Journal of Family Violence (2022) 37:767–774
https://doi.org/10.1007/s10896-020-00215-8

ORIGINAL ARTICLE

Loneliness and the COVID-19 Pandemic: Implications for Intimate Partner Violence Survivors

Lisa A. Goodman[1] · Deborah Epstein[2]

Accepted: 1 November 2020 / Published online: 5 November 2020

Abstract

The COVID-19 pandemic has dramatically highlighted the isolation of domestic violence survivors, triggering media coverage and innovative efforts to reach out to those who are trapped in their homes, facing greater danger from their partners than from the virus. But another harmful aspect of this difficult time has received far less attention: survivors' intensified *loneliness*. Although loneliness can be catalyzed by isolation, it is a distinct psychological phenomenon that is internal and subjective in nature. Loneliness is not only acutely painful in its own right; it also inflicts a range of long lasting, health-related harms, and heightens survivors' vulnerability to violence, creating a vicious cycle that may continue long after strict stay-at-home and physical distancing policies end. This may be particularly true for marginalized survivors, for whom larger structural inequalities and institutional failures compound the negative impact of loneliness. This brief report describes what we know about the nature and costs of survivor loneliness and uses the COVID-19 pandemic as a lens through which to review the ways current DV interventions may help alleviate loneliness (as distinct from isolation), and how these might be expanded to enhance survivor wellbeing, immediately and even after a return to "normal."

Keywords Intimate partner violence · Domestic violence · Loneliness · Social support · COVID-19 · Pandemic

The COVID-19 pandemic has inflicted profound harm on victims of intimate partner violence (IPV) (Bradbury-Jones and Isham 2020). Physical distancing polices, combined with the dramatic rise in unemployment, have trapped victims at home with their abusive partners during a period of extreme stress and resource scarcity, leaving them highly vulnerable to heightened coercive control and violence (Van Gelder et al. 2020). Many victims lack sufficient privacy to make a desperate-needed phone call and are entirely cut off from even the limited support systems they maintained prior to the pandemic. There is no doubt that the response to the novel coronavirus has left domestic violence (DV) victims more isolated than ever before.

✉ Lisa A. Goodman
goodmalc@bc.edu

[1] Lynch School of Education and Human Development, Boston College, 310 Campion Hall, Chestnut Hill, MA 02461, USA

[2] Georgetown University Law Center, Washington, DC, USA

We have long known that the external experience of *isolation*—separation from family, friends, and community—is an essential part of IPV. Isolation dramatically increases vulnerability to coercive control, physical abuse, and even lethal violence (Goodman and Epstein 2008). In light of this close connection, DV program staff are engaging in creative approaches to combat isolation during the pandemic—finding new ways to make contact with survivors and to support their families and friends in doing the same (e.g., Futures Without Violence 2020; Reynolds 2020). Advocates' flexibility and nimble responsiveness have surely saved lives and paved the way for new forms of support and intervention in the field.

But another fundamentally damaging consequence of this challenging time has received far less attention: survivors' intensified experience with *loneliness*. Although loneliness can be catalyzed by isolation, it is a distinct psychological phenomenon that is internal and subjective in nature. Loneliness is not only acutely painful in its own right; it also inflicts a range of long lasting health-related harms, and can heighten survivors' vulnerability to coercive control and intimate partner violence (IPV), creating a vicious cycle that may

continue long after the cessation of COVID-related policies. This may be particularly true for marginalized survivors, for whom larger structural inequalities and institutional failures heighten and compound the negative impact of loneliness.

The COVID-19 pandemic provides a useful impetus for the anti-DV movement to consider more deeply survivors' internal, subjective experiences of loneliness and its consequences, separate and apart from their more external, objective experiences of isolation. It also creates an opportunity to both review the ways in which current DV interventions may help alleviate loneliness (as distinct from isolation), as well as how we might intentionally adopt deeper and more expansive measures, now and after a return to "normal."

Isolation, COVID-19, and IPV

Loneliness can perhaps be best understood in contrast to the related concept of isolation, the latter being far better understood as a component of the DV experience. It is well known that rates of IPV increase during and after natural disasters and crises, at least in part because they engender a serious disruption of social ties, producing increased isolation (see, e.g. First et al. 2017, for a review). Anecdotal evidence and preliminary data demonstrate that the current pandemic is no different. Quarantine rules and physical distancing policies, designed to contain the spread of the virus, not only enforce exposure to violent partners and constrain access to informal and formal sources of support (e.g., Ismail 2020), but also reinforce the common victim-isolation tactics so often associated with IPV. Many such tactics are near-perfect parallels of pandemic safety measures: restricting visitors and deliveries, preventing survivors from caring for family (and vice versa), canceling appointments and prohibiting errands, monitoring activity, and refusing to allow survivors to work outside the home (e.g., Battered Women's Justice Project 2020). As a result, isolation-focused demands imposed by an abusive partner may appear to have a surface-level reasonableness and thus may be far more difficult to resist.

Ubiquitous, crisis-related social messaging that discourages most forms of help-seeking further reinforces coercive isolation within abusive relationships. Politicians and public health officials routinely urge individuals to make personal "sacrifices," to reduce the burden on hospitals, police, and courts. Similarly, media reports tell us the extreme stress we are feeling is "normal" and "to be expected," unintentionally creating a risk that survivors will reinterpret their own psychological harm as something routine, an unavoidable part of the "new normal" best remedied through self-help strategies.

This powerful combination of individually inflicted and system reinforced isolation creates fertile ground for ongoing physical, psychological, and sexual abuse. As the COVID shut down progresses, media outlets have, predictably, reported increases in all three (e.g., Fielding 2020). Isolation may also, however, lead to another pandemic-related harm, one to which we, as a society, have paid far less attention: extreme loneliness.

Loneliness, COVID-19, and IPV

Although isolation and loneliness can be linked and mutually reinforcing, they are distinct concepts. Isolation is an objective state reflected in a dearth of interactions with others; loneliness, in contrast, is an internal form of distress. It is a subjective sense of "being stranded, abandoned or cut off," (Murthy 2020, p. 8) regardless of the physical presence of others. In other words, *feeling* alone or lonely does not necessarily mean *being* alone. Often, loneliness has the quality of being hidden in plain sight, masquerading as sadness, depression, or a feeling of emptiness.

Researchers have identified three dimensions of loneliness: intimate, relational, and collective (Cacioppo et al. 2015; Dunbar 2014). *Intimate loneliness* (also called *emotional loneliness*) refers to the perceived absence of close friends and family (typically up to five people) to whom we can turn for mutual assistance and who affirm our value and our sense that we matter. We rely on this inner circle for emotional and practical support during crises, including that of IPV. *Relational loneliness* (also called *social loneliness*) refers to the perceived absence of a middle circle (typically 15–50 people) whom we see regularly and who provide us with social companionship and support (Cacioppo et al. 2015; Dunbar 2014). These relationships are more casual than those within our intimate circle: we are less likely to know each other's inner secrets, but we share common interests and spend time together, often in groups, and provide each other with a sense of grounding and self-worth (Murthy 2020). Finally, *collective loneliness* refers to the perceived absence of valued social roles that make us feel part of something larger than ourselves, either through our social identity, institutional affiliations, or group memberships (Cacioppo et al. 2015).

Since the emergence of the COVID-19 virus, we have spoken to many survivors who have described how these dimensions of loneliness play out in full force in the IPV context. These conversations have taken place during focus groups in three urban shelters, as part of a study we were conducting on a different subject (see Goodman et al. 2020) and during the second author's work advocating for survivors seeking civil protection orders. Since the onset of the pandemic, we have talked to 21 survivors between the ages of 20 and 56, all but one of whom identify as women, and most of whom identify as Black or African-American, though they represent a range of race/ethnicities (15 Black/African-American, four Latinx, one Asian, and one white). Often, we have been the first to use the term "loneliness;" when we do, however, the universal

response is an emphatic nod of recognition and an immediate flow of stories. These conversations have revealed that a through-line of loneliness is the experience of being "unseen." This may stem from the fact that a survivor is with a partner who fails to recognize her full humanity, and who has isolated her from those who know her best (intimate loneliness); that she is substantially cut off from the everyday relationships and group activities that give her a sense of grounding (relational loneliness); or that she is prevented from engaging in the institutions and settings from which she derives her sense of meaning (collective loneliness).

We have seen that loneliness cannot be understood solely at the individual level. Our conversations with survivors reveal that the pain of loneliness is particularly acute for those who have been failed by the very social institutions designed to provide them with assistance and ensure their protection, including law enforcement, courts, social service agencies, and health care providers. Survivors describe the loneliness of finding their credibility discounted when they call the police or appear in family court; of being rejected from domestic violence shelters due to an aspect of their identity; or of losing their children to protective services on the basis of their partner's violence. Their narratives are laced with the external experiences of being discounted and dismissed; these, in turn, trigger the internal experience of profound loneliness.

Moreover, we have seen each dimension of loneliness intensify as the COVID pandemic progresses. Survivors describe feeling thrown back upon their own deeply strained resources, with almost nowhere else to turn. One New York-based DV advocate described her concerns about loneliness, reporting that her clients are "feeling like if something happened, who would know, or care? You know, 'who's checking in on me?'" (Lee 2020). These survivors feel even more entirely alone.

The existing research, though limited, supports this loneliness-DV connection. Only one large-scale study of loneliness includes an exploration of the role of partner violence; it found that, among 1241 randomly-selected community participants, the single greatest contributor to loneliness was the experience of IPV in a current relationship (Lauder et al. 2004). A smaller study of 94 court-involved, substance-abusing mothers also found that DV was a significant predictor of loneliness (Essex et al. 2006).

First-hand accounts further support this picture. One qualitative study of 17 low-income Black survivors in an urban community described "profound loneliness" at every stage of the survivor's journey as one of the three themes that emerged from extensive interviews (Anais-Bar 2012). The author described these conversations as follows:

> Loneliness was reflected in direct expressions such as "I am alone." "I have no one" … that were repeated several times in every interview. It was also suggested by the fact that all the women identified the need "to have someone to talk to, someone who will make me feel that I am not alone" as their primary need. [Participants felt alone before they disclosed being abused; their experiences with the help seeking process] failed to mitigate the feeling of loneliness (p. 67)

The Dangerous Consequences of Loneliness

It is a fundamental human need to be seen in full, to know that we matter, to experience connection with other people (Murthy 2020). Research demonstrates that when this need is not met, the resulting loneliness can be profoundly damaging. Loneliness has been described as "a quiet devastation" (Hafner 2016, para. 7) and as "grief distended" (Lepore 2020, para. 5).

Not only does loneliness itself cause anguish, it also heightens the risk and severity of many other difficulties: Loneliness is associated with mental health challenges such as anxiety, depression, and posttraumatic stress disorder (PTSD) (Dagan and Yager 2019; Stickley and Koyanagi 2016). In addition, narrative descriptions of complex PTSD—a response to prolonged or repeated trauma—include feelings of disconnection from people and sources of meaning (Dagan and Yager 2019) and "utter aloneness" (Herman 1992). One study further found that loneliness diminished participants' capacity for post-traumatic positive psychological growth across a range of a traumatic experiences (Zeligman et al. 2017).

Critically, loneliness may also lead to and flow from changes to an individual's cognitions about herself and others. Lonely people are more likely to perceive themselves as inferior, worthless, unattractive, socially incompetent, worthy of shame, and unlovable; they are also unable to see others as trustworthy (Brown 2008; Heinrich and Gullone 2006). One can easily imagine how loneliness can thus create a self-reinforcing downward spiral in which a person feels both too unworthy to be fully seen (as described by the survivors with whom we spoke) and distrustful that others—partners, network members, or system actors—could possibly see them in their full humanity. This damaging combination may reinforce the experience of profound loneliness, undermining one's ability to seek help (Brown 2008). For those IPV survivors already facing partner-imposed isolation, loneliness may compound the experience so as to make it almost impossible to re-engage with others.

Not surprisingly, those who struggle with loneliness are also more likely to engage in risky, self-medicating behaviors designed to alleviate their psychological pain, including smoking, excess alcohol consumption, overeating, and transient sexual encounters (Leigh-Hunt et al. 2017). Loneliness is

also associated with a range of physical health problems, including coronary heart disease, high blood pressure, and stroke (Hawkley and Cacioppo 2010). Indeed, chronic loneliness is a greater contributor to early death than obesity, excess consumption of alcohol, and lack of exercise (Holt-Lunstad et al. 2015).

In addition to this wide spectrum of harms, lonely survivors also are more afraid to leave their abusive relationships, making them more vulnerable to continued violence. One quantitative study showed that women who decided to stay in violent relationships reported greater fear of loneliness than women who decided to leave (Hendy et al. 2003). Those survivors who do leave, especially those who go to a traditional secret-location DV shelter, may find that shelter-imposed separation from their usual sources of support triggers such profound loneliness that a return to an abusive relationship begins to seem more inviting, despite the attendant risk of further violence. Indeed, one study demonstrated that loneliness was a chief reason that survivors left shelters early and returned to their abusive partners (Fisher and Stylianou 2019). Another study cited loneliness as the primary reason survivors accepted apologies from their violent partners and returned to their relationships (Eisikovits and Band-Winterstein 2015).

Responding to Survivor Isolation during the Pandemic and beyond

The extent to which DV programs have stepped up their pandemic-based response to survivor isolation has been nothing short of Herculean. Forced to suspend in-person interactions, they have found new ways to provide essential services, through phone calls, video conferencing, and other measures (Ismail 2020). Advocates have transformed the structure of DV shelters to ensure resident and staff safety, and many are pushing hard for state and local governments to fund hotel rooms for stranded survivors. They have also successfully obtained regulatory changes that permit new, previously prohibited forms of web-based counseling for survivors. DV attorneys and court-based advocates have implemented processes for survivors to secure emergency court orders via phone, videoconferencing, and email (Reynolds 2020). And many organizations have developed social messaging about ways to maintain connection with survivors during the pandemic, as part of a crucial effort to serve those who—justifiably—distrust formal institutions and instead rely on family and friends for support (Futures Without Violence 2020.)

These efforts constitute powerful evidence of the anti-DV movement's extraordinary sensitivity to survivor isolation and the dangers it creates, especially in this most challenging of times. But focused attention on survivor loneliness, separate and apart from isolation, is desperately needed. Although isolation reduction work may well have some positive impact, a survivor can be physically surrounded by others and continue to feel unseen and alone.

In direct contrast, interventions that reduce survivor loneliness also *necessarily* reduce survivor isolation. When a survivor finds meaningful connection with another person and experiences a reduction in loneliness, she is, by definition, also less isolated. The double impact of loneliness interventions underscores the need for creative work in this area. And although the realities of the COVID shutdown dictate deferring most new and expanded anti-loneliness interventions until it is possible to return to real-life human interaction, the current crisis, and the desperate loneliness it engenders, lays bare the fundamental importance of such work.

Responding to Survivor Loneliness during the Pandemic and beyond

What would survivor loneliness interventions look like? Most centrally, they must extend beyond instrumental support or emotional encouragement. Though such interventions are enormously important, and may reduce survivors' *isolation*, researchers have found that *loneliness* reduction requires mutuality: "Loneliness is not only about getting support, it is also about giving support back and mutual aid" (Cacioppo et al. 2015, p. 242). Accordingly, anti-loneliness work with IPV survivors must ensure that survivors are able to engage in authentic, meaningful, and mutual interactions that that involve true give and take–so that survivors can be seen fully, and not just as people with problems. When a survivor is able to know and be known, and to participate in mutually strengthening interactions, she is likely to experience a meaningful sense of social connectedness (Smyth et al. 2006; Murthy 2020; O'Rourke et al. 2018).

A two-pronged approach could effectively propel DV advocates toward building survivors' social connectedness. First, DV shelters must work to eradicate a number of long-standing practices that—albeit with the intent to promote survivor safety—unintentionally exacerbate survivor loneliness (Goodman et al. 2020). AUTHOR CITATION). Second, DV programs must develop a broad range of new strategies, intentionally and explicitly designed to counter survivor's intimate, relational, and collective loneliness.

Reducing the Loneliness Imposed by DV Shelters themselves

While many survivors credit shelters for increasing their safety (Sullivan and Virden 2017), a growing body of research indicates that the long-standing tradition of maintaining DV shelters at strictly secret locations, far from survivors' home communities, and off-limits to visits from even their closest family and friends, make it enormously difficult, if not

impossible, for survivors to maintain social connections (Fisher and Stylianou 2019; Kulkarni et al. 2019). Many shelter residents experience a cessation of connection with virtually everyone and everything they have known, loved, and been part of (Thomas et al. 2015)—in other words, a perfect storm of loneliness. As this unintended negative consequence has received increasing attention, scholars and advocates across the country have begun to call for a reconsideration of these requirements.

In response, a small number of shelters have transformed into disclosed location, open-access residences where survivors can invite visitors and openly engage with the community (Goodman et al. 2020). These new, open shelters have been able to maintain, or even improve, security for residents and staff, while also providing crucial opportunities for survivors to meaningfully engage with their inner, middle, and outer circles of support. At open shelters, survivors can engage in on site work to repair frayed connections, build trust and support, plan for the future, and share celebrations with friends and family (inner circle); get involved in local community, religious, and volunteer organizations (middle circle); and connect with the parent and teacher community at their children's new school (outer circle). This radical re-envisioning of the US DV shelter model also creates myriad opportunities for staff to engage in creative loneliness-reduction interventions in their work with survivor-residents.

In addition to this small but growing shift to an open shelter model, a handful of DV programs—both residential and otherwise—have begun to develop creative practices that may serve to reduce survivor loneliness across each of its three dimensions. These programs are focused on supporting survivors in their efforts to maintain, re-build, or create from scratch the social connections they need; many have been developed by survivor-led and/or culturally-specific programs (Kim 2020). As this pandemic forces all of us to focus more closely on loneliness, we have an opportunity to build on this work and intentionally create a loneliness safety net for survivors. And as this work evolves, we must carefully assess whether and how they promote the kind of mutual and authentic relationships that will enable survivors to feel seen as three-dimensional people and thus effectively counter feelings of loneliness (Murthy 2020).

Reducing Intimate Loneliness

Many survivors' most intimate relationships have been strained, or even altogether ruptured, as a result of abuse—because their partners have isolated them from friends and family (Bostock et al. 2009); because members of their social networks have reached their limit, overwhelmed by their inability to help or frustrated by the survivor's apparent unwillingness to accept their advice (Goodman and Smyth 2011); or because their own sense of shame, unworthiness, and unlovability has caused them to isolate themselves (Overstreet and Quinn 2013). These survivors need support to effectively re-engage with their inner social circle.

One approach, described by a group of community-based participatory researchers and dubbed "network-oriented work," begins with two foundational steps, each of which focuses on systematically preparing survivors to re-enter relationships that have become frayed (Goodman et al. 2016). The first step is "prework:" strategies that aim to help survivors repair damage to their sense of self and ability to trust others. Prework practices involve working one-on-one with survivors—listening, validating feelings, and building trust and mutuality—in order to eradicate the shame that may sustain their loneliness and disconnection. Pre-work also involves helping survivors reclaim their own needs, interests, and goals, separate from the partner who harmed them, as well as helping them learn how to discern those who are trustworthy from those who are not.

The second stage of network-oriented work (Goodman et al. 2016) involves "taking stock:" collaborating with survivors to methodically identify which members of their inner and middle social circles they can on rely for help without substantial risk of harm. Often, the disciplined approach used in both steps results in surprising insights for survivors, who realize they are less isolated than they believed, or that someone they assumed would be a source of support may be too closely aligned with an abusive partner to be fully trustworthy.

Together, these stages of network-oriented work mirror the "pod mapping" approach developed by the Bay Area Transformative Justice Collective to help survivors identify the people they can rely on in the context of abuse (Mingus 2016). Participants identify an inner circle of people in their "pod" —those with whom they have built enough "trust, respect, vulnerability, accountability, care, and love" to establish a reliable source of support (Mingus 2016, para. 17). They then identify a second, middle circle of people who *could* be moved into the pod, with additional trust-building work. This process has served as a crucial foundation for successful transformative justice practices; instead of encouraging a survivor to rely on a vaguely-defined and sometimes unsupportive "community" for support and protection, she can focus on her "pod," comprised of a smaller but deeply connected group on whom she can truly depend.

Once this foundational process is complete, the network-oriented advocate begins the "reconnecting phase:" facilitating survivors' direct contact with identified others, with the goal of repairing and strengthening these relationships (Goodman et al. 2016). Advocates use coaching and role plays to help survivors anticipate potential obstacles to communication, manage expectations, and deal with rejection from network members who are either too tightly intertwined with the person who committed harm, or too exhausted or burnt out to re-engage with the survivor, at least for the moment. Some

DV programs take this work a step further, moving beyond role plays to work with a survivor and members of her network on site.

Finally, in the "moving outward" phase of network-oriented work, advocates assist in alleviating survivor loneliness by providing direct support to network members (Goodman et al. 2016). A survivor's friends and family often need assistance to understand IPV dynamics and to replace victim-blaming and judgment with empathic understanding, seeing survivors as people living in complex contexts with limited options. They may also need emotional support themselves, given that meaningful engagement with a survivor can cause real stress.

As advocates engage in network-oriented interventions, it is crucial to recognize that the person who has caused harm to the survivor may remain an active member of her inner circle, in the short and even the long term. In particular, a survivor may seek out her abusive partner in the hope that he can serve as an antidote to her loneliness. As a result, assuming the situation is sufficiently safe, advocates may need to support survivors if they choose to engage with their partners (Goodman et al. 2020). In so doing, advocates may help the survivor negotiate a safer relationship, with a new sense of mutuality, or they may help her see that, in fact, the relationship is not worth pursuing. Either way, the survivor's relationship with her partner cannot be ignored; it is an important component of intimate loneliness alleviation.

Reducing Relational and Collective Loneliness

IPV can also increase survivors' relational and collective loneliness, attenuating their middle and outer circle relationships with those people who can provide a helping hand as well as a sense of grounding in a larger community or institution (Goodman and Smyth 2011). To combat this harm, a network-oriented approach might include assisting survivors to rebuild their communities and create new ones. As an initial step, advocates may help survivors identify key aspects of their own identities and backgrounds that could form a basis for connecting with others, such as political interests; hobbies; religious, ethnic, and cultural practices; or specific strengths or vulnerabilities (Goodman et al. 2016). Based on these identities, advocates can reach out to local organizations and communities—from churches to activity-focused clubs and organizations—to identify key interested players and enlist them as sources of meaningful connection for survivors. To effectively counter loneliness, however, these efforts must incorporate true mutuality. For example, a babysitting collective could operate on a service exchange principle; the survivor could reciprocate by assisting with food shopping, cooking, or any other useful service. Similarly, a religious organization that reaches out to a survivor might suggest that, in addition to participating in worship and related activities, she volunteer in a children's study program, as part of a community service opportunity, or in supporting other members in a variety of other ways.

One obvious identity on which connection could be built is that of survivor. To create mutual support around this identity during the COVID-19 crisis, social work professors Sarah Tlapek and Jenny First have developed a 10-session, online peer-led support group to strengthen social support for post-shelter survivors who are unable to meet in person due to physical distancing restrictions (S. Tlapek, personal communication, April 22, 2020). By itself, such a group does not build the enduring sense of rootedness and connection that can address relational or collective loneliness in the long-term. But it could be the spark that triggers further connection among group members, or a participant's further efforts to build on her survivor identity as a source of ongoing connection with others. For example, the Domestic Violence Activist Researcher Collective, in Washington, DC, brought together a group of survivor shelter residents to participate in analyzing data and making recommendations to improve the local shelter screening and placement system (L. Young, personal communication, Jan. 31, 2020). After the data analysis was complete, the group refused to disband, continuing to come together to deepen their friendships and find new avenues for advocacy. Some DV programs also invite former residents to come back as volunteer mentors to other survivors, or—especially in survivor-led organizations—in other leadership roles (Hetling et al. 2019).

Ethnicity provides another basis for finding shared identity and the potential for mutuality in relationships. The Caminar Latino program, in Atlanta, brings together Latinx survivors for mutual support (Caminar Latino n.d.). In its early days, Caminar Latino made its support groups available only to survivors. In response to participant requests, however, the organization eventually created youth programs for survivors' children and, eventually, for survivors' partners, with whom many program participants continued to live. Now, entire families come to Caminar Latino to give and receive support and even to celebrate holidays together. In addition, the program has now expanded to support participant activism. Since 2005, Caminar has been training women survivors to become "lideres"—tasked with creating change in their communities through presenting at workshops on IPV and collaborating with other community organizations to prevent violence. These valuable social roles may well have anti-loneliness ripple effects for survivors (Serrata et al. 2015).

Finally, as a prerequisite to addressing survivor loneliness, advocates must consider the possibility that they, themselves, are experiencing loneliness, both as human beings living and working under tremendously difficult circumstances, and as professionals routinely exposed to the trauma and loneliness of others. To successfully engage in the flexibility, creativity, and openness inherent in a network-oriented approach, advocates must attend to their own inner state and address their own need for mutual support.

Conclusion

The COVID-19 shutdown has given us a window into the loneliness that DV survivors have long experienced as an integral part of intimate partner abuse. Even after a return to normal, we can eradicate survivor loneliness only by engaging in a systematic examination of its causes, its consequences, and the ways in which it obstructs individual paths to safety. Most centrally, anti-loneliness advocacy will require serious efforts to ensure that survivors feel seen and understood, and are better equipped to establish a meaningful sense of social connectedness.

Acknowledgements We are enormously grateful to the many survivors whose conversations with us inspired this article, and to Boston College student Allison Slocum for her dedicated literature gathering and distilling.

References

Anais-Bar, A. (2012). *The experiences of underserved minority battered women* (Publication no. 3570088). [Doctoral dissertation, Adelphi University School of social work]. Proquest dissertations and theses global.

Battered Women's Justice Project. (2020, April 24). Coercive control during COVID-19: New tactics. Battered Women's Justice Project. https://www.bwjp.org/news/coercive-control-covid-19.html

Bostock, J., Plumpton, M., & Pratt, R. (2009). Domestic violence against women: Understanding social processes and women's experiences. *Journal of Community & Applied Social Psychology, 19*, 95–110. https://doi.org/10.1002/casp.985.

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing, 00*, 1–3. https://doi.org/10.1111/jocn.15296.

Brown, B. (2008). I thought it was just me (but it isn't): Telling the truth about perfectionism, inadequacy, and power. Gotham Books.

Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science, 10*(2), 238–249. https://doi.org/10.1177/1745691615570616.

Caminar Latino. (n.d.). Caminar latino history. Caminar Latino. http://caminarlatino.org/about-us/history/

Dagan, Y., & Yager, J. (2019). Addressing loneliness in complex PTSD. *The Journal of Nervous and Mental Disease, 207*(6), 433–439.

Dunbar, R. I. M. (2014). The social brain: Psychological underpinnings and implications for the structure of organizations. *Current Directions in Psychological Science, 23*, 109–114. https://doi.org/10.1177/09637214357118.

Eisikovits, Z., & Band-Winterstein, T. (2015). Dimensions of suffering among old and young battered women. *Journal of Family Violence, 30*, 49–62. https://doi.org/10.1007/s10896-014-9655-9.

Essex, E. L., Petras, D., & Massat, C. R. (2006). Predictors of loneliness among court-involved and substance abusing mothers. *Women & Criminal Justice, 17*(2), 63–74. https://doi.org/10.1300/J012v17n02_05.

Fielding, S. (2020, April 3). In quarantine with an abuser: Surge in domestic violence reports linked to coronavirus. The Guardian. https://www.theguardian.com/us-news/2020/apr/03/coronavirus-quarantine-abuse-domestic-violence

First, J. M., First, N. L., & Houston, J. B. (2017). Intimate partner violence and disasters: A framework for empowering women experiencing violence in disaster settings. *Affilia: Journal of Women and Social Work, 32*(3), 390–403. https://doi.org/10.1177/0886109917706338.

Fisher, E. M., & Stylianou, A. M. (2019). To stay or to leave: Factors influencing victims' decisions to stay or leave a domestic violence emergency shelter. *Journal of Interpersonal Violence, 34*(4), 785–811. https://doi.org/10.1177/0886260516645816.

Futures Without Violence (2020, April). Calling all families and friends of families experiencing violence at home. Futures Without Violence. https://www.futureswithoutviolence.org/wp-content/uploads/Futures_Resources-updated.pdf

Goodman, L. A., Banyard, V., Woulfe, J., Ash, S., & Mattern, G. (2016). Bringing a network-oriented approach to domestic violence services: A focus group exploration of promising practices. *Violence Against Women, 22*(1), 64–89. https://doi.org/10.1177/1077801215599080.

Goodman, L. A., & Epstein, D. (2008). Listening to battered women: A survivor centered approach to advocacy, mental health, and justice. American Psychological Association.

Goodman, L.A., Epstein, D., Hailes, H., Slocum, A. Wolff, J., Coyne, K., & McCraney, A. (2020). From isolation to connection: The practices and promise of open domestic violence shelters. Journal of Interpersonal Violence

Goodman, L. A., & Smyth, K. F. (2011). A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence, 1*(2), 79–92. https://doi.org/10.1037/a0022977.

Hafner, K. (2016, September 5). Researchers confront an epidemic of loneliness. The New York Times. https://www.nytimes.com/2016/09/06/health/lonliness-aging-health-effects.html

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218–227. https://doi.org/10.1007/s12160-010-9210-8.

Heinrich, L. M., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review, 26*, 695–218. https://doi.org/10.1016/j.cpr.2006.04.002.

Hendy, H. M., Eggen, D., Gustitus, C., McLeod, K. C., & Ng, P. (2003). Decision to leave scale: Perceived reasons to stay in or leave violent relationships. *Psychology of Women Quarterly, 27*(2), 162–173. https://doi.org/10.1111/1471-6402.00096.

Herman, J. (1992). Trauma and recovery: The aftermath of violence - from domestic abuse to political terror. Basic Books.

Hetling, A., Dunford, A., & Botein, H. (2019). Community in the permanent supportive housing model: Applications to survivors of intimate partner violence. *Housing, Theory and Society., 37*, 400–416. https://doi.org/10.1080/14036096.2019.1624388.

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227–237. https://doi.org/10.1177/1745691614568352.

Ismail, R. (2020, March 19). Domestic abuse a bigger fear for survivors than COVID-19: Expert. CTV News London. https://london.ctvnews.ca/domestic-abuse-a-bigger-fear-for-survivors-than-Covid-19-expert-1.4860202

Kim, M. E. (2020). Shifting the lens: An implementation study of a community-based and social network intervention to gender-based violence. *Violence Against Women*. https://doi.org/10.1177/1077801219889176 107780121988917.

Kulkarni, S. J., Stylianou, A. M., & Wood, L. (2019). Successful rules reduction implementation process in domestic violence shelters from vision to practice. *Social Work, 64*(2), 147–156. https://doi.org/10.1093/sw/swz010.

Lauder, W., Sharkey, S., & Mummery, K. (2004). A community survey of loneliness. *Journal of Advanced Nursing, 46*(1), 88–94.

Lee, A. (2020, May 8). Why telehealth is a complicated option for domestic violence survivors. Rewire. News. https://rewire.news/article/2020/05/08/telehealth-domestic-violence/?fbclid=IwAR3jijJZJGlEThivyBmzyJJtKGOifCCrQdZxANT0aqVMxl8hmuP4_8A6Lq8

Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health, 152*, 157–171. https://doi.org/10.1010/j.puhe.2017.07.035.

Lepore, J. (2020, March 30). The History of Loneliness. The New Yorker. https://www.newyorker.com/magazine/2020/04/06/the-history-of-loneliness

Mingus, M. (2016, June). Pods and pod mapping worksheet. Bay Area Transformative Justice Collective. https://batjc.wordpress.com/pods-and-pod-mapping-worksheet/

Murthy, V. H. (2020). Together: The healing power of human connection in a sometimes lonely world. Harper Wave.

O'Rourke, H. M., Collins, L., & Sidani, S. (2018). Interventions to address social connectedness and loneliness for older adults: A scoping review. *BMC Geriatrics, 18*(214), 1–13. https://doi.org/10.1186/s127877-018-0897-x.

Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help-seeking. *Basic and Applied Social Psychology, 35*(1), 109–122. https://doi.org/10.1080/01973533.2012.746599.

Reynolds, M. (2020, March 26). Attorneys and advocacy groups adapt for domestic violence survivors amid COVID-19 pandemic. American Bar Association Journal. https://www.abajournal.com/web/article/amid-Covid-19-pandemic-attorneys-and-advocacy-groups-adapt-for-domestic-violence-survivors

Smyth, K., Goodman, L., & Glenn, C. (2006). The full-frame approach: A new response to marginalized women left behind by specialized services. *American Journal of Orthopsychiatry, 76*(4), 489–502.

Serrata, J. V., Macias, R. L., Rosales, A., Rodriguez, R., & Perilla, J. L. (2015). A study of immigrant Latina survivors of domestic violence: Becoming líderes comunitarias (community leaders). In A. Dottolo & O. M. Espín (Eds.), *Gendered Journeys: Women, Migration and Feminist Psychology* (pp. 206–223). Palgrave Macmillan UK.

Stickley, A., & Koyanagi, A. (2016). Loneliness, common mental disorders and suicidal behavior: Findings from a general population survey. *Journal of Affective Disorders, 197*, 81–87. https://doi.org/10.1016/j.jad.2016.02.054.

Sullivan, C. M., & Virden, T. (2017). Interrelationships among length of stay in a domestic violence shelter, help received, and outcomes achieved. *American Journal of Orthopsychiatry, 87*(4), 434–442. https://doi.org/10.1037/ort0000267.

Thomas, K. A., Goodman, L., & Putnins, S. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *American Journal of Orthopsychiatry, 85*(2), 170–180. https://doi.org/10.1037/ort0000044.

van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & on behalf of the Gender and COVID-19 working group. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine., 21*, 100348. https://doi.org/10.1016/j.eclinm.2020.100348.

Zeligman, M., Bialo, J. A., Brack, J. L., & Kearney, M. A. (2017). Loneliness as moderator between trauma and posttraumatic growth. *Journal of Counseling & Development, 95*, 435–444. https://doi.org/10.1002/jcad.12158.