



# A SHORT-TERM ANALYSIS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIM SERVICES FOLLOWING THE ILLINOIS COVID-19 STAY-AT-HOME ORDER



**A Short-Term Analysis of Domestic Violence and Sexual Assault Victim Services Following  
the Illinois COVID-19 Stay-at-Home Order**

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## **Special Note**

If you or someone you know needs support for domestic violence or sexual assault, please see the following resources:

### **Domestic Violence**

National Domestic Violence Hotline

1-800-799-SAFE

<http://www.thehotline.org/>

Chicagoland Domestic Violence Help Line

1-877-863-6338 (Chicago area only)

[http://www.cityofchicago.org/city/en/depts/fss/provdrs/dom\\_violence/svcs/domestic\\_violencehelpline.html](http://www.cityofchicago.org/city/en/depts/fss/provdrs/dom_violence/svcs/domestic_violencehelpline.html)

For more information on domestic violence, visit the Illinois Coalition Against Domestic Violence's Web site at <http://www.ilcadv.org> or call 217-789-2830.

### **Sexual Assault**

National Sexual Assault Hotline

1-800-656-HOPE

<http://www.rainn.org/get-help/national-sexual-assault-hotline>

Chicago Rape Crisis Hotline

1-888-293-2080 (Chicago area only)

<http://rapevictimadvocates.org/>

For more information on sexual assault, visit the Illinois Coalition Against Sexual Assault's Web site at <http://www.icasa.org> or call 217-753-4117.

## Table of Contents

Executive Summary .....	i
Introduction .....	1
Literature Review .....	2
Method .....	3
Procedure and Sample .....	3
Measures .....	3
Data Analysis .....	6
Limitations .....	6
Findings .....	8
Overall Client Numbers .....	8
Referral Source .....	9
Medical Visits .....	10
Counseling .....	10
Hotline Calls .....	12
Housing Needs and Services .....	14
Change in Offense and Perpetrator Characteristics .....	15
Orders of Protection .....	16
Availability of Volunteers .....	17
Discussion .....	19
Changes in New and Ongoing Clients .....	19
Shifts in Counseling .....	20
More Off-Site Shelter Use .....	20
Changes in Victimization Characteristics .....	21
Reductions in Order of Protection Filings .....	21
Loss of Volunteers .....	21
Conclusion and Future Directions for Research .....	23
References .....	24
Appendix A .....	27

## **Executive Summary**

### **Introduction**

On March 11, 2020, the World Health Organization declared the outbreak of the 2019 Novel Coronavirus (COVID-19) a global pandemic (Centers for Disease Control and Prevention, 2020b). Those working with DV victims expressed concerns about victims experiencing economic instability and increased stress due to the pandemic, as well as being in close quarters with abusers and having fewer opportunities to access help or leave (The Network, 2020; Reichert et al, 2020). Due to this considerable concern about how the COVID-19 pandemic may impact DV and SA victimization and victim service usage, we set out to analyze:

1. How did the volume of clients at DV and SA victim service providers change in the three months following Illinois's stay-at-home order?
2. How did the volume of calls to DV and SA centers' hotlines change in the three months following Illinois's stay-at-home order?
3. Of those clients seeking DV and SA services, how did the characteristics of DV and SA offenses and offenders change in the three months following Illinois's stay-at-home order?
4. Of those clients seeking DV and SA services, how did referral sources shift in the three months following Illinois's stay-at-home order?
5. How did the services clients received from DV and SA center – particularly in shelter, housing, and counseling – change in the three months following Illinois's stay-at-home order?

### **Method**

#### ***Procedure and Sample***

We analyzed select data from InfoNet, a web-based, deidentified data collection and case management reporting system managed by ICJIA and used by 80% of Illinois DV and SA victim service providers. InfoNet tracks the amount and type of services provided, client information and needs, information about offenses and perpetrators, and the various community education activities undertaken by providers. During the three analyzed spans (including the two pre-COVID comparison years), a total of 47,826 adult DV clients and 8,576 child DV clients received services or shelter from 70 agencies across Illinois. Additionally, 12,424 SA clients and 1,463 significant other SA clients received services, from 32 unique Illinois agencies.

#### ***Measures***

Data were drawn from InfoNet. These data included counts of DV and SA clients, service contacts, service hours, and volunteers. Referral source, offense and victimization characteristic, and order of protection data were also examined. DV providers assess clients' needs for housing services upon intake; researchers utilized these data in their analysis as well.

## ***Data Analysis***

Researchers calculated frequencies, percentages, and/or percent change for the number of DV and SA clients served, contacts, and contact hours from March 21<sup>st</sup> to June 30<sup>th</sup>, 2020 compared to the same time period in 2018 and 2019. They also examined these same descriptive statistics for DV and SA referral source, perpetrator characteristic, primary presenting issue, offense location, order of protection, and volunteer data fields. For DV clients, changes in housing and shelter needs were analyzed.

## ***Limitations***

First, impacts of the COVID-19 pandemic may have affected the quality and completeness of InfoNet data. Secondly, while these data can describe changes in service utilization and offense characteristics during the first months of the pandemic compared to recent years, they cannot explain why these changes occurred. Third, any changes observed in 2020 may be unrelated to the COVID-19 pandemic and Illinois's stay-at-home and, instead, the result of other factors. Fourth, providers are instructed to record any counseling where client and counselor can see each other face-to-face as "in-person counseling." Thus, counseling via webcams is recorded as in-person counseling, understating the total amount of counseling provided remotely. Finally, we limited our analysis to the first three months following Illinois's stay-at-home order, providing only a snapshot of change at the start of the pandemic.

## ***Findings***

### ***Overall Client Numbers***

The number of new DV and SA clients decreased; these included DV adult clients, DV child adults, SA victim clients, and SA significant other clients. However, ongoing clients, those who had made their first contact prior to the period analyzed, did not experience such notable changes. The decrease in the number of ongoing DV child clients receiving services was only about half of the drop observed for new DV child clients. And the observed drops for ongoing adult DV clients, ongoing SA victim clients, and ongoing SA significant other clients was negligible.

### ***Referral Sources***

While providers can document referral information from dozens of sources, researchers focused on four referral sources with the greatest likelihood of being impacted by the COVID-19 pandemic: law enforcement, hotlines, hospitals, and legal referrals. For DV clients, referrals from hotlines increased, law enforcement referrals saw a small increase, and legal referrals decreased. There was also a small increase in the percentage of referrals from law enforcement to SA providers. Referrals to SA providers from hospitals and helplines or hotlines increased in 2020 compared to 2018 but dropped compared to 2019. And while DV hospital referrals and SA legal sources referrals similarly fell, they comprise a relatively small portion of all referrals.

### ***Medical Visits***

The percentage of new DV clients who visited a hospital or medical center in 2020 dropped 22% from the previous year, while the percentage of new SA clients who visited a hospital or medical center remained unchanged.

### ***Counseling***

The number of DV and SA clients receiving counseling services decreased in 2020 when compared to both 2018 and 2019. However, there were negligible changes in the number of total counseling contacts and total counseling hours. Both DV and SA centers shifted towards telephone counseling during this period; the number of clients receiving telephone counseling increased, while the number of clients receiving in-person services decreased. Additionally, the length of the average telephone counseling sessions increased, growing 11 minutes for DV counseling contacts and 25 minutes for SA counseling contacts.

### ***Hotline Calls***

The number of DV hotline calls received from clients increased during the observed span in 2020, while the overall volume of SA hotline calls and DV non-client hotline calls did not notably change. The share of DV hotline calls from clients compared to non-clients (i.e., survivors who had not gone through the intake process when the call was made or non-survivors calling on behalf of a victim they know) grew from 45% to 54%. Additionally, the average length of both DV client and DV non-client calls remained unchanged, while the average SA hotline call length increased by 20%.

### ***Housing Needs and Services***

Changes in DV clients' housing needs and shelter needs were negligible and the number of clients receiving housing advocacy remained unchanged in 2020 compared to recent years. And compared to 2019, the number of housing advocacy contacts increased by 35% and the number of housing advocacy hours increased by 42%. The number of clients entering shelter, whether on-site or off-site, dropped 33% in 2020 compared to the two previous years. How shelter was provided changed; in 2019 and 2018, 2% of shelter was off-site, but this grew to 51% in 2020.

### ***Change in Offense and Perpetrator Characteristics***

Analyses revealed that DV clients' primary presenting issue and offender age and offender gender did not differ in 2020 from past years examined. However, a 16% rise in the percentage of DV offenses committed by other household members, compared to 2019, was observed. There negligible or inconsistent changes in SA offender gender and victim-perpetrator relationship. But perpetrators of SA offenders were 20% less likely to be minors. We also found that offenses committed in a public setting fell by 37% for DV victims and 17% for SA victims. The proportion of SA clients seeking help for child sexual assault or abuse fell from 30% in 2019 to 23% in 2020.

### ***Orders of Protection***

The number of clients seeking an order of protection fell 41% and the number of clients seeking an order of protection upgrade fell 49%.

### ***Availability of Volunteers***

In 2020, there were 49% fewer volunteers at DV agencies and 32% fewer volunteers at SA agencies, relative to 2019.

## **Discussion**

### ***Changes in New and Ongoing Clients***

Most clients receiving services from Illinois DV and SA providers prior to Illinois' stay-at-home order remained engaged in services and continued to call hotlines. In contrast, DV and SA providers observed a decrease in new clients and there was a drop in hotline calls from survivors who had not completed the intake process. For instance, there was a decrease in the percentage of DV victims who visited a hospital or medical center for their victimization, and legal referrals dropped by more than a third. Future research should assess whether interpersonal violence increased during the pandemic and identify victim barriers to services during that time.

### ***Shifts in Counseling***

While fewer DV and SA clients received counseling services, the average length of counseling sessions increased. And while in-person counseling contacts and hours decreased for both SA and DV clients, SA telephone counseling contacts rose approximately five-fold and DV contacts more than doubled. Health and safety concerns over COVID-19 combined with the state's stay-at-home order likely led both SA and DV providers to shift from in-person to telephone counseling. Time and future quantitative research will show if the shift toward telephone counseling persists as the dangers of COVID-19 waned.

### ***More Off-Site Shelter Use***

The shift from on-site shelters to off-site shelters in Illinois was stark: the number of victims in on-site shelters fell to roughly a third of what it was in 2019, while use of off-site shelters increased fifteen-fold. We saw a notable increase in housing advocacy contacts and hours, likely due in part to the need to overcome additional barriers to securing safe shelter for victims; barriers may have included changes in accessing emergency and short-term housing, temporary on-site closure of other agencies assisting with housing needs, and less housing availability as individuals likely delayed moves.

### ***Changes in Victimization Characteristics***

COVID-19 and the state's stay-at-home order fundamentally changed people's public interactions and daily schedules, impacting certain victimization characteristics. For example,



clients receiving services in 2020 for a SA occurring in a public area dropped by a quarter and DV offenses occurring in a public area dropped by more than a third, compared to 2019; this is consistent with what we would expect, as the stay-at-home order and other guidelines sought to limit time spent interacting in public. We also observed a drop in the proportion of sexual assaults committed by minors. As victims' peers and acquaintances commit the largest proportion of sexual assaults against youth (Centers for Disease Control and Prevention, 2012), perhaps being under stay-at-home orders minimized opportunities for victimization of youth by their peers.

### ***Reduction in Order of Protection Filings***

In the months following the state's stay-at-home order, orders of protection and plenary orders of protection decreased. COVID-19-related court system delays and closures could have presented a barrier for victims seeking an order of protection (Goudie et al, 2020).

### ***Loss of Volunteers***

From 2019 to 2020, the number of DV volunteers serving clients fell by half and the number of SA volunteers fell by a third. The stay-at-home order, fears of contracting COVID-19 while doing advocacy work, and the difficulty providing training during the pandemic likely led to the decrease in volunteers observed. Future research should examine the pandemic's long-term impact on volunteerism in the SA and DV fields and whether the decline in volunteers has affected service provision.

### **Conclusion**

While some research points to an increase in DV incidents in the first few weeks following Illinois's stay-at-home order (Taub, 2020), DV service providers in this study experienced a decrease in clients over the periods examined. This suggests that victims may have had a more difficult time accessing DV services. Future research can give us a clearer picture of why these changes occurred. The COVID-19 pandemic appears to have also impacted how counseling was provided to victims during the observed time period. Many service providers engaged in more telephone counseling and less in-person counseling. This change corresponded to the national trend of telehealth, which has increased access to health care and other services during the pandemic (Kluger, 2020). Specific to DV and SA victims, future qualitative studies will need to examine the efficacy of telephone counseling, and whether the phone counseling including a video component, is as effective as that of in-person counseling.

## **Introduction**

On March 11, 2020, the World Health Organization declared the outbreak of the 2019 Novel Coronavirus (COVID-19) a global pandemic (Centers for Disease Control and Prevention, 2020b). In the early days of the pandemic, national media reported increases in domestic violence (DV) and sexual assault (SA), as well as in the volume of hotline call inquiries about victim services (Reichert et al, 2020; Taub, 2020). Those working with DV victims expressed concerns about victims experiencing economic instability and increased stress due to the pandemic, as well as being in close quarters with abusers and having fewer opportunities to access help or leave (The Network, 2020; Reichert et al, 2020). Due to this considerable concern about how the COVID-19 pandemic may impact DV and SA victimization and victim service usage, we set out to analyze:

1. How did the volume of clients at DV and SA victim service providers change in the three months following Illinois's stay-at-home order?
2. How did the volume of calls to DV and SA centers' hotlines change in the three months following Illinois's stay-at-home order?
3. Of those clients seeking DV and SA services, how did the characteristics of DV and SA offenses and offenders change in the three months following Illinois's stay-at-home order?
4. Of those clients seeking DV and SA services, how did referral sources shift in the three months following Illinois's stay-at-home order?
5. How did the services clients received from DV and SA center – particularly in shelter, housing, and counseling – change in the three months following Illinois's stay-at-home order?

For this study, we conducted an exploratory investigation analyzing how data from the first three month following Illinois' COVID-19 stay-at-home order (March 21, 2020, through June 30, 2020), compared to data collected during the same time period in 2018 and 2019. We sought to expand on media reports by more thoroughly investigating how DV and SA offense characteristics, DV and SA victim service seeking, referral sources, and DV and SA service receipt may have changed during the first months of the pandemic.

## **Literature Review**

Illinois Gov. J.B. Pritzker issued a stay-at-home order which went into effect on March 21, 2020, in an effort to curb the spread of COVID-19. The order delineated guidelines for essential and non-essential businesses, as well as the stipulation that people stay home, aside from approved exceptions (Pritzker, 2020). As COVID-19 cases decreased, Illinois eased restrictions, allowing more outdoor recreation and non-essential business operation (Phase 2) on May 1, 2020 (State of Illinois, 2020). Although increases in cases and positivity rates later caused Illinois to return to more restrictive measures, at the time of this publication, restrictions have once again been relaxed.

Several factors increased the risk of DV and the direness of victims' circumstances, leading researchers and advocacy groups to issue warnings, calling on countries to expand access to safe spaces (Buillon-Minois, 2020; UN News, 2020). Housing has always been a prominent need for DV victims but may have been even more crucial for individuals at home with abusive household members during stay-at-home orders and for families who lost their ability to pay rent due to the pandemic-related rise in unemployment (Kaukinen, 2020). Both SA and DV victims likely also faced challenges accessing medical services (e.g., obtaining a forensic exam) and in-person counseling, as many offices temporarily closed or reduced capacity. Victims may have also experienced more mental health issues, as many people reported feeling more anxious, fearful, and economically unstable as a result of the pandemic (Centers for Disease Control and Prevention, 2020a; Reichert et al, 2020). Increased distress can exacerbate existing trauma-related issues, such as post-traumatic stress disorder, potentially prompting more victims to seek counseling and crisis services. Given the greater risks and increased stress, it is important to examine how these conditions might affect DV and SA victim service utilization in Illinois during the pandemic's first few months.

## **Method**

### **Procedure and Sample**

We analyzed select data from InfoNet, a web-based data collection and case management reporting system managed by ICJIA and used by approximately 80% of Illinois DV and SA victim service providers. Service provider centers are primarily staffed by counselors and victim advocates who offer emotional, legal, and material support to victims and their loved ones. InfoNet tracks the amount and type of services provided, client information and needs, information about offenses and perpetrators, and the various community education activities undertaken by providers.

During the three analyzed spans, a total of 47,826 adult DV clients and 8,576 child DV clients received services or shelter from 70 agencies across Illinois. Additionally, 12,424 SA clients and 1,463 significant other SA clients received services, from 32 unique Illinois agencies. This study was approved by ICJIA's Institutional Review Board.

### **Measures**

We used terminology and definitions unique to Illinois victim service providers and the InfoNet system in this analysis (Table 1).

**Table 1**  
*Definitions of InfoNet Terminology*

Term	Definition
Domestic violence adults	Individuals who sought services as the primary DV victim. In most cases these individuals were over 18, however minors who received services independent of an adult also were included in this category.
Domestic violence children	Dependents that arrived for services with the adult client. In most cases, they were minors, but some may have been young adults or older children with special needs.
Sexual assault victims	Individuals who experienced SA or other sexual violence.
Sexual assault significant others	Partners, friends, or others who attended services in support of a victim.
Overall client totals	Both new clients—those who first contacted a DV or SA provider—and ongoing clients, who continued receiving services during the periods studied were included in the analysis. Totals represented the number of unique clients served.
Overall contacts	The total number of unique instances of a particular service type being provided to clients during the time periods.
Overall contact hours	The total number of hours (rounded to the nearest quarter hour) spent providing services to clients during the time periods of interest. Average time lengths per contact are provided in minutes.
In-person counseling	Face-to-face emotional support intended to be supportive of DV and SA victims or their significant other(s). This also includes video counseling where both parties can see each other.
Telephone counseling	Time spent on the telephone providing emotional support to a DV or SA survivor, their children, or a significant other. These include audio-only and text-only counseling sessions. This counseling is distinct from hotline services.
Housing and shelter needs	Only DV providers assess incoming clients' needs for housing services upon intake.
Hotline calls	Calls to a provider's hotline, for those offering hotline services. DV agencies differentiated calls by client—survivors who completed the intake process and were assigned an ID—and non-client—survivors who have not. Length of the calls is recorded in minutes.
Referral source	How clients reported learning about the center, recorded at intake. SA and DV providers could choose between 18 and 25 referral method options, respectively. In this analysis, we examined “Law Enforcement;” “Hospital;” “Hotline/Helpline,” comprised of hotline, Illinois Domestic Violence Helpline, National Domestic Violence Hotline, and other local DV hotlines; and “Legal Source,” comprised of legal systems, state's attorneys, circuit clerks, and private attorneys. Other referral options were omitted due to either small sample size or lack of any conceivable effect from the stay-at-home order.

Medical visits	Visits in which a client sought medical treatment for the abuse or assault at a hospital or other medical setting.
Primary presenting issue	<p>The type of abuse which led to the victim contacting the provider to receive treatment. Other forms of abuse may be co-occurring, but these are recorded in a separate field.</p> <ul style="list-style-type: none"> <li>For DV centers, the primary presenting issue options are “Physical DV,” “Emotional DV, and “Sexual DV.” Few victims experienced “Sexual DV;” therefore, we were unable to examine this primary presenting issue.</li> <li>For SA centers, the primary presenting issues are “Adult Sexual Assault or Abuse,” “Child Sexual Assault or Abuse,” “Stalking,” “Sexual Harassment,” “Adult Survivor of Incest or Sexual Assault,” and “Other Sexual Violence.” Few victims experienced the last four primary presenting issues; therefore, we combined them into an “Other” category.</li> </ul>
Perpetrator’s relationship	<p>How the perpetrator knew the victim (e.g., roommate, husband, child). We comprised three categories from the commonly utilized response options in each.</p> <ul style="list-style-type: none"> <li>The “Partner” category was comprised of husband, boyfriend, wife, girlfriend, and same sex partner.</li> <li>The “Ex-partner” category was comprised of ex-husband, ex-boyfriend, ex-wife, and ex-girlfriend.</li> <li>The “Other in household” category differed based on the options offered for the DV and SA interfaces. <ul style="list-style-type: none"> <li>For DV cases, the category was comprised of father, mother’s boyfriend, mother, father’s girlfriend, and child/grandchild.</li> <li>For SA cases, the category was comprised of father, mother’s boyfriend, mother, father’s girlfriend, stepfather, stepmother, stepbrother, stepsister, son, brother, daughter, sister, foster father, foster mother, foster brother, and foster sister.</li> </ul> </li> <li>The analysis of SA providers also included the fourth category of “Friend/acquaintance,” comprised of friend, acquaintance, and dating acquaintance, which denoted an acquaintance with some romantic involvement.</li> </ul>
Offense location	Where the abuse or assault occurred. The “Public location” category was comprised of car, street, park, school, public transportation (SA only), college/university campus (SA only), victim’s work (DV only), and other public location.
Volunteers	Those assisting a service provider, but who are not paid staff. Although volunteers can assist in other ways, we focused solely on those providing direct services to clients.

InfoNet features several different date record options. Data could be examined based on the date clients accessed services, the date they first reached out for help, or the date the incident occurred. Table 2 explains date records and indicates which option was used for each analysis.

**Table 2**  
*Explanation of InfoNet Date Records*

Date record type	Definition
Hotline call date	The date a hotline call occurred, used for the analysis of hotline call volume.
Date of primary offense	Providers asked victims – to the best of their recollection – on what day the primary offense for which they are seeking services occurred. We used data provided on this date to analyze Primary Presenting Issues, Perpetrator Characteristics, and Offense Location
First contact date	The day the victim was entered in the service provider’s system as a client. We used data provided on this date to examine total new clients and referral sources.
Shelter date	InfoNet recorded when a client entered and exited a provider’s DV shelter. We used this date, in part, to determine ongoing clients. Shelter dates were also used to determine the proportion of clients entering shelter or transitional housing during a period.
Service date	The day when clients received a service from the provider. We used service dates, in part, to track ongoing clients during a particular timespan and clients receiving housing advocacy, counseling, and volunteer activity.
Order of protection filing date	The date on which an order of protection was filed. This date was used to determine the number of orders of protection filed and order of protection upgrades requested. Orders of protection are legal orders that restrict perpetrator access to victims and places victims may frequent, such as places of employment, school, or home.

## Data Analysis

We conducted descriptive analyses of the select InfoNet data fields described in Table 1. Specifically, researchers calculated frequencies, percentages, and/or percent change for the number of DV and SA clients served, contacts, and contact hours from March 21<sup>st</sup> to June 30<sup>th</sup>, 2020 compared to the same time period in 2018 and 2019. They also examined these same descriptive statistics for DV and SA referral source, perpetrator characteristic, primary presenting issue, offense location, order of protection, and volunteer data fields. For DV clients changes in housing and shelter needs were analyzed. Any percent change value of less than 10% is described as negligible.

## Limitations

Although InfoNet data provided researchers with a unique opportunity to examine victim service delivery during the first three months following Illinois’s stay-at-home order, there are data limitations worth noting. First, impacts of the COVID-19 pandemic may have affected the quality and completeness of InfoNet data. In discussions researchers had with victim service providers who use InfoNet, several providers noted that it had been challenging to obtain all

client intake data because of the added stress that the pandemic was having on victims. Providers also said that it was difficult for staff to consult with one another about missing or problematic data because staff were working off-site or in separate locations due to the pandemic. Secondly, while these data can describe changes in service utilization and offense characteristics during the first months of the pandemic compared to recent years, they cannot explain why these changes occurred. Additionally, changes in service utilization, offense characteristics, etc., have been observed in prior years; thus, changes observed in 2020 may be unrelated to the COVID-19 pandemic and Illinois's stay-at-home and, instead, the result of other social, political, economic, and administrative factors. Fourth, providers are instructed to record any counseling where client and counselor can see each other face-to-face as "in-person counseling." Thus, counseling via webcams is recorded as in-person counseling, understating the total amount of counseling provided remotely. Finally, we limited our analysis to the first three months following Illinois's stay-at-home order, providing only a snapshot of change at the start of the pandemic. Additional research can help determine if observed changes persisted or if new changes emerged in subsequent months of the pandemic.



## Findings

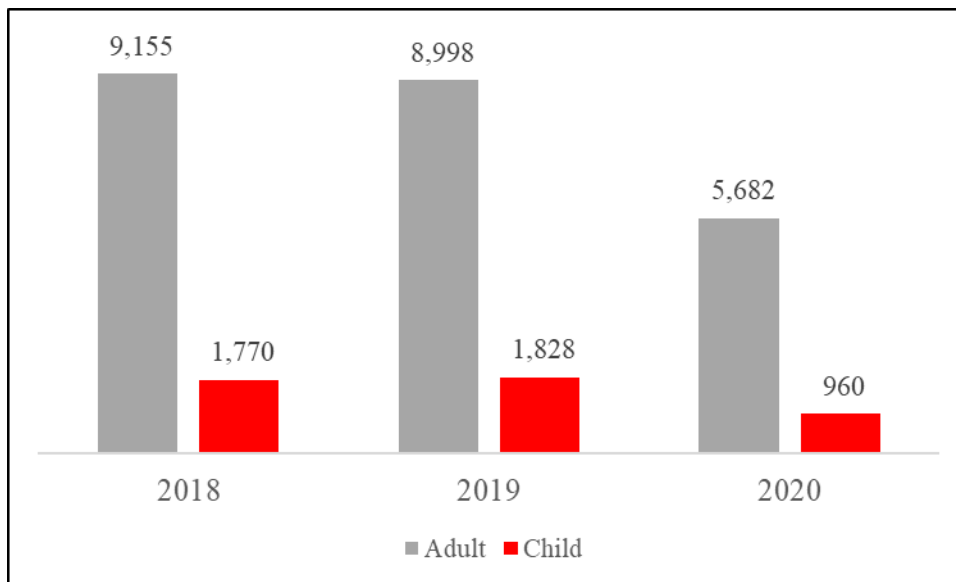
The full results for the DV and SA analyses, including frequencies, percentages, and percent change, are available in Appendix A.

### Overall Client Numbers

The number of both new DV adult clients and new DV child clients decreased in 2020 compared to 2018 and 2019 (Figure 1). Additionally, the number of ongoing DV child clients receiving services also dropped. However, this decrease was only about half of the drop observed for new DV child clients; there was a 46% decrease in the number of new DV child clients in 2020 compared to 2018, but only a decrease of 20% for ongoing DV child clients. In contrast, the number of ongoing adult clients decreased by only 3% from 2018 to 2020, a negligible change.

**Figure 1**

*Total New Domestic Violence Adult and Child Clients, March 21 to June 30, 2018-2020*  
(*n*=28,402)

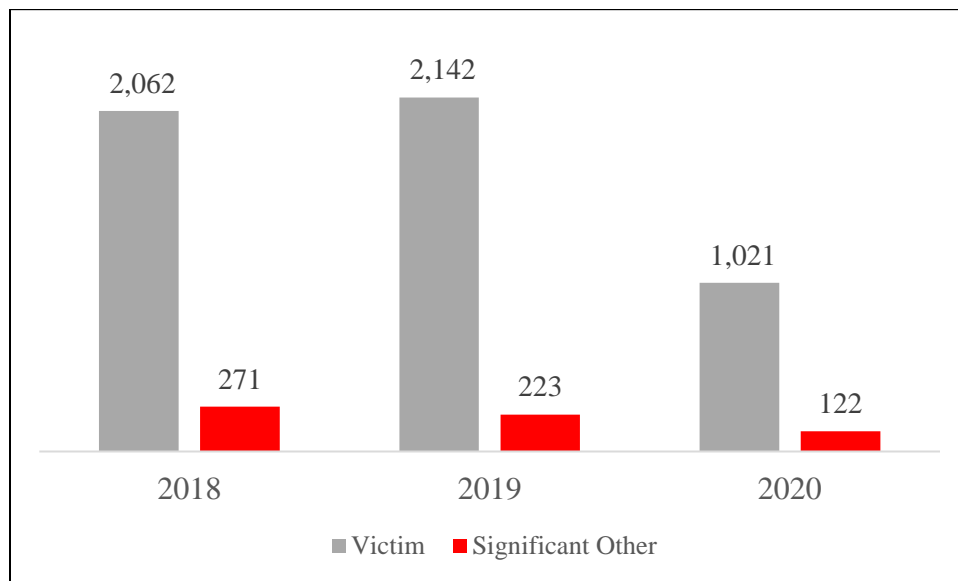


*Note.* ICJIA InfoNet data.

The number of new SA victim clients and new SA significant other clients (Figure 2) both dropped in 2020, compared to 2018 and 2019. We also examined if there was a change in the number of ongoing SA victim clients or ongoing SA significant other clients that received services in 2020 relative to prior years but found negligible changes. For example, compared to 2018, ongoing SA victim clients rose 1%, while ongoing SA significant other clients dropped 3%.

**Figure 2**

*Total New Sexual Assault Victim and Significant Other Clients, March 21 to June 30, 2018-2020 (n=5,841)*



*Note.* ICJIA InfoNet data.

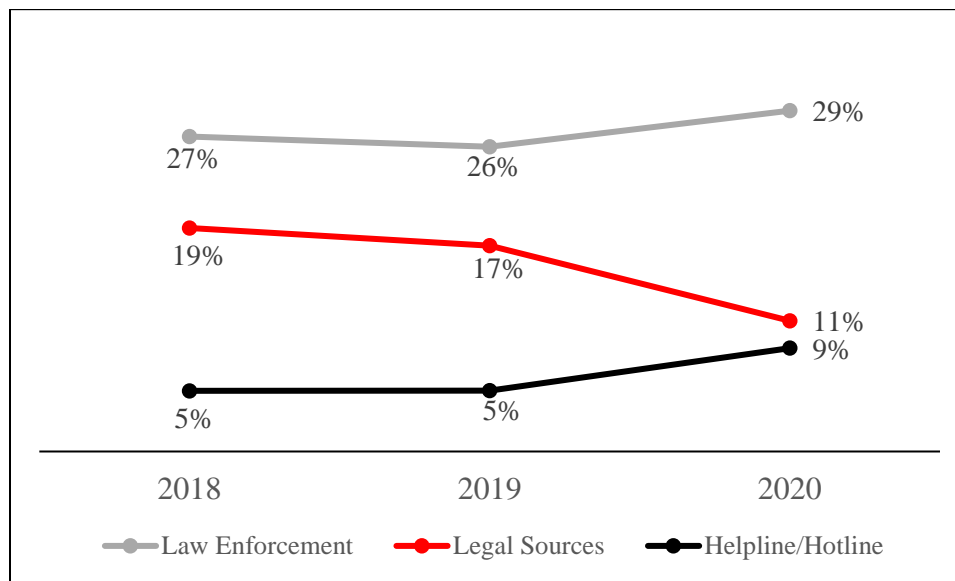
## **Referral Source**

Providers use InfoNet to record who referred clients to them. While providers can document referral information from dozens of sources, we focused on four referral sources with the greatest likelihood of being impacted by the COVID-19 pandemic: law enforcement, hotlines, hospitals, and legal referrals. We examined law enforcement and hotline referrals because of the specific attention given to data from police reports and hotlines during the stay-at-home order; we wanted to ascertain whether referrals from law enforcement were increasing, as research found that DV calls to police increased during March 2020 (Leslie & Wilson, 2020; Taub, 2020). We examined hospital and legal referrals because the COVID-19 pandemic had the potential to disrupt both as referral sources. Victims without severe injuries may delay care in a hospital or avoid it entirely due to fear of infection. Legal source referrals also may be reduced as a result of court closures due to employee infection or time needed to implement new policies and procedures for remote court proceedings (Reichert et al, 2020).

As seen in Figure 3, the percentage of DV referrals from helplines or hotlines rose in 2020, while legal source referrals dropped; there was a small increase in law enforcement referrals as well. We also noted a drop in the percentage of hospital referrals. However, prior to 2020, hospitals comprised only 3% of DV referrals.

**Figure 3**

*Percentage of Domestic Violence Service Provider Referrals by Three Sources, March 21 to June 30, 2018-2020 (n=12,614)*



*Note.* ICJIA InfoNet data.

SA providers saw a negligible change in the percentage of referrals from law enforcement in 2020, only increasing 6% from 2018 and 9% from 2019. Referrals from hospitals and helplines or hotlines in 2020 increased compared to 2018 but dropped relative to 2019. The percentage of legal source referrals decreased 15% from 2019 to 2020. However, legal sources comprised only 2.7% of referrals in 2020, making it difficult to interpret this finding.

### Medical Visits

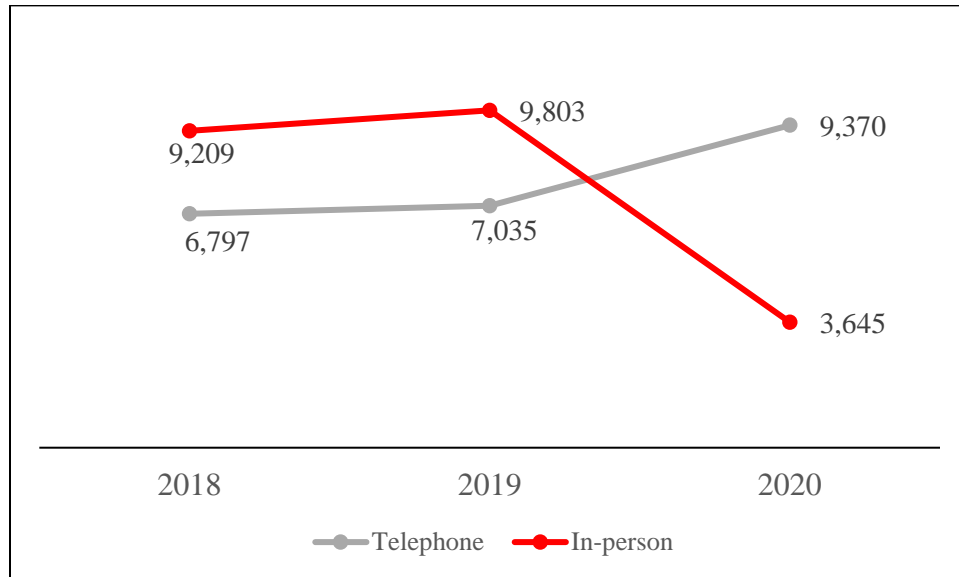
The percentage of new DV clients who visited a hospital or medical center in 2020 dropped 22% from the previous year, while the percentage of new SA clients who visited a hospital or medical center remained unchanged, up only 1% from the prior year.

### Counseling

The number of DV clients receiving counseling services decreased in 2020 when compared to both 2018 and 2019. In contrast, we found a negligible decrease in the numbers of overall DV counseling contacts and hours, dropping only 9% and 8%, respectively from the previous year. However, when we examined telephone counseling and in-person counseling separately we found some important distinctions. In 2020, the number of clients receiving telephone counseling services rose by 33%, while the number of clients receiving in-person services decreased by 63% compared to the same time period in 2019 (Figure 4). Additionally, the numbers of telephone counseling contacts and telephone counseling hours increased as in-person counseling contacts and in-person counseling hours dropped. The length of the average telephone counseling contact also increased by 11 minutes, from 24 minutes in 2019 to 35 minutes in 2020. This exceeded the 32-minute average length for in-person counseling contacts during 2020.

**Figure 4**

*Domestic Violence Clients Receiving Counseling, March 21 to June 30, 2018-2020 (n=45,859)*

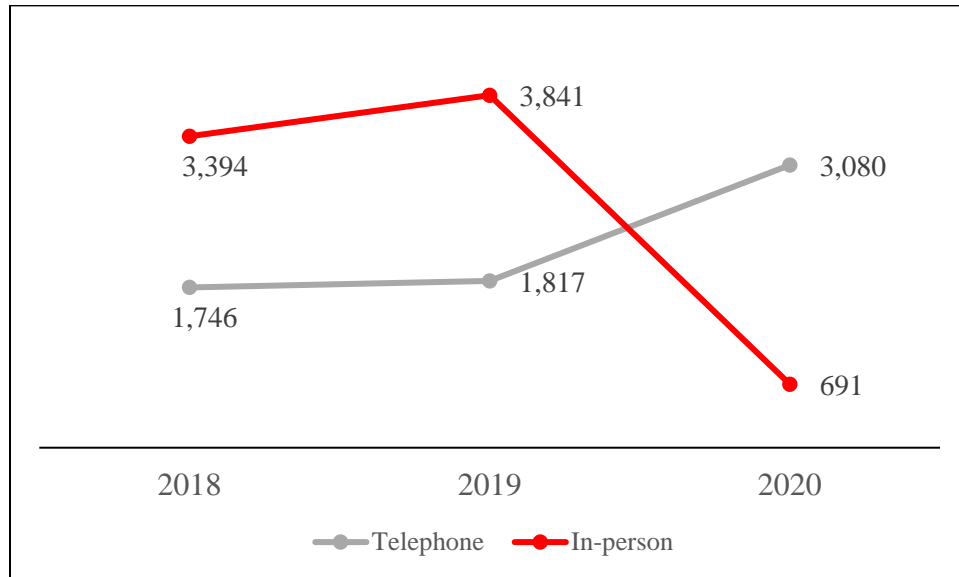


*Note.* ICJIA InfoNet data.

We observed a decrease in the total number of SA clients who received counseling services in 2020 compared to 2018 and 2019. However, the number of total counseling contacts remained about the same and there was a negligible change in the number of total counseling hours. Similar to changes in telephone versus in-person counseling services use found among DV clients, the number of SA clients receiving telephone counseling also increased in 2020 by 70% from 2019, while the number of SA clients receiving in-person counseling dropped 82% relative to 2019 (Figure 5). And both total telephone counseling contacts and telephone counseling hours rose in 2020, as in-person contacts and hours dropped. The length of the average telephone counseling contact more than doubled, growing from 23 minutes in 2018 and 2019 to 48 minutes during the same time period in 2020. The length of an average in-person counseling contact in 2020 was 59 minutes.

**Figure 5**

*Total Sexual Assault Clients Receiving Counseling, March 21 to June 30, 2018-2020 (n=14,569)*



*Note.* ICJIA InfoNet data.

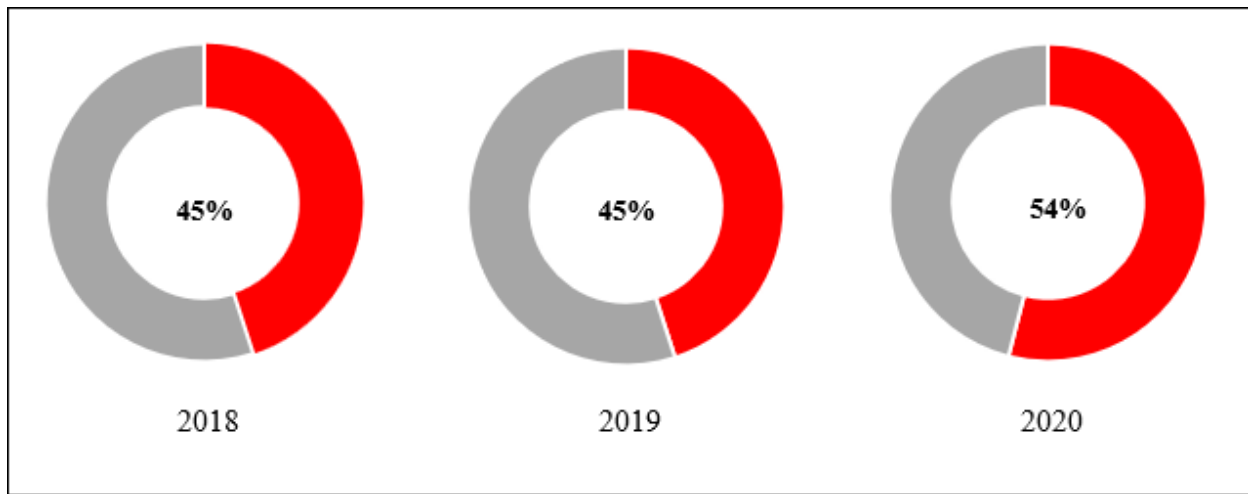
### Hotline Calls

DV agencies operated 96 hotlines<sup>1</sup> for clients and non-clients (i.e., survivors who had not gone through the intake process when the call was made or non-survivors calling on behalf of a victim they know). The number of DV hotline calls received from clients increased during the observed span in 2020, while there was negligible drop of 7% from 2019 in the number of calls from non-clients. This resulted in an increase in the percentage of hotline calls from clients in 2020 compared to both 2018 and 2019 (Figure 6). The average length of both client and non-client hotline calls remained unchanged across years.

<sup>1</sup> Some DV and SA agencies have multiple locations which may operate their own hotline, resulting in this count being larger than the total unique agencies present in the sample.

**Figure 6**

*Percentages of Domestic Violence Hotline Calls from Clients, March 21 to June 30, 2018-2020  
(n=38,643)*

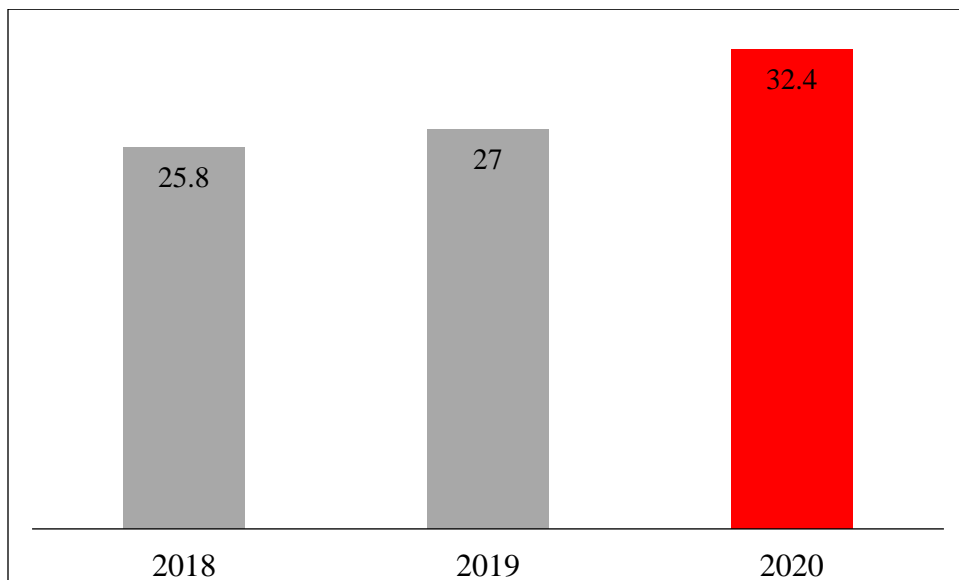


*Note.* ICJIA InfoNet data.

SA agencies maintain 57 hotlines for crisis calls. SA hotline call totals changed little in 2020, up a negligible 7% from the previous year. However, average hotline call length increased by 20% compared to 2019 and 26% from 2018 (Figure 7).

**Figure 7**

*Average Length of Sexual Assault Hotline Calls in Minutes, March 21 to June 30, 2018-2020  
(n=6,202)*



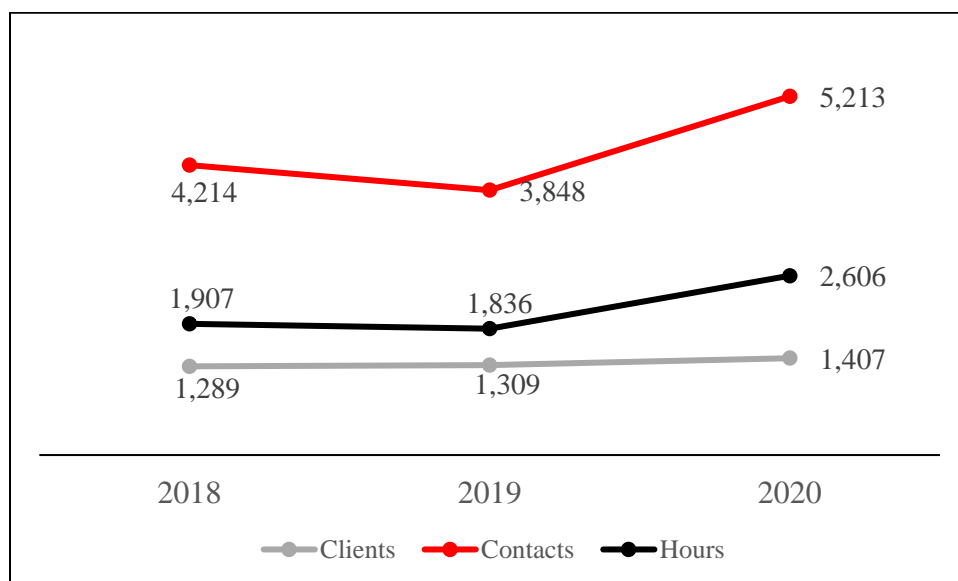
*Note.* ICJIA InfoNet data.

## Housing Needs and Services

During client intake, DV providers assess clients for a variety of service needs, including shelter or housing. Changes in housing needs and shelter needs were negligible; housing needs increased only 5% in 2020 from 2018 and shelter needs decreased 2%, relative to 2018. The number of clients receiving housing advocacy remained unchanged in 2020 compared to recent years (Figure 8). However, the percentage of DV clients who received housing advocacy rose from 5% in 2019 to 8% in 2020. We see this increase in both the number of housing advocacy contacts and the number of housing advocacy hours entered in InfoNet by DV providers in 2020. Compared to 2019, the number of housing advocacy contacts increased by 35% and the number of housing advocacy hours increased by 42%.

**Figure 8**

*Number of Housing Advocacy Clients, Contacts, and Hours, March 21 to June 30, 2018-2020 (n=13,275)*



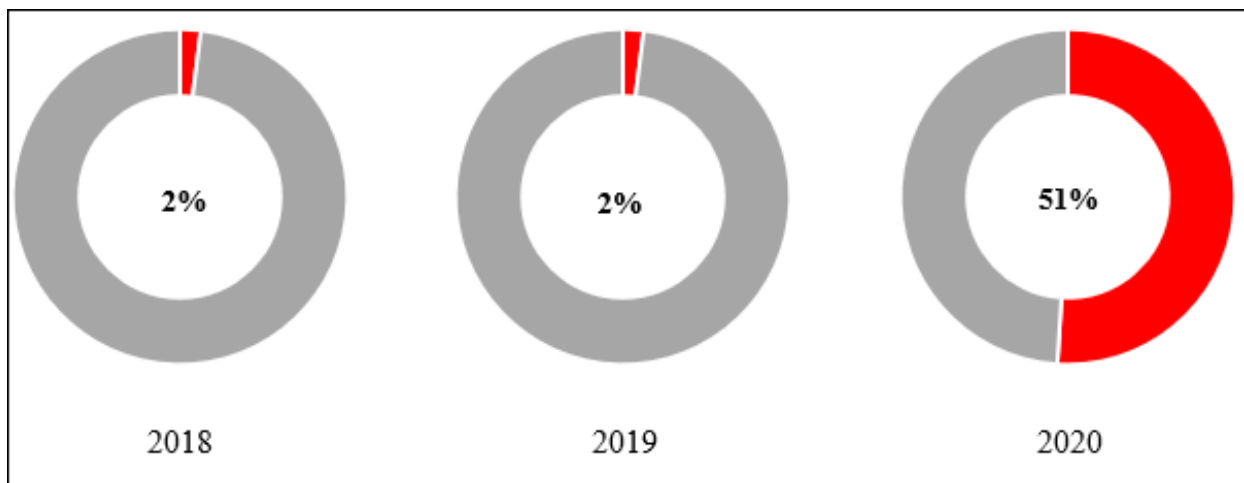
*Note.* ICJIA InfoNet data.

Researchers also examined the number of DV clients who entered transitional housing in 2020. While the number of clients who entered transitional housing in 2020 rose 63% relative to 2018, this number was comparable to the number of clients who had entered transitional housing in 2019. Thus, the data indicate that more DV clients entered transitional housing in 2019 compared to 2018 and that those client numbers remained the same even after Illinois' stay-at-home order went into effect in 2020.

DV providers offer shelter services to clients on-site and/or off-site (e.g., hotel, safe residential home). The number of clients entering shelter, whether on-site or off-site, dropped 33% in 2020 compared to the two previous years. However, during the observed period in 2020, fewer clients entered on-site shelter, while more clients entered off-site shelter. As seen in Figure 9, off-site shelter comprised 51% of all shelter services in 2020, compared to 2% in the prior two years.

**Figure 9**

*Percentage of Off-Site Shelter Usage Among Clients Entering Shelter, March 21 to June 30, 2018-2020 (n=6,132)*



*Note.* ICJIA InfoNet data.

### **Change in Offense and Perpetrator Characteristics**

We also analyzed changes in offense, including location and presenting issue, and perpetrator characteristics, such as age and gender. Researchers examined these characteristics because Illinois residents were spending more time at home with other household members due to the stay-at-home order, potentially impacting where victimization occurred and the relationship between victims and perpetrators.

Analyses revealed that DV clients' primary presenting issues in 2020 – where 54% of clients had experienced physical DV and 44% had experienced emotional DV – did not differ notably from previous years. Similarly, the ages and gender of DV perpetrators in 2020 did not differ from past years. The largest change observed was an 8% increase in the number of perpetrators that were under the age of 18, relative to 2018.

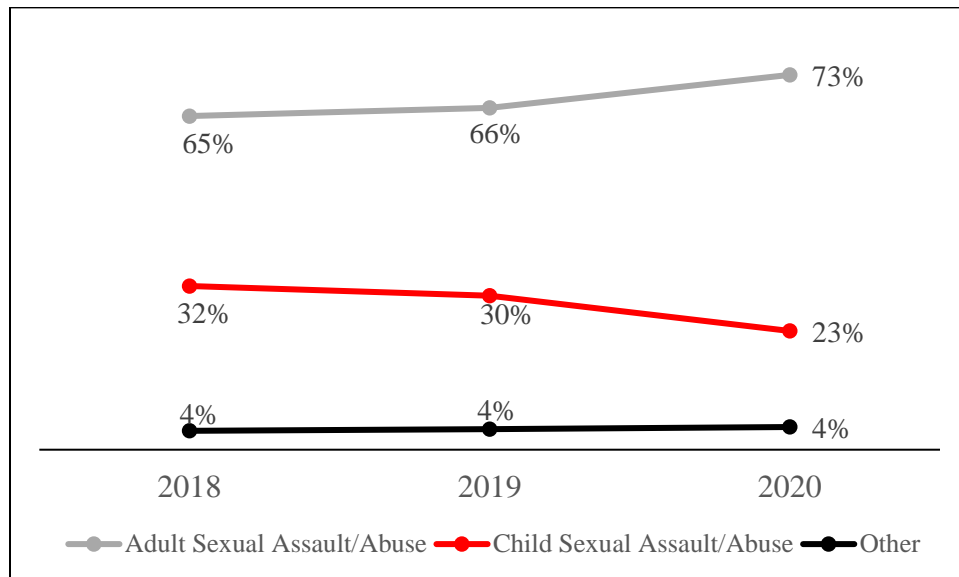
We also examined three of the most common DV perpetrator/victim relationship categories: partners, ex-partners, and other in household. While the percentage of offenses committed by partners and ex-partners remained steady in 2020, we observed a 16% rise in the percentage of offenses committed by other household members, compared to 2019. Finally, primary offense locations shifted, as the proportion of DV in 2020 that occurred in a public setting fell by a third.

The proportion of SA clients seeking help for child sexual assault or abuse decreased in 2020 compared to 2018 and 2019 (Figure 10). At the same time, the proportion whose primary presenting issue was adult sexual assault or abuse grew. The sample size for the other presenting issue category was too small to meaningfully interpret.



**Figure 10**

*Percentages of Sexual Assault Presenting Issues, March 21 to June 30, 2018-2020 (n=2,068)*



*Note.* ICJIA InfoNet data.

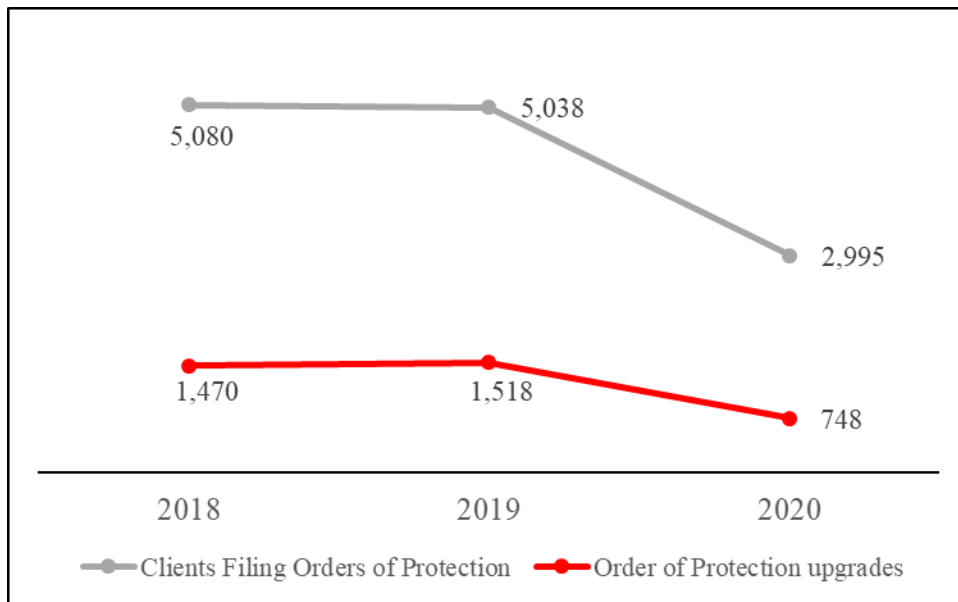
The percentage of 2020 SA perpetrators under age 18 dropped 20% from 2019 to 2020. All other age categories had negligible changes, or the changes were inconsistent across years (e.g., increasing when compared to 2018, but decreasing relative to 2019). The proportion of SA male and female perpetrators remained unchanged from previous years. We also examined the following victim/perpetrator relationships for SA clients: partner, ex-partner, other in household, and friend/acquaintance. These analyses also revealed negligible or inconsistent changes across years. For example, the percentage of perpetrators who were a friend or acquaintance decreased by 5% in 2020 from both 2018 and 2019, a negligible change. Finally, the proportion of offenses that occurred in a public setting fell 17% from 2019 to 2020.

## **Orders of Protection**

Order of protection filings and upgrades decreased in 2020 (Figure 11). Order of protection upgrades occur when plenary orders lengthen the span of an emergency order and afford the perpetrator an opportunity to attend a hearing (Illinois Legal Aid, 2020). There were 41% fewer clients filing an order of protection and 49% fewer order of protection upgrades in 2020, compared to 2019.

**Figure 11**

*Number of Clients Filing an Order of Protection and Order of Protection Upgrade, March 21 to June 30, 2018-2020 (n=13,113)*



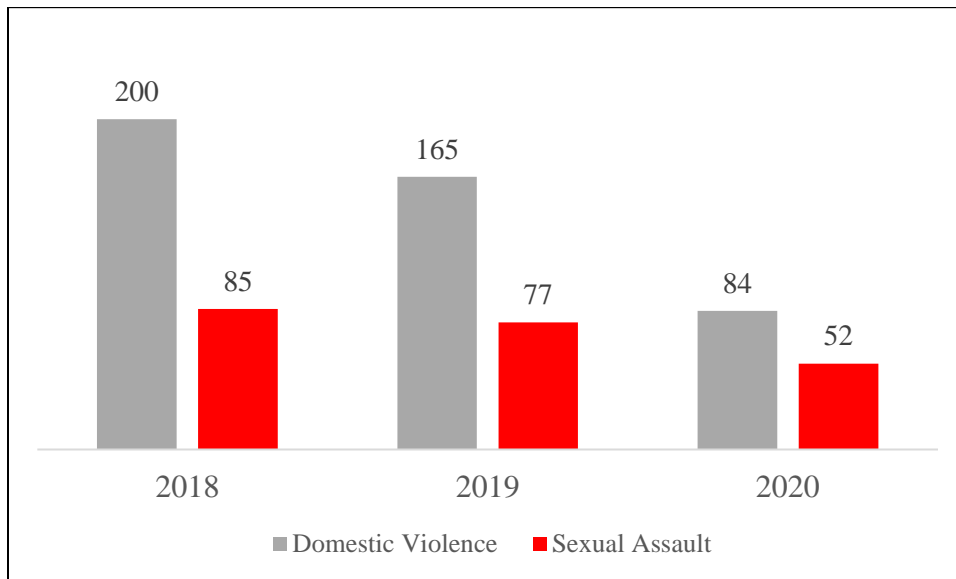
*Note.* ICJIA InfoNet data.

### **Availability of Volunteers**

Many providers rely on help from volunteers. Fewer volunteers assisted DV and SA providers in serving clients in 2020 compared to both 2018 and 2019 (Figure 12). In 2020, there were 49% fewer volunteers at DV agencies and 32% fewer volunteers at SA agencies, relative to 2019.

**Figure 12**

*Number of Volunteers Providing Illinois Domestic Violence and Sexual Assaults Direct Services, March 21 to June 30, 2018-2020 (n=663)*



*Note.* ICJIA InfoNet data.

## **Discussion**

The pandemic has been challenging for many people, with domestic violence and sexual assault service providers and clients being no exception. Specifically, the pandemic may have exacerbated certain client issues. DV victims may have spent more time in their homes with abusers, wary of staying in shelters where they could have been exposed to COVID-19. Clients may have found that the isolation and worry about staying safe in a pandemic contributed to a worsening of their trauma symptoms, requiring more intensive counseling. Study findings indicated a decrease in new clients accessing services, a shift in how counseling and shelter was provided, along with other challenges for service providers and victims, including reductions in orders of protection and volunteers.

### **Changes in New and Ongoing Clients**

In this study we found that most clients receiving services from Illinois DV and SA providers prior Illinois's stay-at-home order remained engaged in services and continued to call hotlines. In contrast, DV and SA providers observed a decrease in new clients and there was a drop in hotline calls from survivors who had not completed the intake process. This suggests that providers may have had difficulty engaging new DV clients in services during the first few months of the pandemic, despite research suggesting that stay-at-home orders led to an uptick in instances of DV where there was no prior history (Leslie & Wilson, 2020). Referral source findings may help to explain why this change occurred. For instance, there was a decrease in the percentage of DV victims who visited a hospital or medical center for their victimization, and legal referrals dropped by more than a third. Furthermore, COVID-19 and stay-at-home orders disconnected many from their usual social networks (Holt-Lunstad, 2020), which can offer potential resource pathways, such as a friend suggesting that the victim call a DV hotline and providing the phone number. Thus, while current clients familiar with hotlines and available services may have continued to receive help, prospective clients may have had fewer interactions with the medical and legal systems or friends, who could have referred them to a victim service provider for help.

Two other referral sources, law enforcement and hotlines/helplines, remained stable or grew, suggesting they remained critical touchpoints for survivors in need of victim services during the first few months of the pandemic. Specifically, law enforcement referrals remained steady comprising around 29% of DV referrals and around 5% of SA referrals, whereas we found the proportion of referrals from hotlines to DV providers doubled.

Future research should assess whether interpersonal violence increased during the pandemic and identify victim barriers to services during that time. The drop in new clients underscores the importance of victim outreach to ensure more people in a community are aware of all available service options. To ensure referrals are still made even when courts are experiencing delays or are closed, courts can maintain updated resource lists for victim service providers on their websites, social media, or telephone lines.

## **Shifts in Counseling**

While fewer DV and SA clients received counseling services, the average length of counseling sessions increased. Compared to 2019, on average, each DV counseling client received 18 more total minutes of counseling and each SA counseling client received 33 more total minutes of counseling. And while in-person counseling contacts and hours decreased for both SA and DV clients, SA telephone counseling contacts rose approximately five-fold and DV contacts more than doubled. Furthermore, the average length of DV and SA telephone counseling sessions also grew.

With the pandemic came a variety of new stressors, including fear of infection and social isolation—which carry the potential to exacerbate already considerable trauma symptoms experienced by victims of DV and/or SA (Campbell et al, 2009). News reports point to a rise in the need for therapy during the pandemic (Wan, 2020); this need may partially explain the increase telephone counseling session length. These increases suggest an impact from the multiple stressors resulting directly and indirectly from the pandemic. It is also possible more work was being done in each session to prevent unnecessary travel or exposure. Further research is needed into the qualitative nature of counseling received during the COVID-19 pandemic and whether clients were feeling more distress related to the pandemic. Post-COVID-19 counseling trends appear to be distinct from prior time periods, in both the average length and number of counseling contacts per client, as well as the trend towards telephone counseling.

Health and safety concerns over COVID-19 combined with the state's stay-at-home order likely led both SA and DV providers to shift from in-person to telephone counseling. The comparably modest drop in DV in-person counseling may be due to clients who were already being housed in shelters and receiving on-site counseling when the stay-at-home order went into effect. We found some support for this: in 2020, 72% of in-person counseling contacts were with clients who received shelter during the analyzed period, compared to only 63% of 2019 in-person counseling contacts. Time and future quantitative research will show if the shift toward telephone counseling persists as the dangers of COVID-19 waned.

## **More Off-Site Shelter Use**

The shift from on-site shelters to off-site shelters in Illinois was stark: the number of victims in on-site shelters fell to roughly a third of what it was in 2019, while use of off-site shelters increased fifteen-fold. This may be due in part to a policy decision made by the City of Chicago (Lightfoot, 2020) to house DV victims and homeless individuals in unoccupied hotel rooms, rather than official shelters to decrease risk of COVID-19 exposures. Overall, the proportion of total clients needing shelter and using shelter and transitional housing services remained rather stable during the first few months of the pandemic. This may be because the number of new clients, who are more likely to have housing needs compared to ongoing clients who have likely already had their housing needs met, dropped quite a bit during this period. In addition, we saw a notable increase in housing advocacy contacts and hours, likely due in part to the need to overcome additional barriers to securing safe shelter for victims; barriers may have included changes in accessing emergency and short-term housing, temporary on-site closure of other

agencies assisting with housing needs, and less housing availability as individuals likely delayed moves.

### **Changes in Victimization Characteristics**

COVID-19 and the state's stay-at-home order fundamentally changed people's public interactions and daily schedules. We can see how some of these shifts may have impacted certain victimization characteristics, including offense location, victim-perpetrator relationship, and minor clients receiving services. For example, clients receiving services in 2020 for a SA occurring in a public area dropped by a quarter and DV offenses occurring in a public area dropped by more than a third, compared to 2019; this is consistent with what we would expect, as the stay-at-home order and other guidelines sought to limit time spent interacting in public. We also observed an increase in the number of household members other than partners or ex-partners who perpetrated DV; perhaps this was because clients were spending more time with other household members.

The proportion of child sexual assault or abuse cases fell by about a quarter, during the analyzed period. This category includes both minors and adults seeking services for abuse they experienced as youth. We also observed a drop in the proportion of sexual assaults committed by minors. As victims' peers and acquaintances commit the largest proportion of sexual assaults against youth (Centers for Disease Control and Prevention, 2012), perhaps being under stay-at-home orders minimized opportunities for victimization of youth by their peers. However, minors comprised a growing portion of calls to the National Sexual Assault Hotline (RAINN, 2020), suggesting that assaults of minors were still occurring. And while calls to Illinois's Child Abuse Hotline fell (Eldeib, 2020), researchers theorize victims may have had fewer opportunities to seek out teachers and counselors who could have reported the abuse (Substance Abuse and Mental Health Services Administration, 2020). This may also help to explain why fewer minors received victim services during this period as reports to the hotline are one potential pathway to services.

### **Reductions in Order of Protection Filings**

In the months following the state's stay-at-home order, new orders of protection filings decreased by about 40%; the number of new plenary orders of protection dropped by approximately 50%. COVID-19-related court system delays and closures could have presented a barrier for victims seeking an order of protection (Goudie et al, 2020). More research is needed to better understand how providers continued to support victims despite court closures and what additional resources are needed to address victims' barriers to accessing plenary orders and other legal services.

### **Loss of Volunteers**

From 2019 to 2020, the number of DV volunteers serving clients fell by half and the number of SA volunteers fell by a third. The stay-at-home order, fears of contracting COVID-19 while doing advocacy work, and the difficulty of providing training during the pandemic likely led to the decrease in volunteers observed. Other contributing factors may include changes in childcare

access, work schedules, and transportation options, which could similarly hinder availability. School closings (Masterson, 2020) may also have created more hurdles for potential volunteers. Future research should examine the pandemic's long-term impact on volunteerism in the SA and DV fields and whether the decline in volunteers has affected service provision. Best practices for recruiting and retaining volunteers also should be explored.

## **Conclusion and Future Directions for Research**

While some research points to an increase in DV incidents in the first few weeks following Illinois's stay-at-home order (Taub, 2020), DV service providers in this study experienced a decrease in clients over the periods examined. This suggests that victims may have had a more difficult time accessing DV services. Future research can give us a clearer picture of why these changes occurred.

The COVID-19 pandemic appears to have impacted how counseling was provided to victims during the observed time period. Many service providers engaged in more telephone counseling and less in-person counseling. This change corresponded to the national trend of telehealth, which has increased access to health care and other services during the pandemic (Kluger, 2020). However, it remains to be seen whether these changes will persist once the pandemic ends. Many hypothesize that changes to how work is performed will outlast the pandemic itself (Burr & Endicott, 2020; Fatemi 2020); further research should explore whether shifts in counseling provision is permanent. We already observed an uptick in the length of the average telephone counseling contact, which may indicate use of that modality for more intensive counseling. If this shift continues, providers might need more resources to transition to remote service provision and determine best practices on maintaining client confidentiality. Research with oncology patients found that telephone services were preferred, and that efficacy was not impacted (Watson et al, 2021). Specific to DV and SA victims, future qualitative studies will need to examine the efficacy of telephone counseling, and whether the phone counseling including a video component, is as effective as that of in-person counseling.



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## Appendix A

### Supplemental Tables

**Table A1**

*Numbers and Percent Change of Clients Receiving Victim Services, March 21 to June 30, 2018-2020*

	Number of clients				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
New adult	9,155	8,998	5,682	-38	-37
New child	1,770	1,828	960	-46	-47
Ongoing adult	10,155	10,978	9,838	-3	-10
Ongoing child	2,250	2,459	1,794	-20	-27
<b>Sexual Assault</b>					
New victim	2,062	2,142	1,021	-50	-52
New significant other	271	223	122	-55	-45
Ongoing victim	3,327	3,747	3,349	1	-11
Ongoing significant other	390	436	377	-3	-14

**Table A2**

*Percentages and Percent Change of Referrals to Victim Service Agencies, March 21 to June 30, 2018-2020*

	Percentage of referrals				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
Law enforcement	26.7	25.8	28.9	8	12
Legal source	18.9	17.5	11.1	-42	-37
Hotline/helpline	5.1	5.2	8.8	70	70
Hospital	3.2	3.1	2.1	-34	-30
<b>Sexual Assault</b>					
Law enforcement	4.6	4.5	4.9	9	6
Legal source	2.7	2.0	1.7	-15	-37
Hotline/helpline	1.5	2.7	2.1	-22	40
Hospital	33.6	41.2	38.5	-6	15

**Table A3**

*Numbers and Percent Change of Counseling Clients, Contacts, and Hours, March 21 to June 30, 2018-2020*

	Number of clients, contacts, and hours				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
Individual counseling clients	12,191	12,680	10,647	-13	-16
Individual counseling contacts	79,438	81,105	73,441	-8	-9
Individual counseling hours	44,254.3	45,724	41,552.8	-6	-8
Telephone counseling clients	6,797	7,035	9,370	38	33
In-person counseling clients	9,209	9,803	3,645	-60	-63
Telephone counseling contacts	17,222	18,106	46,582	171	157
In-person counseling contacts	62,216	62,999	26,859	-57	-57
Telephone counseling hours	6,954.5	7,380.3	27,049.3	289	267
In-person counseling hours	37,299.8	37,893.8	14,503.5	-61	-62
<b>Sexual Assault</b>					
Individual counseling clients	3,938	4,338	3,275	-17	-25
Individual counseling contacts	20,979	23,196	21,879	4	-6
Individual counseling hours	18,777	21,008.5	17,685.3	-6	-16
Telephone counseling clients	1,746	1,817	3,080	76	70
In-person counseling clients	3,394	3,841	691	-80	-82
Telephone counseling contacts	4,096	4,174	20,106	391	382
In-person counseling contacts	16,883	19,022	1,773	-89	-91
Telephone counseling hours	1,549.5	1,601.5	15,936	928	895
In-person counseling hours	17,227.5	19,407	1,749.3	-90	-91

**Table A4**

*Numbers and Percent Change of Hotline Calls, March 21 to June 30, 2018-2020*

	Number of hotline calls				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
Hotline calls from clients	5,055	5,885	7,711	53	31
Hotline calls from non-clients	6,276	7,124	6,592	5	-7
<b>Sexual Assault</b>					
Hotline calls	2,064	1,997	2,141	4	7

**Table A5***Average Length of Counseling and Hotline Calls in Minutes, March 21 to June 30, 2018-2020*

	Number of counseling minutes				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
Telephone counseling	24.2	24.5	34.8	44	43
In-person counseling	36.0	36.1	32.4	-10	-10
Hotline calls from clients	18.2	17.9	18.9	4	6
Hotline calls from non-clients	21.6	20.9	20.1	-7	-4
<b>Sexual Assault</b>					
Telephone counseling	22.7	23.0	47.6	110	107
In-person counseling	61.2	61.2	59.2	-3	-3
Hotline calls	25.8	27.0	32.4	26	20

**Table A6***Number, Percentage, and Percent Change of Clients' Service Needs and Receipt, March 21 to June 30, 2018-2020*

	Number and percentage of clients									
	2018		2019		2020		Percent change, 2018 to 2020		Percent change, 2019 to 2020	
	N	%	N	%	N	%	N	%	N	%
<b>Domestic Violence</b>										
Had a medical visit	496	16.9	498	17.8	251	13.8	-49	-18	-50	-22
Filed for an order of protection	5,080	27.7	5,038	26.7	2,995	20.2	-41	-27	-41	-24
Filed for an order of protection upgrade	1,470	7.6	1,518	7.6	748	4.8	-49	-37	-51	-37
Had a housing need	1,342	12.2	1,087	9.9	891	12.9	-34	5	-18	30
Had a shelter need	2,320	21.1	2060	18.8	1431	20.7	-38	-2	-31	10
Received housing advocacy	1,289	5.5	1,309	5.4	1,407	7.7	9	39	7	43
Housing advocacy contacts	4,214	--	3,848	--	5,213	--	24	--	35	--
Housing advocacy hours	1,907.3	--	1,835.8	--	2,606	--	37	--	42	--
Received transitional housing	88	0.4	145	0.6	143	0.8	63	107	-1	31
Entered shelter	2,277	9.8	2,254	9.7	1,505	6.5	-34	-34	-33	-33
Entered on-site shelter	2,233	9.6	2,209	9.5	779	3.3	-65	-65	-65	-65
Entered off-site shelter	47	0.2	53	0.2	811	4.4	1,626	2,103	1,430	1,932
<b>Sexual Assault</b>										
Had a medical visit	706	87.4	829	90.7	382	91.8	-46	5	-54	1

*Note.* Had a medical visit was calculated by dividing by the number of clients with medical information entered.

**Table A7**

*Percentage and Percent Change of Clients' Primary Presenting Issue, March 21 to June 30, 2018-2020*

	Percentage of clients				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
Physical DV	52.6	53.2	53.7	1	1
Emotional DV	45.1	45.0	44.1	-2	-2
<b>Sexual Assault</b>					
Adult sexual assault or abuse	64.6	66.2	72.6	12	10
Child sexual assault or abuse	31.7	29.8	23.0	-27	-23

**Table A8**

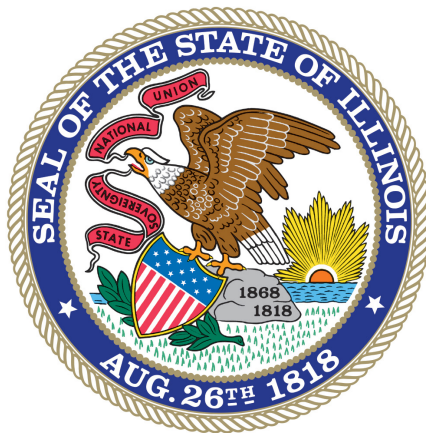
*Percentage and Percent Change of Perpetrator Characteristics and Offense Location, March 21 to June 30, 2018-2020*

	Percentage of perpetrators				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
<b>Domestic Violence</b>					
Under 18	1.0	1.1	1.1	8	-1
Aged 18-34	49.6	50.1	48.5	-2	-3
Aged 35-54	40.7	40.6	41.6	2	2
Aged 55+	8.7	8.2	8.8	1	7
Male	86.3	86.0	86.4	0	0
Clients' partner	34.9	33.7	34.7	-1	3
Clients' ex-partner	46.4	46.8	44.5	-4	-5
Clients' non-partner in household	8.8	9.7	11.2	28	16
Offenses in public settings	12.2	12.5	7.9	-35	-37
<b>Sexual Assault</b>					
Under 18	17.7	17.4	14.0	-21	-20
Aged 18-34	53.0	52.1	53.8	1	3
Aged 35-54	22.4	25.4	26.9	20	6
Aged 55+	6.9	5.0	5.3	-24	4
Male	95.1	93.6	95.5	0	2
Clients' partner	5.6	5.0	5.3	-5	6
Clients' ex-partner	6.4	7.3	6.8	8	-7
Clients' non-partner in household	8.4	9.8	8.4	0	-14
Clients' friend or acquaintance	43.2	43.2	41.1	-5	-5
Offenses in public setting	19.6	17.5	14.6	-25	-17



**Table A9***Numbers and Percent Change of Volunteers, March 21 to June 30, 2018-2020*

	Number of volunteers				
	2018	2019	2020	Percent change, 2018 to 2020	Percent change, 2019 to 2020
Domestic violence	200	165	84	-58	-49
Sexual assault	85	77	52	-39	-32



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