims. Today, I'm very pleased to announce that the Office for Victims of Crime has awarded \$3 million to the National Center on Violence Against Women in the Black Community, also known as Ujima, and to Ujima's partner, the National Organization of Sisters of Color Ending Sexual Assault, to create the National Center for Culturally Responsive Victim Services. The National Center is the inspiration of OVC's Communities of Color Working Group and fulfills the spirit of President Biden's executive order on advancing racial equity and support for underserved communities. This is a three-year program that will provide comprehensive training and technical assistance and capacity building expertise to victim services organizations so that they're equipped to reach marginalized neighborhoods as a fundamental part of their mission. Ujima is already developing partnerships with experts in the victim services and criminal justice fields, and they will work to make sure that this effort is driven by the communities it is intended to serve.

We are really excited about this landmark effort. For too long, people of color have borne a disproportionate share of the burden of crime in the country, and this initiative represents an important step in leveling the balance and restoring the promise of justice to so many to whom it has been so long denied. As Domestic Violence Awareness and Prevention Month comes to a close, I join you all in recommitting ourselves to ending the epidemic of domestic abuse in our country. And I pledge to stand by you as we work every day to support domestic violence survivors and work towards a society where everyone can live free of fear and abuse and harassment. Thank you for your service for your communities. You all are an inspiration to me. And thank you for all you do on behalf of victims all across the country. Thank you.

KRISTINA ROSE: Thank you so much, Associate Attorney General Gupta, for being with us today for this webinar and to share the exciting news about OVC's new National Center on Cultural Responsiveness and Victim Services. This is a very exciting time for OVC and we're just so glad that you could be a part of it. I want to thank all of the panelists. They were so impassioned and informative, really raised a lot of important issues. And I thought what was most interesting was that they completely supported each other's findings, whether it was from the research or from the practice. It's very consistent. And as Dr. Piquero said, it's clear that the pandemic has negatively impacted many of the survivors in our country.

I want to thank a couple of the staff at OVC, particularly the outstanding work of Yolanda Curtis Gibson and Emily Bauernfeind for planning this webinar today. And a special thank you to Daryl Fox from Leidos for hosting and moderating today. And I want to thank our ASL interpreters, Emily Wallis and Missy Kinsel.

President Biden called on all of us in the proclamation for DV Awareness Month to come together to reaffirm our commitment to ending domestic violence and supporting survivors. And today's conversation is a testament to that commitment. Working together, we can rewrite how our country responds to all crime victims and increase victims' opportunity to find the justice that they desperately seek. Thank you so much for your time today.