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Mobilizing knowledge to end gender-based violence

BRIEF 37

Supporting Survivors of Domestic Violence During COVID-19 Reopening

Western | Centre for Research & Education on Violence Against Women & Children

LEARNING NETWORK

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Learning Network

The Learning Network is an initiative of the Centre for Research & Education on Violence against Women & Children, based at Western Education, Western University, London, Ontario, Canada, on the unceded territories of the Anishinaabeg, Haudenosaunee, Lunaapeewak and Attawandaron peoples.

The Learning Network is committed to ending gender-based violence through knowledge mobilization that identifies gaps and emerging issues, establishes meaningful collaborations, and values diverse ways of knowing.

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Introduction

The early stages of the COVID-19 pandemic were marked with uncertainty about the virus and its impact on public health and social equality in Canada. Especially concerning was the prospective social impact that the pandemic would have on marginalized populations. While stay-at-home orders have been an important strategy for flattening the curve of COVID-19 case increases, the pandemic has underlined deeply rooted social problems in Canadian society. In particular, research conducted throughout the shutdown has identified evidence of what the United Nations has called a "shadow pandemic" of increased domestic violence (DV) against women and children catalyzed by the shutdown (UN Women, 2020, p. 2).

The pandemic not only presents a situation in which the conditions for violence against women and children are elevated; it also produces conditions that may suppress reporting and delay survivors' access to support. A clear view of the scope and magnitude of this issue may only become fully apparent as businesses, schools, and other social institutions continue reopening.

Despite active engagement of shelters and sexual assault centres in providing communities with access to services throughout the pandemic, advocates have recognized that the greatest service demands for shelter and support may not emerge until reopening continues and survivors face fewer barriers to accessing these services. Karen Spencer, the Executive Director of Family and Children's Services of Waterloo Region, has described this demand as a "curve coming after the COVID-19 curve" (CBC News, 2020, para. 4). In order to meet the unique demands of this "curve," it is vitally important that shelters and family services receive the resources they need to support survivors of violence.

The longer-term reopening phases of Canada's pandemic response therefore carry particularly high stakes for survivors of domestic violence and the organizations that support them. Reopening is a major social change in and of itself and will have its own impacts on the prevalence of violence against women and children in society. Just as the initial shutdown was a catalyst for drastic—and sometimes unforeseen—social and economic changes in Canadian society, so too should we anticipate the reopening process to bring forth unique challenges for policymakers and support services. To be sure, the dynamic nature of reopening institutions, phasing out certain pandemic protocols, and mitigating risks of a re-emergence of the virus all make it difficult to predict future outcomes; however, a critical analysis of past events and current research can enable us to identify some forms of interpersonal and structural violence that are likely to emerge during reopening.

The purpose of this Brief is to summarize current research on the impact of COVID-19 on DV against women and children in the Canadian context. Below, we outline why advocates and researchers believe that the pandemic has increased the prevalence of violence against women and children, and also why further efforts are needed to address the full scope of this impact in the context of post-pandemic reopening. We describe recent reports from news outlets, service agencies, and researchers on the relationship between COVID-19 and domestic violence, and we highlight some of the major factors that may leave survivors unable to report or escape their situations until after pandemic shutdown measures have been lifted. We then highlight some of the other factors that are necessary to consider when ensuring that survivors receive the resources and the strengths-based, culturally appropriate, trauma- and violence-informed supports they need.

The "Shadow Pandemic": Domestic Violence Against Women And Children

Major societal crises are often followed by increased incidents of domestic violence. In crises ranging from floods (Biswas et al, 2007; Houghton, 2009; Sekhri & Storeygard, 2014), earthquakes (Kolbe et al., 2010), and hurricanes (Klein, 2012) to wildfires (Parkinson, 2015; Parkinson & Zara, 2013), the increased psychological stress caused by these events makes maladaptive coping strategies (of which violence may be one form) more likely to occur. The COVID-19 pandemic combines numerous factors that create a "perfect storm" for domestic violence against women and children (Maher, 2020) such as:

- isolation from support networks (including friends, coworkers and teachers)

- psychological strain from physical inactivity, financial stress, or grief

- normative pressures emphasizing "sacrifice" and "perseverance"

- uncertainties over what services remain open and safe (Learning Network, 2020a, 2020b).

Concerns about violence against women and children during the COVID-19 pandemic have been voiced around the world (Peterman et al. 2020). Early reports in Europe indicated increases in DV rates during the pandemic by 18% (Spain) and 30% (France) (Taub, 2020). A study of Australian women (n=15,000) found that in the three months since the pandemic began (March–May), nearly 6% experienced coercive control from a partner and 11.6% reported at least one form of emotionally abusive, harassing or controlling behaviour (Boxall et al., 2020). This research indicated a direct connection between the pandemic shutdown and domestic violence in which,

> *for many women, the pandemic coincided with the onset or escalation of violence and abuse. Two-thirds of women who experienced physical or sexual violence by a current or former cohabiting partner since the start of the COVID-19 pandemic said the violence had started or escalated in the three months prior to the survey. (Boxall et al., 2020, p. 1)*

Accordingly, early predictions about the impact of COVID-19 included an increase in DV in Canada as well. These predictions have generally been confirmed in recent months as gender-based violence (GBV) support workers noticed an increase in service demand (e.g. Haire, 2020). In a national survey of GBV-sector staff and volunteers conducted by Ending Violence Canada and Anova (n=375), 46% noticed changes in the prevalence and severity of violence, and 82% of these respondents identified this change as an increase (Trudell & Whitmore, 2020, p. 1).

Concerns have also been raised about how the shutdown has left children and youth vulnerable to abuse. There are compelling reasons to suspect that children's experiences of violence may be ongoing, and that some forms increased due to the shutdown. The shutdown may have also impacted the ways survivors might reach out for help. Violence against children during the pandemic has been illustrated by several examples of increased service demand from organizations such as:

- Kids Help Phone, which experienced a 350% spike in calls during mid-March and continues to experience a 112% greater volume of calls and texts than it did at this time last year (Kelland, 2020).

- The Alberta Law Enforcement Response Teams (ALERT), which received 243 reported instances of online child exploitation in March, substantially higher than the unit's monthly average of approximately 110 (Gilligan, 2020).

- The Canadian Centre for Child Protection tip line, which experienced an 81% increase in calls concerning online sexual exploitation over April, May, and June (Thompson, 2020).

Many of the same factors that potentially affect the increases of domestic violence may also produce barriers to reporting and/or escaping until after reopening. A careful examination of some of these underlying factors can help to ensure that when survivors of violence do come forward, social services are equipped to respond effectively.

Barriers and Delays to Reporting

Studies of natural disasters and public safety crises note that psychological trauma and practical barriers (including safety concerns) contribute to a delay between the initial crisis and DV reporting. For instance, post-disaster research on the effects of Hurricane Katrina suggested that the prevalence of domestic and sexual violence incidents and reports may not fully emerge until "many months after the disaster itself has occurred" (Klein, 2012, p. 41).

Pandemic-related shutdowns "trap" people in potentially abusive, close-quartered situations. They also make safety planning particularly complicated. Survivors of DV may be hindered by a lack of internet access, lack of privacy to use a phone or computer, or discomfort with receiving services virtually rather than face-to-face (Trudell & Whitmore, 2020, p. 1). The form of tactics used by partners who commit abuse may also change during the pandemic shutdown. The survey by Ending Violence Canada and Anova (described above) found that 20% of GBV sector staff noticed changes in the tactics that individuals acting abusively used to commit violence and increase control (Trudell & Whitmore, 2020, p. 1). In addition to the range of common tactics, the pandemic may be used as an excuse to surveil a partner's online activity, control their access to money or transportation, instill fear over exposure to the virus at hospitals and shelters, or lie that such services are unavailable (Learning Network, 2020a). Individuals whose escape plan involves staying with aged parents instead of a shelter may be unable to leave until after the risk of spreading the virus decreases (Pawlitza, 2020).

Many advocates predict that reopening will be followed by a wave of individuals seeking shelter and court services (Pawlitza, 2020). However, as provinces and territories begin phased reopening protocols, survivors may still face challenges in coming forward. These include:

- **Difficulty proving abuse, especially if that abuse is mental or verbal in nature or it does not leave physical evidence.** Survivors of violence continue to face skepticism and mistrust in Canada's legal, medical, corporate, and social service institutions. In the context of a pandemic, people experiencing DV may fear that their case will not meet the "urgency threshold" set by courts in prioritizing the "most" severe instances of violence and

Ontario-Based Legal Support for Survivors:

For individuals who are uncertain about how their case will be handled during the pandemic, organizations like Luke's Place have organized services for woman who have experienced IPV, including telephone support and a Virtual Legal Clinic.

abuse (Pawlitza, 2020). These concerns may be further compounded by a history of negative experiences with these institutions, such as those often experienced by folks who are Black, Indigenous, persons of colour (BIPOC) and/or 2SLGBTQ+.

- **Safety concerns over leaving, particularly in cases of complex abuse (physical or sexual violence or coercive control).** For instance, a survey of 15,000 Australian women found that 58% of respondents experiencing more severe forms of violence and abuse did not seek help due to safety concerns (Boxall, Morgan, & Brown, 2020, p. 14). In addition to the kinds of safety concerns that women may face in non-pandemic times (fear of increased or more complex forms of violence), uncertainty over the impact of social distancing measures on the availability of support may suppress reports of DV and support-seeking (Boxall et al., 2020).

- **Separation from institutional support systems, such as schools and childcare services.** Schools play an instrumental role in reporting suspected instances of childhood abuse, and the pandemic shutdown presented a major obstacle to the sort of daily contact that enables teachers and daycare workers to recognize potential problems.

Survivors of DV also face barriers to support that existed prior to the pandemic as well. Often these barriers take place at the intersection of GBV and other systems of structural violence, such as:

- **The compounding of practical barriers to safety (e.g. limited transportation services, precarious housing situation, economic insecurity) by social stigma toward an individual's sexuality or occupation.** For example, 2SLGBTQ+ individuals may face barriers to leaving an abusive situation if they fear that family members will be unaccepting of their gender identity, and/or sexual orientation (Lachowsky, 2020). Individuals who engage in sex work may also face unique barriers based in sexual stigma. Especially during the COVID-19 pandemic, stigmatization and criminalization of sex work may be a barrier to individuals accessing safe housing and/or seeking (or being eligible for) emergency economic benefits (Platt et al., 2020).

- **Lack of culturally safe shelters.** In discussing the increased risk of DV that Indigenous women and girls face during the COVID-19 pandemic, Dr. Pamela Palmater and the Canadian Feminist Alliance for International Action note that "only 6% of shelters for victims of abuse are located in Indigenous communities" (CFAIA & Pamater, 2020, p. 12). The inaccessibility (or absence) of necessary supports leaves survivors with limited options for leaving an abusive situation. Indigenous advocates have also voiced concerns about the lack of Indigenous women's representation in leadership in shelters (Wright, 2020). This can further reduce trust among Indigenous survivors of DV that support services will provide a safe place for them.
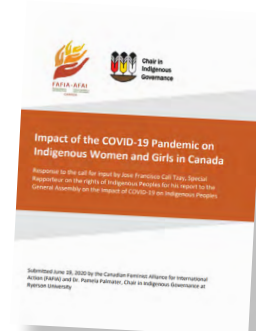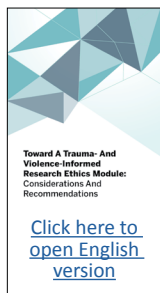

Learn More:
The report, Impact of the COVID-19 Pandemic on Indigenous Women and Girls in Canada presents a critical feminist analysis of how the pandemic has affected Indigenous communities in terms of socio-economic condition, gendered violence, rights, and social policy (Canadian Feminist Alliance for International Action [CFAIA] & Palmater, 2020)

By "**trauma- and violence-informed**," we refer to an awareness of how interpersonal and structural violence may accompany experiences of trauma, as well as the need for programs and policies that provide strengths-based, safe, and collaborative services for survivors of DV and support service workers alike (Ponic, Varcoe, & Smutylo, 2016).

Learn More:

Toward A Trauma- And Violence-Informed Research Ethics Module: Considerations and Recommendations presents an overview of a how trauma- and violence-informed perspective can enhance the ethical practices of GBV intervention research and support. This resource is available in both English and French. Click the images below to open.

Toward A Trauma- And Violence-Informed Research Ethics Module: Considerations And Recommendations

Click here to open English version

Vers un module d'éthique de recherche tenant compte des traumatismes et de la violence : Considérations et recommandations

Click here to open French version

# Responding to the "Curve Coming After The Curve"

The reopening process (as well as the prospect of a second wave) presents an especially high-risk situation for many groups in society. Not only has exposure to the COVID-19 virus been highest in communities impacted by structures of racial, class, and colonial oppression; the social and economic harms of the pandemic are also likely to have their gravest impact on these communities.

It is essential that a sustained, well-funded system of trauma- and violence-informed social safety nets be implemented nationally to serve the needs of diverse communities, both during the pandemic and in its aftermath (Canadian Women's Foundation et al., 2020; Learning Network, 2020b). For example:

- **Strategies for reopening should be developed in direct consultation with communities and support services so as to best prevent harm**. A consistent demand throughout the pandemic is that the development and implementation of these policies be strengths-based, and guided by advisors who reflect the communities they serve (Learning Network, 2020b). It is also crucial that reopening strategies be responsive to the needs of workers in shelters, crisis centres, outreach programs, and remote services. Workers in the GBV sector have faced immense and unrelenting pressures to support survivors of violence throughout the pandemic. Doing so has required adapting to conditions of rapid change and uncertainty, often at high personal risk of exposure to COVID-19 and limited resources (including personal protective equipment). As reopening introduces the potential for new—or even increased—challenges for supporting survivors of DV, robust planning is needed to ensure that GBV service workers receive the emotional and financial resources necessary to safely do this essential work.

- **Research on the impacts of reopening should include the collection of race-disaggregated data** (Willsie, 2020). For communities that comprise a small portion of the national population, specialized sampling and interview strategies may be necessary to ensure proper representation and cultural safety. This is especially

the case for research on DV against women and children, where participants may face stigma, misrepresentation, or trauma from the research process itself.

- **Research is required to capture the full extent of children's experiences of violence during the pandemic, and sufficient services must be in place to respond to their needs when they return to school.** In one Kids Help Phone survey, 77% of respondents stated that they would not speak with anyone other than the hotline about how they were feeling (Kelland, 2020). Sara Austin, founder and CEO of Children First Canada warns that "when children are back in school, we are going to see some pretty grave statistics and we need to be prepared and ready to be able to meet those needs urgently" (Gregory, 2020). However, it is also essential that efforts to protect children be exercised with a critical awareness of racial bias. Centuries of racist assumptions, criminalization, and systemic discrimination have produced a pattern in which Black and Indigenous children are overrepresented in the child welfare system (see e.g. Ontario Human Rights Commission, 2018). As reopening may bring an increase of DV/child abuse cases to light, it is essential that Black and Indigenous families receive the appropriate supports they need and are neither targeted unfairly by the system (including teachers, daycare workers, and counsellors) nor ignored by it. Moreover, the ongoing mistreatment of BIPOC children and youth in care—illustrated by the 11 Indigenous children who died in Ontario's child welfare system during the pandemic—remains a problem demanding urgent action from policymakers, both as part of an anti-racist reopening strategy and as a broader systemic change (Jackson, 2020).

- **Recovery strategies must address the interconnecting effects that the pandemic has had on both DV and economic inequities.** Economic precarity may not only operate as a catalyst for violence; it can also diminish options for survivors' ability to leave a dangerous situation. Policies concerning reopening and economic recovery therefore have an important role to play in supporting survivors of DV. Unfortunately, the pandemic's economic impact has mirrored broader patterns of social inequality in Canada, leading advocates to express concern over how gaps in economic well-being (e.g. income, employment, mobility, stability) may be worsened without an equity-oriented recovery strategy. Negative economic outcomes are patterned along socio-demographic characteristics such as:

  - **Age:** 66% of young Canadians (18 - 34 years old) experienced or anticipated experiencing unemployment or reduced hours due to COVID-19 (compared with 53% of those over 55 years) (TD Bank Group, 2020).

  - **Ethnicity**: Experiences (or anticipation) of unemployment or reduced income were also higher among Black (64%), South Asian (65%) and Filipino (70%) Canadians than the general population surveyed (53%) (TD Bank Group, 2020).

  - **Disability**: 30% of Canadians living with disabilities expected to be late paying their rent or mortgage, compared with 20% of the general population (TD Bank Group, 2020).

  - **Immigration**: 43% of immigrant women who were employed in February lost their jobs or faced reduced hours by the end of April, compared with 32% of Canadian-born women (Canadian Women's Foundation et al., p. 10).
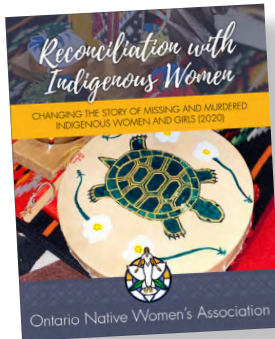
Learn More:

The Ontario Native Women's Association's (2020) report, [Reconciliation with Indigenous Women](#) presents a series of critical recommendations to be integrated into the national Action Plan to address violence against Indigenous women and girls (McGuire-Cyrett, Green, & Riggs, 2020). This report centres Indigenous women and girls as the experts of their own experiences, and it advocates for the leadership of Indigenous women and girls in the National Action Plan.

The ripple effect of economic struggles like unemployment and an inability to afford rent should not be underestimated—especially when considering the longer-term effects that increased economic precarity may have for the safety of women and children. Social policies should aim to ameliorate the disproportionate impact that job and income loss has had on marginalized communities by ensuring equitable hiring policies during reopening and continuing emergency economic supports for individuals who are unable to immediately find new employment.

- **The pandemic must not become an excuse to further delay essential policy issues for Indigenous Peoples.** The federal government's national action plan on addressing missing and murdered Indigenous women and girls (MMIWG) remains unfinished. The harmful impact of colonialism will only exacerbate the impact of COVID-19 on Indigenous women and girls if this delay continues. Despite government inaction on this issue, the Native Women's Association of Canada has developed a ten-point action plan to address MMIWG, with items including decolonial trainings, and a social media campaign to challenge stigmatizing stereotypes of Indigenous women, girls, and gender-diverse people (Native Women's Association of Canada, 2020). The Ontario Native Women's Association has also produced a report of 13 critical recommendations to be integrated into the National Action Plan, developed over decades of listening to Indigenous women and girls directly (McGuire-Cyrett, Green, & Riggs, 2020).

Conclusion

Without adequate support from social policies and public attention, reopening poses particular risks of harm at the intersections of economic inequality, gender, and other systems of social marginalization. Policymaking and support services are urgently needed to account for the complex interactions that these factors are likely to have with DV as social institutions reopen. Women and children who are BIPOC, 2SLGBTQ+, working class, newcomers, living with a disability, and/or single parents bear an elevated burden of safety risks due to the pandemic. So too do the shelter, crisis centre, and support workers serving survivors of domestic and sexual violence.

On the other hand, reopening presents a potential starting point for developing more responsive, equitable approaches to address long-standing intersections of gender-based and structural violence. The aim of this Brief has been to contextualize the likely surge in demand for DV services for women and children during the reopening phases. It has sought to highlight barriers and broad policy considerations related to this issue in order to show why solutions to this issue must go beyond a "one-size-fits all" approach. Given the deep interconnections among the "shadow pandemic" of DV and multiple systems of structural violence, policies to support survivors of DV in a post-COVID-19 world must be informed by the insights of service organizations seeking to foster safety and social change, and by the lived experiences of survivors themselves.

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