Literature Review

COVID-19 and the Impact

on Service Providers and Women Survivors of Intimate Partner Violence

COVID-19 and the Impact on Service Providers and Women Survivors of Intimate Partner Violence Literature Review

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Executive Summary

This literature review examines the impact of the COVID-19 pandemic on intimate partner violence (IPV) survivors and service providers. First, an overview of IPV in Canada is provided to understand the nature and severity of the issue in the years preceding the pandemic. Second, the impact of COVID-19 and its associated health protocols are examined across a variety of different contexts to identify factors that increase the potential for violence including isolation and barriers to support, unique control tactics, financial strain, and challenges to mental health. The impact of this elevated risk for intimate partner violence is then examined in regards to women's shelters, focusing on issues surrounding service demand, public health restrictions, staffing, and funding. Similarly, the impact of COVID-19 on community support agencies is then reviewed, identifying many of the same struggles as those faced by women's shelters in terms of service provision, outreach, and funding. The pandemic has also changed the way survivors navigate the justice system, which is explored in sections on both criminal and family court.

The second section of the literature review explores how the COVID-19 pandemic has affected vulnerable population groups including: racialized women; Indigenous women; women living in rural, remote and Northern communities; immigrants and newcomers; women with disabilities; 2SLGBTQ+ communities; and mothers. Finally, the likelihood of future pandemics is presented to reiterate the importance of ensuring that the IPV sector is able to provide service in times of crisis.

Introduction

Canada is experiencing its first global pandemic since the Spanish Flu of the early 1900s. Provinces across the country have initiated extreme measures to curb the deadly virus, COVID-19, including quarantines, lockdowns, public closures, and the passing of emergency legislation. Many victims/survivors of intimate partner violence (IPV) have been placed at greater risk of violence from their abusers because of heightened stress in the home and because they cannot leave to seek protection. Service providers who assist victims/survivors have also been impacted. They have had to alter their practice dramatically to adapt to this new and uncertain reality, including reducing their capacity so that proper physical distancing can be maintained, increasing their cleaning and sanitizing of common spaces, and providing crisis counselling and support through remote or virtual means. While preliminary evidence suggests that COVID-19 has exacerbated the problem of IPV, the impact on IPV survivors and service providers is only beginning to be understood. Few studies have considered the impact of pandemics, and fewer still have been conducted in Canada. This review explores the body of literature (both academic and grey) on the topic of pandemics (including COVID-19) and IPV.

Literature Review Search Strategy

This literature search began in May of 2020 in preparation for a national grant application, and was expanded upon in November 2020 after the funding had been secured. For this literature search, material published in 2020 was reviewed in respect to understanding the development of the current pandemic and the impact it has had on victims/survivors, their children, and domestic violence shelters. Materials that focused on general information about both pandemics and intimate partner/family violence were reviewed from the last 15 years.

Keywords included: “women”, “female*”, “intimate partner violence”, “domestic violence”, “family violence”, “abuse*”, “COVID-19”, “pandemic*”, “women’s shelters”, “domestic violence shelters”, “shelters”, “mother*”, “parenting”, “newcomers”, “immigrants”, “refugees”, “Indigenous”, “Aboriginal”, “pandemic waves”, “disabled”, “LGBTQ”, “remote”, “rural”, “northern”.

Search strings included:
“mother*” OR “parent” AND “parenting” OR “impact” AND “domestic violence” OR “family violence” OR “intimate partner violence”
“pandemic*” AND “intimate partner violence” OR “domestic violence” OR “family violence”
“pandemic*” AND “women’s shelters”, “domestic violence shelters”, “shelters”
“pandemic*” OR “COVID-19” AND “successive waves”
“Indigenous” OR “Aboriginal” AND “COVID-19” OR “pandemic*”
“Newcomer*” OR “immigrant*” OR “refugee” AND “COVID-19” OR “pandemic*”

One-Stop Search (University of Manitoba Libraries) was the primary database used to identify items, including books, scholarly articles, journals, and newspaper articles. However, non-academic databases, such as the Violence Against Women Learning Network and Google were also used. In fact, owing to the recent nature of COVID-19 and the emerging study of its impact on gender-based violence, a significant amount of research was also conducted through grey literature: both global and local Canadian news and media outlets; Statistics Canada; provincial and federal government media, publications and news releases; publications from the World Health Organization (WHO); and organizations dedicated to gender-based violence, such as the Ending Violence Association of Canada.

Intimate Partner Violence in Canada: An Overview

A Statistics Canada report from 2019 found that IPV was the most common form of violence experienced by Canadian women, accounting for 45% of all violent crimes experienced by women aged 15-89 (Conroy et al., 2019). In total, IPV accounts for 30% of all violent crimes reported to the police and the majority of victims (79%) are women (Conroy et al., 2019). Although IPV rates have been slowly decreasing since 2009, there was a 2% increase in police-reported IPV in 2018, making it the second highest recorded rate since 2012 (Conroy et al., 2019). Manitoba has the second highest rate of IPV among the provinces at 592 per 100,000, nearly double the national rate of 322 (Conroy et al., 2019). Rates are known to be higher among women aged 25-34, Indigenous women, women with disabilities, and women living in rural or remote communities (Women and Gender Equality Canada, 2020). In 2018, over 68,000 women and children were admitted to shelters or second stage housing facilities for IPV victims/survivors across the country (Women and Gender Equality Canada, 2020). It is estimated that IPV costs the federal government $7.4 billion per year, which includes direct costs such as medical care and decreased productivity, as well as estimates for pain and suffering (Women and Gender Equality Canada, 2020). It is understood that this is likely a conservative estimate given data unavailability, limitations of the data, and the date of study (i.e., based on estimates from 2009) (Zhang et al., 2013).

COVID-19 and Intimate Partner Violence

The cumulative impact of social, emotional, and financial stressors that come with the ongoing quarantine and social isolation measures increase the risk for IPV (van Gelder et al., 2020). The factors that have exacerbated the IPV crisis during COVID-19 are expanded upon in the following sections.

Isolation and Barriers to Support

Lockdown measures and stay-at-home orders became the primary defense against the spread of COVID-19, with governments stressing that people should only leave their houses for essential items and frontline work (Godin, 2020). While this measure may have been necessary to prevent further outbreak, home was not a safe place for those who live with an abuser. Rates of IPV are known to increase during times of local or global crisis, so when lockdown measures began in March of 2020 shelters prepared as best they could for the expected increase in demand (Godin, 2020).

Unexpectedly, the volume of demand dropped dramatically around the world (Evans et al., 2020). The decrease in usage during this period does not indicate a lack of need, rather it reflects the difficulties that those experiencing IPV have in finding the privacy to contact shelters and crisis lines at a time when they may be socially isolating at home with their abuser (Thompson, 2020).

One survey conducted in the early weeks of the lockdown found that 10% of women and 6% of men were very or extremely worried about possible violence in their home (Koshan et al., 2021). **The United Nations confirmed the increased risk for IPV during the pandemic, estimating that for every three months the world remained in lockdown another 15 million instances of gender-based violence will occur (Moffitt et al., 2020).**

With abusers and their victims spending more time at home together than ever before, the potential for abuse and controlling behaviour has drastically increased (Women's Shelters Canada, 2020). Abusers are able to constantly surveil their partner's behaviour, making it much more difficult for victims/survivors to seek help from resource centres or friends, especially when that communication must be conducted by phone or email that can be easily monitored (Women's Shelters Canada, 2020).

Maintaining unmonitored contact with family and friends is especially important as a 2005 study of women in abusive relationships found that of women who reach out for help, 71% reached out to family or friends while only 18% contacted a women's organization or counsellor (Fugate et al., 2005). Victims/survivors will often use visits to family or friends as a method of temporary escape, or as an excuse to leave the house and contact a shelter, but lockdowns made this nearly impossible (Godin, 2020).

Even if a victim/survivor is able to leave their partner, they are often too scared of contracting the virus to go to a shelter. Additionally, some victims/survivors may be unaware of which shelters are accepting new clients or worry about being left homeless (Women's Shelters Canada, 2020).

Before the pandemic, some victims/survivors who chose not to access shelters could rely on their parents for housing and support, but with the elderly more at risk for COVID-19 many do not feel comfortable doing this (Godin, 2020). The increased potential for abuse coupled with few options for escape is already very damaging, but it is exacerbated by a decrease in positive day-to-day social interactions. **Before the pandemic, victims/survivors may have had access to supports in their workplace or school, but these have become unavailable as the spaces are shut down (Renzetti & Larkin, 2009).** Some victims/survivors may be able to maintain a connection with friends and family using technology, but others may be prevented from doing so by an abuser who prohibits internet access and phone usage (Violence Against Women Learning Network, 2020).

As in any kind of public health emergency, there has been an exceptional strain on healthcare workers and emergency first responders, people who are frequently a first point of contact for victims of violence (Peterman et al., 2020). These overworked individuals may not have the same opportunity or resources to detect instances of violence, which can result in missed opportunities to connect victims with resources (Evans et al., 2020). **Additionally, victims/survivors who experience physical abuse may be too afraid of contracting the virus to go to the hospital after an attack, which may have a negative impact on their long-term health (Godin, 2020).** Lockdown measures have also reduced children's interactions with professionals trained to recognize the signs of abuse like clinicians, teachers, and daycare workers (Evans et al., 2020).

Unique Control Tactics

The fear and uncertainty surrounding the pandemic has given abusers new ways to assert control over their victim. As many forms of coercive control are not explicitly violent, those experiencing it may not immediately recognize it as abuse, or may think that it is not serious enough to warrant seeking help (Fugate et al., 2005). Because an abuser is more thoroughly able to monitor and restrict the information that their partner has access to, it is easier for them to spread misinformation. **Abusers may tell their partners that shelters are closed, contaminated, or full to prevent them from accessing these facilities in person, and may forbid them from receiving support by phone or email (Violence Against Women Learning Network, 2020). They may lie about the severity of the virus and the extent of necessary self-isolation measures; or tell victims/survivors that there are legal ramifications to contracting the virus like deportation or loss of children in custody agreements (Violence Against Women Learning Network, 2020).** Government directives that urge people to do their shopping online or restrict in-person shopping to a single family member may make it easier for abusers to lie about the availability of essential items like

food, medicine, personal protective equipment (PPE), cleaning supplies, feminine hygiene products, or birth control (Violence Against Women Learning Network, 2020).

Abusers may use COVID-19 to rationalize the demands or restrictions they place on their victim in a number of ways. Citing a lack of financial resources, an abuser may move into a victim/survivor's home against their wishes, or kick them out of a shared home claiming that they are sick (Violence Against Women Learning Network, 2020). They may also tell them that animals can spread COVID-19 and thus a pet or service animal must be killed or given away (Violence Against Women Learning Network, 2020).

Abusers may use the virus to intentionally put a victim/survivor's health at risk by preventing them from receiving medical attention or required medication (Violence Against Women Learning Network, 2020). They may refuse to take precautions like mask wearing and handwashing, or ignore social distancing guidelines by inviting groups of people into the house (Violence Against Women Learning Network, 2020). Abusers may threaten to expose their victim to the virus if they do not comply with their demands, or actually do so in order to gain more control over them (Violence Against Women Learning Network, 2020). They may also lie about their own health and feign illness to prevent their victim from leaving the house, or manipulate them into believing that they are sick and thus must follow certain guidelines (Godin, 2020).

Financial Strain

As non-essential businesses are forced to close and gathering sizes are restricted, mass layoffs have become a hallmark of the COVID-19 economy. **If an abuser's income or employment is impacted, the perceived loss of power and status may exacerbate their abusive behaviours (Renzetti & Larkin, 2009). To regain a sense of control, abusers may escalate the severity of violence they inflict and increase controlling behaviours (Peterman et al., 2020).** Financial stress can lead abusers to overuse substances, or become more unpredictable in their abuse (van Gelder et al., 2020).

Financial dependency is a major reason why a victim/survivor may feel that they are unable to leave their abuser, and even if a victim/survivor is working, their abuser may have control over their bank account (Evans et al., 2020). Secretly saving money can be a key part of an escape plan, but those laid off due to the pandemic may now be less able to flee (Godin, 2020). Many of the industries hit hardest by COVID-19 have been those dominated by women including hospitality, food service, and retail trade. While some businesses have managed to continue operations by switching to take-out, delivery, or curb-side pickup, most have seen massive layoffs (RBC Economics, 2020). This has resulted in women's participation in the labour force plummeting to levels not seen since the 1980s (RBC Economics, 2020).

Women also make up a higher percentage of the workforce in businesses deemed essential like cleaners and grocery workers (Gunraj & Howard, 2020). Many of these positions like cashiering require face-to-face interaction with hundreds of people a day, which increases the risk of exposure to the virus (Flanagan, 2020). Abusers may take this as an opportunity to force women to quit front-line positions, saying that it is for their own protection while actually making their victim more reliant on them financially.

Stress and Mental Health

The effects of isolation and financial strain have significantly impacted people's mental health, particularly women's. Women are more likely to have underlying mental health concerns like depression and anxiety; or they are likely to live in environments that are already mentally exhausting (Almeida et al., 2020). **As a result of the COVID-19 pandemic, women have faced increased stress due to job loss, unequal divisions of labour during lockdown, and new homeschooling responsibilities (Almeida et al., 2020).** Statistics Canada conducted a poll in July 2020 focused specifically on the pandemic and gender differences in mental health. When asked about their current mental health, 25.5% of women rated it as 'fair' or 'poor' compared to 21.2% of men (Moyser, 2020). Additionally, **57% of women reported that their mental health was 'somewhat' or 'much' worse since lockdown measures began while only 47% of men said the same (Moyser, 2020).** More women than men reported moderate to severe symptoms of generalized anxiety disorder (29.3% vs 20.5%) and women were more likely to report that their lives were 'quite a bit' or 'extremely' more stressful (30.5% vs 24%) (Moyser, 2020). **In every area, gender-diverse people reported significantly poorer mental health outcomes, usually double or triple the rates of women or men (Moyser, 2020).**

Another poll conducted by the Centre for Addiction and Mental Health (CAMH) found that 24% of women and 18% of men have experienced moderate to severe anxiety since the onset of the pandemic, while 23% of women and 17% of men reported feeling lonely (CAMH, 2020). The survey also found that adults with children under the age of 18 (and living at home) were 10% more likely to be depressed than those without kids (29% versus 19%) (CAMH, 2020). Respondents indicated that mental health was a major concern for them and that they were finding new ways to cope, with 20% seeking professional help, 94% increasing time spent outdoors, 93% taking dedicated time to relax, and 92% keeping in touch with family and friends by phone (CAMH, 2020). Not all coping methods have been healthy, however, as **29% of men and 23% of women reported an increase in binge drinking (CAMH, 2020). This can be particularly dangerous as excessive alcohol consumption can increase aggressive behaviour in many abusers (Moffitt et al., 2020).** In Ontario, excessive alcohol consumption was identified as a contributing factor in 40% of intimate partner homicides (Moffitt et al., 2020).

Overall, this sudden increase in mental health stressors may cause emotional and financial abuse to turn physical (Trudell & Whitmore, 2020) or can be the starting point for abuse in a relationship (Almeida et al., 2020). An Australian study found that 42% of frontline service providers found an increase in first time reports of family violence as a result of the pandemic (Koshan et al., 2021).

Impacts of COVID-19 on Women's Shelters

Shelters have faced unprecedented challenges throughout the pandemic as they have tried to meet fluctuating service demands while transitioning to limited contact service provision models. Shelters have had to completely change the way they provide support, while simultaneously dealing with staffing constraints and funding shortages. These changes have been necessary, not only for shelters, but for other service providers as well, including branches of the justice system that deal with IPV.

Service Demand

Shelters have remained open across Canada during public health lockdowns, but women may not necessarily know or assume this. As discussed previously, abusers may lie about shelters' service status, or make it harder to access information (Patel, 2020). Additionally, fear of contracting the virus can prevent women from accessing supports (Women's Shelters Canada, 2020). Prior to the onset of COVID-19, many Manitoba women's shelters were full (Hoye, 2020). **However, when social distancing measures were put into place in the spring, urban and rural shelters saw lower rates of use, with some shelters experiencing periods of complete emptiness (Thompson, 2020).** Shelters such as Ikwe Widdjiitiwin and Willow Place in Winnipeg, as well as Genesis House in Winkler, all reported lower than usual occupancy after the outbreak of the pandemic (Hoye, 2020).

A national survey of shelters and transition houses conducted by Women's Shelters Canada (2020) analyzed changes in service demand over two phases. Phase I covered March-May 2020 when Canada first put lockdown measures in place, and Phase II covered June-October 2020 when restrictions were eased in many provinces. In Phase I, many respondents noted a decrease in service demand with 59% reporting a decrease in crisis calls and 65% reporting fewer requests for admittance (Women's Shelters Canada, 2020). Inversely, during Phase II, 61% of respondents noted an increase in crisis calls and 54% reported an increase in requests for admission (Women's Shelters Canada, 2020).

Women's Shelters Canada (2020) also found that shelter workers have noticed changes in the type of violence experienced by women seeking entry to their facilities, with 16% responding that the violence was much more severe and 36% identifying it as somewhat more severe. Those who did not notice much of a change tended to be from areas with fewer cases of COVID-19 and less restrictive lockdowns (Women's Shelters Canada, 2020). **Overall, respondents observed an increase in methods of physical abuse associated with high risk for lethality, including stabbings, strangulation, and broken bones; and increases in the use of other forms of violence such as forcible confinement, sexual violence, trafficking, and emotional or**

financial abuse (Women's Shelters Canada, 2020). Another survey conducted by the Ending Violence Association of Canada (EVAC) found that 46% of shelter workers noticed changes in instances of violence since the start of the pandemic, and of these respondents, 82% reported an increase in the prevalence and severity of violence (Trudell & Whitmore, 2020). Like the Women's Shelters Canada survey, respondents in this survey also observed an increase in methods of assault associated with a high risk for lethality (Trudell & Whitmore, 2020). Additionally, 34% of respondents observed an increase in victim/survivors struggling with their mental health (Trudell & Whitmore, 2020).

COVID-19 Restrictions

Due to social distancing guidelines, 71% of shelters were forced to reduce their capacity, with many lowering their occupancy by 50% or more (Women's Shelters Canada, 2020). To facilitate taking on new clients 74% of shelters created isolation units for women to quarantine - 51% of which were on-site while others outsourced to off-site locations like hotels (Women's Shelters Canada, 2020). **To prevent the spread of COVID-19, facilities have had to implement new policies including extra sanitation measures and limited use of communal areas (Patel, 2020).** Shelters have stopped placing multiple household groups in one bedroom; however, sharing bathrooms or kitchens is often unavoidable and can make total distancing difficult, if not impossible (Koshan et al., 2021). Shelters have had to ban all visitors, limit interaction between clients, and enforce mandatory mask wearing policies. **These increased control measures can be triggering to survivors of abuse who may have trauma associated with an abuser's strict control over when they can leave, where they can go, and/or who they are allowed to see (Trudell & Whitmore, 2020).**

In order to limit face-to-face interaction, many shelters have moved the majority of their service provision online or over the telephone. While this is actually preferable to some women, many are concerned that these methods are not sufficiently confidential. Calls may take place while an abuser or family member is in the home and able to overhear, and technology is not always safe from hackers or spyware (Women's Shelters Canada, 2020). **The usage of technology can be a barrier for many, with 38% of clients reporting that they struggled to use, or did not have access to the required technology (Allen & Jaffray, 2020).** Staff also experienced difficulty communicating with other agencies like courts (30%), prosecutors (30%), and other victim services agencies (24%) as they work to move their operations online (Allen & Jaffray, 2020). In Manitoba, the vast majority of shelters have been offering counselling and support over the phone (MKO Missing and Murdered Indigenous Women and Girls Liaison Unit, 2020). Shelters like Willow Place and Nova House have been able to open text support lines to help make contact with support services safer (Manitoba Association of Women's Shelters, 2020).

Staffing

The pandemic has significantly impacted staffing at many facilities, with 78% of shelters experiencing staffing challenges (Women's Shelters Canada, 2020). Shelter staff positions tend to be relatively lower wage jobs occupied by women, so as schools began to lock down 66% of shelters were moderately (48%) or significantly (18%) affected by limitations on their staff's availability due to childcare responsibilities (Women's Shelters Canada, 2020). Availability was further restricted due to health concerns, with 21% of organizations losing staff hours due to illness and required self-isolation (Allen & Jaffray, 2020). As service provision moved to an online format, 71% of staff were able to work partially from home, though in many cases this required new training as 60% of workers had to

utilize new technology to do their jobs (Trudell & Whitmore, 2020). Some staff were still required on-site to keep up with increased sanitation measures and 84% reported concerns over the risk to their health (Trudell & Whitmore, 2020). As local COVID-19 restrictions and service demands fluctuated, 51% of shelters had to hire new staff, 25% had to increase staff work hours, and 9% had to cut hours (Trudell & Whitmore, 2020). For many, working from home has led to a breakdown of the barrier between home and work, which was a contributing factor to the 81% of staff who felt that work had become more stressful as a result of the pandemic (Trudell & Whitmore, 2020).

Funding

COVID-19 has stretched the already strained budgets of shelters even further, forcing them to buy additional supplies like masks, gloves, and extra cleaning supplies. Around one-third of shelters (27%) required renovations to meet social distancing guidelines (Women's Shelters Canada, 2020). Due to global shortages, some shelters had difficulties acquiring the materials necessary to protect their staff and clients, with 38% experiencing difficulties getting PPE and 36% struggling to obtain cleaning products (Allen & Jaffray, 2020). In order to transition their services online, 82% of shelters had to purchase new technology including virtual conferencing subscriptions, access to encrypted text messaging services, and additional computers (Women's Shelters Canada, 2020). **In one survey, 44% of facilities said they were facing somewhat (26%) or significantly (18%) more funding challenges; while 38% indicated that they had less ability to fundraise within the context of COVID-19 (Women's Shelters Canada, 2020).** The pandemic required organizations to cancel many fundraising events and local job losses often meant that communities were less able to contribute financially (Women's Shelters Canada, 2020). Staff expressed concern about the future of their workplace with 23% believing that their organization does not have the ability to sustain itself long-term and 27% worried that as the pandemic continues, the growing need for support will exceed the capacity of the sector (Trudell & Whitmore, 2020).

At the onset of the pandemic in March 2020, shelters across the country raised concerns about the impact lockdown measures would have on victims/survivors. To address these concerns, the federal government initially pledged up to $50 million in support of IPV services and then added another $50 million in October (Alhmidi, 2020). These monies were intended to support domestic violence shelters so they can continue to offer services safely while taking precautions to prevent an outbreak within their facilities (Gunraj & Howard, 2020). While shelters expressed appreciation for these funds, many were concerned that this was not a sustainable solution because it had primarily come in the form of project-based grants (Women's Shelters Canada, 2020). Project-based funding is useful for funding new initiatives or expanded programming, but leaves many organizations struggling to cover their operational expenses like staffing, rent, and new technology (YWCA, 2020).

The pandemic has certainly transformed the family violence sector with two-thirds of shelters agreeing that the pandemic had moderately (39%) or greatly (28%) impacted their ability to provide support services (Women's Shelters Canada, 2020). In total 99% of organizations reported having to make changes to their operations and 90% reported experiencing at least one negative impact (Trudell & Whitmore, 2020). The lack of pandemic preparedness at all levels of society meant that 76% of shelters had difficulties accessing essentials like housing, food, legal aid, and medical or mental health support for their clients (Allen & Jaffray, 2020). Despite the challenges, 89% were able to continue providing support, welcoming new clients, and extending their reach beyond those living in their facilities (Women's Shelters Canada, 2020).

The Impact of COVID-19 on Community Support Agencies

Shelters are not the only aspect of the domestic violence sector deeply impacted by COVID-19; community support agencies have also had to radically alter their service delivery methods in order to continue providing support to their clients.

Service Demand

Throughout the COVID-19 pandemic, Imagine Canada has surveyed charitable organizations in order to understand how the pandemic has impacted this sector. **They found that 34% of charities experience levels of demand that outstripped their capacity, especially those that deliver human services like healthcare or education (Lasby, 2021).** In the initial stages of the pandemic, most organizations were forced to rapidly scale back their operations to ensure client and staff safety. While this has recovered somewhat, four in 10 charitable organizations have still not reached their pre-pandemic capacity (Lasby, 2021).

Statistics Canada estimates that 14.6% of Canadians are experiencing food insecurity during the pandemic, up from 10.5% in 2017-2018 (Peg, 2021). This has put an increased strain on organizations that provide food, like Winnipeg Harvest which has seen a 30% increase in use along with a decrease in donations (Peg, 2021). Winnipeg organizations that provide shelter to those experiencing homelessness have also seen demand increase, including the Main Street Project, which went from sleeping 75 people per night to 200 (Peg, 2021). As discussed earlier, shelter usage decreased during the early stages of the pandemic when survivors spent more time at home with their abusers and were less able to access support. However, throughout the pandemic many crisis lines have received a dramatic increase in calls.

One Vancouver crisis line received twice as many calls in March 2020 than in March 2019, and three times as many in April 2020 compared to April 2019 (Owen, 2020). A Toronto helpline which averaged 4,000 calls per month before the pandemic fielded 55,000 calls from March-September 2020, peaking at 8,000 calls in June alone (Owen, 2020). Nationally, Canada's Assaulted Women's Helpline received 51,299 calls from April-September 2020, more than double the 24,010 they had received during the same period in 2019.

Service Delivery

The Manitoba Branch of the Canadian Centre for Policy Alternatives dedicated the December 2020 issue of the Inner City Report to examining how COVID-19 impacted community service

organizations in Winnipeg (Cooper et al., 2020). One of the most significant issues that staff from these organizations identified was that the pandemic forced them to stop being an informal place where clients could socialize or escape harsh weather (Cooper et al., 2020). **Staff stressed the importance of community organizations as a place where people could simply "be," and expressed concerns about the sense of community that was lost when the pandemic forced them to close their buildings and suspend group programming (Cooper et al., 2020).** Clients were now only permitted to enter an organization's building if they had a specific reason, and staff that had spent years building relationships with community members by creating safe and welcoming environments were forced to jeopardize that by requiring clients to follow strict safety protocols (Cooper et al., 2020). This created yet another barrier to service that was felt most acutely by those struggling with their mental health, as people in crisis can have difficulty adhering to these kinds of protocols (Cooper et al., 2020).

Community organizations made a number of changes to their service delivery in response to COVID-19. A new site was established on Sargent Avenue for unhoused people to await test results or recover from the virus, and some organizations serving perilously housed youth or newcomers were able to make arrangements with hotels for temporary housing (Cooper et al., 2020). Washroom access became a major concern for many unhoused people, because businesses closed their washrooms to the public and community organizations closed or severely limited access to their buildings (Cooper et al., 2020). Some organizations initially tried to remedy this by renting portable toilets, but thanks to a sizeable grant they were eventually able to collaborate in establishing a permanent public washroom (Cooper et al., 2020). Another major concern was food, particularly for organizations that served hot meals. Some agencies were forced to stop serving hot food and many began packaging meals up individually and distributing them to people through an open window service (Cooper et al., 2020). In order to compensate for the increased need for food that occurred as a result of mass unemployment, organizations that had not previously distributed food began doing so, usually in the form of bagged lunches (Cooper et al., 2020). As schools transitioned online, Harvest Manitoba and the Winnipeg School Division distributed 72,000 hampers to families who had previously relied on school breakfast and hot meal programs to feed their kids (Cooper et al., 2020). Other organizations also began delivering food, usually prioritizing high risk individuals and those without transportation (Cooper et al., 2020). As the pandemic continued many organizations expanded this service, as it also allowed them to conduct informal wellness checks on clients while they delivered their food (Cooper et al., 2020).

The rapid shift to a remote service provision model left those without phone or internet access unable to access support services. Unable to open up their buildings to walk-in traffic, community organizations addressed this gap by allowing clients to schedule appointments to use the telephones and computers (Cooper et al., 2020). This was particularly important for individuals who needed to keep in contact with social workers, parole officers, the Employment Insurance Agency, or Child and Family Services, as these agencies were no longer accepting walk-ins (Cooper et al., 2020). Some community organizations were able to make arrangements with telephone companies to offer people free devices, while others took advantage of the federal Connecting Families program that provides affordable devices to low income families with kids (Cooper et al., 2020). For many people without internet access, community organizations became their sole source of information about the pandemic and public health orders (Cooper et al., 2020).

Despite the difficulties associated with transitioning to remote service delivery, organizational leaders did identify some positive outcomes. Many organizations found that online or phone

appointments had a lower no show rate than those held in person prior to the COVID-19 pandemic (Cooper et al., 2020). Additionally, the extra stress associated with the pandemic forced many organizations to partner or communicate with other organizations serving similar populations (Cooper et al., 2020). Staff were hopeful that these new relationships would last beyond the pandemic and strengthen service provision across the sector (Cooper et al., 2020).

Some community organizations became involved in immunization efforts by hosting pop-up vaccination sites, and this type of model may prove key to reaching some vulnerable populations. Barriers like a lack of identification or transportation may prevent those living in higher risk areas like Winnipeg's downtown from accessing the vaccine (Rutgers, 2021). Additionally, the colonial history of the healthcare system has contributed to vaccine hesitancy among Indigenous Peoples (Neufeld, 2021). Smaller community pop-up sites may be able to reach these groups more successfully, as they have already built relationships with the community (Rutgers, 2021). In June 2021, the Province of Manitoba announced that $1 million in grant funding would be made available for community-led projects that aim to reduce vaccine hesitancy (Gibson, 2021). The availability of this funding may lead more community organizations to become involved in the vaccination effort.

Education and Outreach

A review of available information on new pandemic initiatives around the world found that agencies have devised a variety of new ways to spread information about available supports, many of which include partnering with businesses and utilizing social media (Weeks, 2020).

Organizations have partnered with grocery stores to have the contact information for support agencies printed on the bottom of receipts, or have trained cashiers to recognize code words and specific grocery item combinations that victims/survivors can use to indicate they are in trouble (Weeks, 2020). Businesses like Uber and various hotel chains have also offered free rides and rooms to victims/survivors fleeing abuse in select areas (Weeks, 2020). To help victims/survivors signal to co-workers or friends that they are in danger, some organizations have launched campaigns centered on covert hand signals that can be used over video conference without alerting an abuser, and some companies have incorporated support resources right into the platforms themselves (Weeks, 2020). Restrictions on in-person gathering sizes has meant that many agencies have had to cancel outreach and education sessions with schools, businesses, and community centers – so it has become more important than ever to find new ways to spread information about available resources (Trudell & Whitmore, 2020).

Social media apps have become integral in spreading resources through a variety of hashtags. Apps such as Snapchat have provided IPV information through their "stories" feature, with this information being automatically muted with closed captioning so that it can be viewed without alerting a nearby abuser (Weeks, 2020). Apps have been developed that allow victims/survivors to send out danger alerts to multiple selected contacts with one press of a button and can be programmed to trigger additional responses like calling law enforcement, sending out a GPS signal, or starting a video recording (Weeks, 2020). In some places, emergency numbers like 911 or 999 have added an option where, by pressing a specific button once placing a call, victims/survivors can silently alert operators that they are experiencing IPV (Weeks, 2020). A number of agencies have begun distributing mobile devices to at-risk women

so that they can access virtual supports, and have a way of contacting shelters whenever needed (Weeks, 2020).

In Canada, the app 'HelpSeeker' emerged as a convenient resource that coordinates information on relevant services available during the COVID-19 pandemic for a variety of social needs such as housing and IPV support (Innovating Canada, 2020). An analysis of recent app use verified that after general health inquiries; abuse, IPV, addictions, and mental health have been the most common searches since the pandemic began (Innovating Canada, 2020). Given that many abusers have increased powers of surveillance over their victims while they are in lockdown together, services that streamline the search for help can have a significant impact on whether or not a victim is able to find the information they need.

Funding

Support agencies have also felt the financial impact of the pandemic, with 51% of organization staff reporting that they were forced to reduce their services due to COVID-19 budget constraints (YWCA, 2020). The cancellation of programming also jeopardized many organizations' project-based funding, particularly during the early stages of the pandemic when many did not have the resources to shift to an online environment (YWCA, 2020). The increased use of this funding over past decades, along with general budget cuts and chronic underfunding, have left organizations with little to no emergency funds to fall back on (YWCA, 2020). **Over 55% of charitable organizations have experienced a decrease in revenues, with 3/4 experiencing a drop in donations and half seeing a decline in earned income (Lasby, 2021).** For many charities, the only revenue stream that saw an increase was government funding, and 42% applied for funds from at least one government program (Lasby, 2021). However, 39% of organizations were unable to access government money because their needs did not meet the funding criteria and many more were not even able to submit an application due to staffing constraints (YWCA, 2020). Smaller charities, and those that primarily rely on earned income, gifts, or donations were least likely able to access government funds (Lasby, 2021). These financial struggles have had an impact on staffing, with nearly a third of organizations having to lay off, or reduce the hours of their staff, and three in five have seen a decrease in volunteer hours (Peg, 2021). Looking toward the future, 25% of organizations stated that unrestricted core operational funding is critical to their continued survival and their ability to address the unique struggles women are experiencing as a result of COVID-19 (YWCA, 2020).

One in six charities believe they will be forced to cease operations within a year if their financial situation does not improve, and another one in six are unsure (Lasby, 2021).

The Impact of COVID-19 on the Justice System/Courts

When the first case of COVID-19 was identified in Manitoba, the courts implemented measures designed to limit in-person contact throughout the judicial process. Courthouse access was restricted to those who were essential to court proceedings, with the exception of press and media in order to honour the principals of open court (Manitoba Courts, 2020). Trials scheduled to be heard by judge and jury were heard by a judge alone, or rescheduled to a later date (Manitoba Courts, 2020). Courts then began holding proceedings virtually through Microsoft Teams (Manitoba Courts, 2021).

Many jurisdictions in Canada realized early on that lockdown measures increased the risk of violence, and as such courts prioritized urgent cases involving IPV (Koshan et al., 2021). While this is certainly a step in the right direction, a complainant must first demonstrate that their case meets certain standards of urgency in order for it to be prioritized, and proving this can be difficult (Koshan et al., 2021). Those working within the legal system may not fully understand the complexities of IPV or coercive control in its more subtle forms, and gathering proof has been further complicated by stay-at-home orders (Koshan et al., 2021).

Navigating the System

Reducing in-person contact within the courts is important for protecting the health of those interacting with the court system, but holding court virtually presupposes regular access to a computer and reliable internet connection, which many people do not have (Koshan et al., 2021). This has disproportionately affected newcomers, minority groups, and people living in poverty as they are less likely to have access to technology and more likely to experience violence (Koshan et al., 2021). As discussed earlier, community organizations that may have served as places where people could access these technologies have suspended or limited use of their buildings, or may require people to book an appointment to use their phones or computers. While this type of limited access might be manageable for some, many survivors are engaging with the justice system in multiple different ways including family court, criminal court, immigration proceedings, and child welfare investigations (Mosher et al., 2021). Navigating each one of these systems is stressful in its own right, and when compounded, this stress can prove overwhelming, even to those with regular internet access (Mosher et al., 2021).

Due to an influx of calls during the lockdown, many provinces like Alberta, Ontario, Nova Scotia, and Yukon have put in place new legal services and help lines to support victims/survivors (Koshan et al., 2021). Legal Aid Ontario waived their legal and financial eligibility criteria and Legal Aid Alberta introduced a temporary after-hours service to provide duty counsel for survivors of family violence in direct response to an increased demand for emergency protective orders (Koshan et al., 2021). The Yukon began offering free independent legal advice for survivors of IPV and Nova Scotia started hosting regular online chat sessions on family law (Koshan et al., 2021). Other governments around the world have implemented hotlines, automatically extended restraining orders, and sent officers to check in on victims of domestic assault (Weeks, 2020).

Although the increase in demand for service throughout the pandemic has resulted in many excellent new programs to support survivors, abusers have also found ways to use the COVID-19 era legal system to their advantage. **In some cases, abusers have been able to avoid jail time by citing the risks of contracting COVID-19 in prison (Koshan et al., 2021). This can be especially convincing in cases where the abuser has an underlying health condition, or when nearby jails have recently had an outbreak.** These abusers may then be released under the condition that they comply with no contact orders, which can put the survivor's safety at risk (Koshan et al., 2021).

Proving Urgency

Cases are deemed urgent if there is a need to provide "urgent relief relating to the safety of a child or parent" (Koshan et al., 2021, p. 766). In order to prove urgency the threat cannot be simply speculative or theoretical; but rather the complainant must provide definitive proof of material harm (Koshan et al., 2021). In cases of physical violence this may be possible, but it is much harder to legally prove long-term coercive control or psychological abuse. Judges may not fully understand the intricacies of this form of abuse or the impact it has on the survivor, and thus underestimate the severity of the situation (Koshan et al., 2021). This may be especially true in situations where child custody agreements must be made, as there have been many cases in which judges have prioritized the child's ability to see both parents over the survivor's psychological well-being (Koshan et al., 2021). **The process of proving urgency also makes the legal process more complicated, leading to increased stress for those representing themselves and increased expense for those paying for representation (Koshan et al., 2021).**

Criminal Court

Lockdown measures have made it more difficult to build a case against an abuser because survivors are less likely to utilize hospitals or other support services where the abuse can be fully documented (Koshan et al., 2021). This means survivors may have to rely on affidavits, which have also been made harder to get due to stay-at-home orders, and many judges are reluctant to rule solely on the basis of these (Mosher et al., 2021). Online court proceedings have also raised a number of confidentiality and security concerns. This was best exemplified by one Michigan assault trial in which a 21-year old defendant was accused of assaulting his girlfriend (Knowles, 2021). The Zoom trial had to be suspended after the prosecutor realized that the defendant was in the same household as the complainant despite a no contact order (Knowles, 2021). His presence in the next room had intimidated the complainant and influenced her testimony to an extent that would not be possible in a regular courtroom (Knowles, 2021). Furthermore, the trial was uploaded to YouTube with comments enabled and quickly went viral due to the unusual nature of the proceedings (Knowles, 2021). The video contained the complainant's full name and address, and was viewed over 800,000 times before it was eventually taken down (Knowles, 2021).

Family Court

Child custody arrangements have become infinitely more complicated during the COVID-19 pandemic. **In cases where a couple is separating and trying to establish a new custody agreement, many have been told that due to court backlogs they must simply work it out themselves – even in instances where one parent has obtained a no contact order (Koshan et al., 2021).** This can be incredibly harmful to the survivor's mental health as it requires them to

negotiate with their abuser without any mediation or outside support (Koshan et al., 2021). In instances where parents have existing custody agreements, courts have generally ruled that COVID-19 is not a legitimate reason to restrict split custody, even if the child(ren) traveling between households may put the parents at a higher risk of contracting COVID-19 (Koshan et al., 2021). However, the pandemic has made maintaining split custody agreements much more difficult for IPV survivors in particular.

Those who have experienced violence often prefer to use public spaces like coffee shops, libraries, and restaurants, to facilitate exchanges because they provide some assurance that their abuser will not be able to harm them (Gerster, 2020). Many of these places are now closed, which can force these exchanges to take place at one of the parent's homes, causing the IPV survivor to feel vulnerable or unsafe (Gerster, 2020).

Women who utilize shelters experience another layer of difficulty. Shelters have implemented harsh restrictions on who can enter their facilities, and women who come to shelters with their children cannot maintain in-person contact with anyone else. This means that if a child must return to their father under the conditions of their custody agreement, the child will not be allowed back in the facility (Koshan et al., 2021). This puts many women in the position of having to choose between accessing a shelter and maintaining contact with their child (Koshan et al., 2021). COVID-19 is also seen as a justifiable reason to end a biological parent's access to a child in foster care, and lockdown measures have also seen the suspension of many programs designed to help these parents have their children returned to them (Koshan et al., 2021).

Impact of Pandemics on Particular Groups

Diverse communities have felt the impact of COVID-19 in different ways and marginalized groups have often been hit hardest due to a number of factors. People from these communities were already more likely to experience IPV and the pandemic has only exacerbated this problem. Those who belong to one or more of these groups experience the intersection of multiple forms of oppression (Trudell & Whitmore, 2020).

Impact of Pandemics on Racialized Victims/Survivors

Between May 1 and December 1 of 2020, 51% of people who tested positive for COVID-19 in Manitoba self-identified as BIPOC (Black, Indigenous, People of Colour) (Government of Manitoba, 2021). Racialized people make up 35% of the population in Manitoba, meaning that BIPOC Manitobans were overrepresented by a factor of 1.5 while White Manitobans were under-represented by 16% (Government of Manitoba, 2021). Similarly, the Social Planning and Research Council

of Hamilton Ontario (SPRC) found that the rate of hospitalization and ICU admissions for COVID-19 was four times higher in neighbourhoods with higher levels of racialization compared to those that were predominantly White (SPRC, 2020). These neighbourhoods also had twice the number of positive cases than those of predominantly White neighbourhoods (SPRC, 2020). People of Colour are more likely to work in frontline jobs with no sick leave and low wages - jobs which cannot be done from home and often require close contact with other people (SPRC, 2020). Low wages mean that these workers are more likely to live in densely populated communities, rely on public transportation to get to work, and have less money for PPE (SPRC, 2020). **The pandemic has magnified existing inequalities between racialized and White communities.** For example, women of colour are not getting the healthcare supports that they need (SPRC, 2020). Chinese Canadians have also experienced an increase in racist attacks as a result of the virus' Chinese origin. An Angus Reid Institute poll found that many Canadians blame Chinese people for the COVID-19 virus, and as such, Chinese Canadians have experienced an increase in verbal harassment or violence (Angus Reid Institute, 2020). Since the lockdown measures began in Canada, 50% of Chinese Canadians have experienced verbal insults or name calling and 43% have been threatened or intimidated (Angus Reid Institute, 2020).

Impact of Pandemics on Indigenous Women

Indigenous women are at a particularly high risk for increased violence resulting from COVID-19. Overall, Indigenous women face higher rates of abuse and violence than other women in Canada (Wright, 2020). **One survey conducted by the Native Women's Association of Canada (NWAC) found that as of May 2020, 17% of Indigenous women had experienced spousal violence in the past three months, compared to 10% who had experienced spousal violence in the past five years before the pandemic (NWAC, 2020). Another survey on the matter revealed that one in five Indigenous women had been a victim of some type of physical or psychological violence over the past three months (Wright, 2020). Information from each of these surveys indicates that Indigenous women are more concerned about the violence they are experiencing than they are about contracting the virus by leaving home (Wright, 2020).** Nearly three-quarters (73%) of Indigenous women said that they were most likely to experience violence from a romantic partner, while 9% said a family member (NWAC, 2020). These are also the people that women are most likely to be in lockdown with (NWAC, 2020). Indigenous women in Northern communities are more likely to experience food insecurity due to the pandemic (NWAC, 2020). These women are also at an increased risk for violence along with Indigenous women under the age of 35 and those who have lost income (NWAC, 2020). Indigenous women (46%) were also more likely to report being financially impacted by COVID-19 than non-Indigenous Canadians (34%) (NWAC, 2020). Traditional methods of coping with illness or violence like singing, drumming, and dancing are often not possible due to lockdown restrictions and can be difficult to transfer to an online environment (Moffitt et al., 2020). Indigenous women fleeing violence are often forced to leave their communities, which can break connections they have to their cultural identity (Moffitt et al., 2020). Given that not all shelters are run in a manner that is culturally sensitive to the unique needs of Indigenous women and their families, many Indigenous women may not feel comfortable accessing these spaces (Wright, 2020).

Although Indigenous women and girls make up only 4% of the total population in Canada, they are dramatically overrepresented in federal institutions like prisons (42% of population), youth corrections (60%), foster care (52%), and within the homeless population (Palmater, 2020).

Prisons and youth correctional institutions are notorious for creating over crowded environments that lack adequate sanitation and access to health care, putting Indigenous women and girls at further risk of contracting COVID-19 (Palmater, 2020). Pandemics aside, prisons were already unsafe places for Indigenous women and girls, where 91% have reported experiencing further physical or sexual abuse (Palmater, 2020).

As of June 1, 2021, there have been a total of 29,865 confirmed COVID-19 cases on Canadian reserves, including 1,356 hospitalizations and 343 deaths (Indigenous Services Canada, 2020). Indigenous Peoples in Manitoba were hit particularly hard by the second wave of COVID-19 which reached its peak in Canada in January 2021 (Malone, 2021). **By the second week of January, First Nations Peoples made up 61% of active COVID-19 cases, despite only representing 10% of the population of Manitoba (Malone, 2021). Handling the challenges of sanitation to reduce the spread of COVID-19 poses unique obstacles to reserves in Canada, because many have 'do not use' advisories on their water supply. This means that they need to obtain bottled water or hand sanitizer to use for hand washing (Indigenous Services Canada, 2020).** As the weather gets colder, some Northern reserves become inaccessible by car making it more difficult to get sick people to hospital (Moffitt et al., 2020).

The H1N1 pandemic provides additional evidence that suggests Indigenous Peoples experience pandemics in more negative ways. In a review of available epistemology research on Canada's Indigenous populations during the 2009 H1N1 pandemic, the National Collaborating Centre for Indigenous Health found that Indigenous people were over-represented in the number of hospitalizations, admissions to ICUs, and deaths from H1N1 (National Collaborating Centre for Indigenous Health, 2016). The study found that remote communities tended to suffer from poorer outcomes of H1N1 (National Collaborating Centre for Indigenous Health, 2016). Manitoba, which has the youngest and poorest populations on reserve, saw the highest rates of hospitalizations from H1N1, indicating that communities on reserves may be more vulnerable to the spread of influenza, particularly in the case of H1N1 where more younger people were impacted in comparison to other influenzas (National Collaborating Centre for Indigenous Health, 2016). Throughout the country, Manitoba and Nunavut were the most impacted during the first wave of the H1N1 influenza (National Collaborating Centre for Indigenous Health, 2016). Findings from this review indicate that differences in regional impacts are likely due to community preparedness and herd immunity (National Collaborating Centre for Indigenous Health, 2016).

Impacts of COVID-19 on Victims/Survivors in Rural, Remote, and Northern Communties

Approximately 19% of Canadians live in communities designated as rural, remote, or Northern, meaning that they have less than 10,000 residents, are not accessible by road year round, and/or have been designated as northern by provincial governments (Moffitt et al., 2020). These will be referred to as RRN (rural, remote, or Northern) communities.

Many of the residents in these communities are women, specifically Indigenous women who make up 25% of the female population in Yukon, 54% in the Northwest Territories, and 87% in Nunavut (Moffitt et al., 2020). Approximately 37% of people residing in Northern Manitoba are Indigenous women (Statistics Canada, 2016).

An estimated 20% of Indigenous women in Canada live in RRN communities (Moffitt et al., 2020). These communities face increased barriers when it comes to addressing IPV, the effects of which have been exacerbated by COVID-19 (Moffitt et al., 2020). **RRN communities are often tightly knit, and as such, there exist concerns around confidentiality and victims/survivors may be less inclined to reach out if they believe they will be the subject of gossip (Moffitt et al., 2020).** For victims/survivors in RRN communities, leaving their abuser often also means leaving the community behind including their friends and family (Moffitt et al., 2020). This also includes animals or livestock which victims tend to form strong attachments to as a way of coping with assault (Moffitt et al., 2020). **Transportation options are often limited for victims/survivors wishing to flee as bussing might not be possible, and for communities without year-round road access, snowmobile or plane are the only viable methods of travel for portions of the year (Moffitt et al., 2020).**

Some communities lack supports like shelters or resource centres and those that do are often stretched to the limit. As such, many victims/survivors use visits to friends or neighbours as an excuse to escape their abusers, but COVID-19 restrictions have greatly reduced their ability to do so (Moffitt et al., 2020). **Shelters and centres have moved their resources and programs online to reduce the need for in-person contact, but only 40% of RRN households have high-speed internet, making it difficult to access these supports or get information about whether shelters are open (Moffitt et al., 2020).** RRN communities already experience higher levels of IPV, accounting for 28% of domestic homicides from 2010-2019 (Moffitt et al., 2020). **Rural households are also more likely to have firearms which can increase the severity of IPV significantly (Moffitt et al., 2020).** Online solutions that may prove successful in urban centres cannot be relied upon within RRN contexts. These communities require tailored solutions to reduce IPV, particularly in times of pandemics.

Impacts of COVID-19 on Immigrant and Newcomer Women

A study conducted in Ontario found that while immigrants and newcomers made up approximately 25% of the tested population, they accounted for 43.5% of positive COVID-19 tests (ICES, 2020). Newcomers are less likely to get tested for COVID-19 due to an unfamiliarity with the healthcare system. Language barriers also make it more difficult for newcomers to understand government COVID-19 messages (ICES, 2020). **Additionally, women who are not fluent in English or French may rely on an abuser to understand the nature of COVID-19 policies and practices, which can give their abuser further control over them (Violence Against Women Learning Network, 2020).** More study is needed to understand why positivity rates among immigrants are so high, but it is likely attributable to a number of factors similar to those experienced by other racialized persons. Immigrants tend to work in temporary or low-paying jobs that have no health benefits or sick leave and in facilities that are unwilling or unable to follow distancing guidelines (ICES, 2020). Among newcomers tested for COVID-19, primary earners had the highest positivity rate; the largest percentage of which were women employed as nurses. Of the women working in healthcare who tested positive for COVID-19, 45% of them were immigrants (ICES, 2020). Known stressors that cause abusive relationships to become more precarious like financial strain, violent or unsafe neighbourhoods, and lack of effective social programs may be more widely experienced by newcomers (Evans et al., 2020).

Impacts of COVID-19 on Victims/Survivors with Disabilities

When studying COVID-19 mortality rates between March 2 and July 14, 2020, the Office for National Statistics in the UK (2020) found that women with disabilities were two to three times more likely to die from the virus than women without disabilities. Despite only making up 16% of the study population, people with disabilities accounted for 59% of COVID-related deaths (Office for National Statistics, 2020). When looking solely at women over the age of 65, the proportion was even higher at 67% (Office for National Statistics, 2020). Due to this increased risk, many women and their families have been forced to remain in extreme lock down, unable to leave for essentials like groceries (Lisney et al., 2020). Those who are able to leave the house face additional challenges.

The use of masks presents challenges for those who are deaf or hard of hearing because they can no longer read lips. Victims/survivors who are blind or visually impaired often rely on touching surfaces to navigate which may not be sanitized (Canadian Human Rights Commission, 2020). Dramatic shifts in daily routine can be deeply upsetting for victims/survivors with mental disabilities and many community programs that persons with disabilities rely on have been shut down (Canadian Human Rights Commission, 2020).

All of these factors have significantly impacted the stress levels and mental health of victims/survivors with disabilities (Lisney et al., 2020). Many victims/survivors have said they encountered difficulties obtaining food as they are unable to go out. Online ordering systems are overwhelmed, leaving them to rely on the help of neighbours or strangers (Lisney et al., 2020). Safety protocols like increased hand washing are triggering for those with Obsessive Compulsive Disorder, as are lockdowns for those recovering from trauma (Lisney et al., 2020). Information about the virus is often not available in audio or large print formats, which limits the degree to which some victims/survivors are able to inform themselves about the issue (Lisney et al., 2020). Many disabled mothers or mothers of disabled children rely on school programming to support their child during the day and to give them a chance to recharge. In some cases victims/survivors with disabilities are ineligible for COVID-19 relief payments regardless of whether they have lost a job as they already receive financial support from the government due to their disability (Lisney et al., 2020).

The area where victims/survivors with disabilities expressed the most concern was the healthcare system. The massive strain COVID-19 is placing on the healthcare system has resulted in longer waits for routine appointments, many of which are vital in assuring long-term health and pain management (Lisney et al., 2020). Victims/survivors have even reported skipping appointments that are not absolutely essential to their survival because they are afraid of leaving their house (Lisney et al., 2020). People with disabilities have also expressed fears that they will be given lowest priority access to lifesaving equipment like ventilators and ICU beds due to their disability (Lisney et al., 2020). An estimated 70,000 disabled people rely on personal assistants to help them manage their care and allow them to live independently (Lisney et al., 2020). COVID-19 has drastically reduced the availability of such staff. Shortages of PPE have many concerned that the virus could easily spread throughout the disabled community, as most assistants work with multiple clients (Lisney et al., 2020). There is often no plan for what will happen if someone's caregiver has to isolate and many caregivers have quit or been laid off because they or their client do not feel safe (Lisney et al., 2020).

Victims/survivors reported that inconsistency or lack of care has led to the deterioration of their physical and mental health, and that the stress is becoming unmanageable (Lisney et al., 2020).

Women with disabilities are already twice as likely to experience domestic violence, and their increased dependency on others during the COVID-19 crisis can give their abuser more power over them (Lisney et al., 2020). Abusers may lie to victims/survivors by telling them that supplies crucial to their pain management or overall well-being are unavailable, further limiting their independence (Violence Against Women Learning Network, 2020). The stress of the situation may also lead to more intense abuse, or make an escape from an abusive situation even more difficult (Lisney et al., 2020).

Impacts of COVID-19 on 2SLGBTQ+ Communities

A poll studying the impact of COVID-19 on 2SLGBTQ+ communities in Canada found that 2SLGBTQ+ respondents reported higher stress levels and worse physical or mental health than straight or cisgender respondents. Fifteen percent of participants felt that they were at a high risk of contracting the virus no matter what personal safety choices they made compared to 8% of straight or cisgender participants (Egale Canada, 2020). **People who identify with 2SLGBTQ+ communities were found to be 7% more likely to live with an underlying health condition that made them more susceptible to COVID-19 and generally have needed to seek medical attention more often during the pandemic (Egale Canada, 2020).** Higher percentages of 2SLGBTQ+ people have been found to suffer economically as a result of COVID-19 because they are considerably more likely to work in the arts, entertainment, or cultural fields – fields that were the first to be impacted by lockdowns (Egale Canada, 2020). 2SLGBTQ+ peoples are also more likely to work part-time retail jobs, an employment demographic which also experienced massive layoffs. As such, 52% of 2SLGBTQ+ individuals reported that they or someone in their household had experienced reductions in working hours compared to the national average of 43% (Egale Canada, 2020).

Pre-pandemic, 2SLGBTQ+ peoples were already more likely to experience IPV, and the increased stress that accompanies job loss and social isolation is likely to exacerbate the issue (The Trevor Project, 2020).

Those who have continued to work experience increased risk of exposure as 36% of 2SLGBTQ+ respondents indicated that their job requires constant face-to-face interaction (compared to 26% of straight cisgender respondents) and they are more likely to rely on public transportation or carpooling (Egale Canada, 2020).

Many 2SLGBTQ+ youth have experienced additional mental health challenges throughout the pandemic (The Trevor Project, 2020). One-third of 2SLGBTQ+ youth experienced parental rejection as a result of their identity, with another third choosing not to come out to their parents until they have reached adulthood and moved out (The Trevor Project, 2020). COVID-19 has forced youth to spend more time at home with unsupportive families meaning they must often hide their identity in order to avoid punishment or ridicule (The Trevor Project, 2020). Decreased social interaction among peers

and reduced access to school resources like guidance counsellors or extra-curricular programs has led to increased anxiety, depression, and suicidal thoughts among 2SLGBTQ+ youth (The Trevor Project, 2020).

Impact of COVID-19 on Mothers Abused by their Intimate Partners

A British study examining how mothers parent through their IPV experiences found that mothers strived to reach an impossible ideal of the perfect mother, overlooking their own needs to put those of their children first, and even putting themselves in harm's way to prevent violence being inflicted upon their children (Lapierre, 2010).

This often involves putting their abusive partner's needs above the children's in order to appease their partner and reduce the risk of violence, as well as the use of hypervigilance to identify shifts in their abuser's mood and their habits or preferences (Lapierre, 2010). For a child, seeing their mother put the needs of her abuser above their own may be damaging to the mother-child relationship as it sends the message that keeping the abuser happy is more important than the child's needs or emotions, even though this serves as a protective strategy.

The stress of mothering under these violent circumstances is exacerbated by frequent physical and emotional injuries, as well as a feeling of increased parental responsibility at a time when mothers feel as though they have limited control over their ability to be an effective parent (Lapierre, 2010). For example, mothers may have limited control over finances, often leaving them with inadequate resources to provide for their children. Mothers may also find themselves in situations where they are socially isolated and do not trust their partner's ability to care for their children, leading mothers to bear the burden of parenting alone (Lapierre, 2010).

During COVID-19, abusers may find new ways of controlling women through their children. The abuser's constant presence can make it easier for them to limit the amount of time a mother spends with her children or may threaten to hurt a child if the mother does not comply with demands (Women's Shelters Canada, 2020). In joint custody arrangements an abuser may refuse to return children by saying that it goes against lockdown regulations or by convincing the mother that she is sick (Women's Shelter Canada, 2020).

Around the world, women disproportionately provide informal care for their families. As schools and daycares have closed, many women find themselves in a position where they must grapple with full-time childcare demands, potentially limiting their ability to maintain employment (Wenham et al., 2020). This also means that during this time of financial stress, their important labour in a variety of caregiving roles goes unpaid (Wenham et al., 2020). In Manitoba, classroom learning was suspended for kindergarten to grade 12 students for the remainder of the 2019-2020 school year (Manitoba Education and Early Childhood Learning, 2020). However, students were still expected to participate from home using remote learning platforms and complete assigned work. While this was a necessary adaptation of the province's responsibility to provide education, it placed additional responsibilities on parents, particularly mothers, to ensure their child was fulfilling their educational

requirements at a time when many still had to physically go to work, or work from home in a way that met employer expectations. Older students may have been able to adapt to this new routine independently, but younger students needed significantly more support from parents to be successful (Manitoba Education and Early Childhood Learning, 2020). The availability of the technology needed to participate in school programming was not a given to all families, thus some may have needed to share computers between their children's school needs and their work obligations (Macintosh, 2020). Online learning was also more difficult for students learning English as a second language or those with learning disabilities, as they may not have been able to effectively utilize the same resources that they would have had access to in the classroom (Edwardson, 2020). Families with more than one child had to adapt to the requirements of multiple grades of learning as they support their children through instruction (Edwardson, 2020). Additional challenges were posed for low-income families who relied on available school meal programs as a part of their child's food security.

For the 2020/2021 school year, Manitoba schools have reopened. Kindergarten to Grade 8 students are attending in-person classes five full days per week, and most high schools are using a combination of in person and digital learning (Manitoba Education and Early Childhood Learning, 2020). While this may alleviate some of the stress parents were experiencing while facilitating at home learning, it has created a new set of issues. Even with efforts to reduce class sizes and enforce social distancing protocols, students are still coming into prolonged contact with dozens of other people, and households with multiple children are potentially facing hundreds of exposures to their family unit (Coubrough, 2020). Older children who use public transit to get to class may no longer feel comfortable doing so, and after school care programs that parents relied on may no longer be running, which complicates working parents pick up and drop off schedule (Coubrough, 2020). In many cases, parents who do not feel comfortable sending their children to school must formally withdraw their child as a student and register through homeschooling with the province, leaving few options for those who would prefer remote learning but do not have the ability to homeschool (Coubrough, 2020).

An American poll found that 67% of mothers would prefer schools open later to minimize the risk of COVID-19, even if this meant students would fall behind academically or parents would not be able to return to work (Lopes et al., 2020). Over three-quarters (77%) of mothers reported being worried that their child or someone in their family would contract the virus if schools reopened and 82% believed that students would be unwilling or unable to enforce social distancing guidelines (Lopes et al., 2020). However, they also found that mothers still had concerns about not returning to in-person classes with 65% worried that their child will fall behind academically, 51% concerned about loss of income, and 30% worried that their child will not have enough to eat at home (Lopes et al., 2020). **However, for children living in homes where IPV is present the closure of schools and daycares would likely increase the overall risk that they are exposed to violence at home at a time when they may already be fearful of what is happening in the world (van Gelder et al., 2020).**

The pandemic has resulted in increased mental health problems among pregnant and postpartum women, a group that was already at a higher risk for these issues (Almeida et al., 2020). There are still significant uncertainties about the effect of COVID-19 on a fetus or newborn and doctors are still unsure about whether the virus can spread through breastmilk or the placenta (Almeida et al., 2020). As a result, many women have decided to postpone pregnancy until a vaccine is widely available, especially those who have struggled financially as a result of the pandemic (Almeida et al., 2020). However, this can be a difficult choice for women who have

fewer childbearing years left, or for those who have been undergoing fertility treatment (Almeida et al., 2020). Women who become pregnant may find the process more stressful as new public health guidelines mean they have to attend appointments alone, are unable to make appointments with their regular practitioner due to redeployment, or can only attend virtual consultations potentially leading to less thorough care (Almeida et al., 2020). Once the baby is born mothers may struggle to get diapers due to stockpiling, or be unable to get support from friends and family due to social distancing (Almeida et al., 2020). Strong support systems and social interaction are key in mitigating postpartum depression and many women, particularly single mothers, are now unable to rely on such support (Almeida et al., 2020). All of these stressors can make women more likely to experience anxiety and depression, or to abuse substances (Almeida et al., 2020).

The transformations in work environments that have accompanied COVID-19 have had a significant impact on mothers in particular. In April 2020, at the height of the first wave of COVID-19, approximately 3.4 million Canadians had begun working from home (Statistics Canada, 2020). This number began to decline throughout the summer with the easing of public health restrictions, but was still at 2.5 million in August 2020 (Statistics Canada, 2020). As the second wave of the pandemic hits, the number of people working from home is likely to rise again as restrictions are tightened across the country. A UK study surveyed people working from home and found that while some respondents preferred working from home, mothers were the least likely to have reported a positive experience (Chung et al., 2020). Over half (56%) of mothers attributed this in part to increased housework and childcare and only 50% said they were able to secure a block of time to work (Chung et al., 2020). Mothers saw the largest decrease in working hours at an average of 6.2 hours per week and was even larger for women with primary school aged children at 6.9 hours per week, which is a 22% decrease in working hours (Chung et al., 2020). **A majority of mothers reported doing substantially more work in every aspect of housework, despite studies which show that many mothers were working at levels dangerous to their mental health before the pandemic began (Chung et al., 2020).** It comes as no surprise then that 48% of mothers reported feeling rushed or pressured, 46% felt nervous or stressed more than half the time, and nearly 55% experienced an increase in family stress (Chung et al., 2020).

It is important to note that during this pandemic, Canadian women fulfill a significant portion of frontline roles such as health care workers, shelter workers, and crisis line responders (Gunraj & Howard, 2020). In fact, the so called “5 Cs” of the service industry including caring, clerical, catering, cashiering, and cleaning employ 56% of working women (Moyser, 2017). Many front-line healthcare workers have faced serious challenges in arranging for childcare while daycares closed, and those who used to rely on grandparents for help do not see this as a safe option given the vulnerability of older adults to COVID-19 (Varner, 2020). Even as provinces have reopened daycares for the children of essential workers, health care workers have expressed concern about the safety of this arrangement given that children are often vectors for disease (Varner, 2020). Working a high-risk front line job may also increase women’s stress levels, particularly if they are the main source of income for their family and have no option but to continue working.

Between the potential cumulative demands of appeasing their abuser to reduce the incidence of violence, around the clock child care responsibilities, and providing not only for their children’s safety but also for their education through homeschool requirements during lockdown, all while possibly working from home or in a frontline role, a mother who is living with her abuser has likely never faced so many simultaneous stressors at a time when they may be isolated from their support networks. It is clear that female victims of IPV are facing an unprecedented strain on their ability to cope and stay safe.

The Nature of Pandemics (likelihood of successive waves of COVID-19 and future pandemics)

In a May 2020 interview with CBC, British Columbia's provincial health officer Bonnie Henry stated that in the history of pandemics, there is always a second wave (Vermes, 2020). Indeed, when looking at past pandemics, successive waves of infection are a common characteristic (Miller et al., 2009). The Spanish Flu was first identified and spread in the spring of 1918, with a second and much more deadly wave following in the fall, mirroring what countries have seen with COVID-19 (Gollom, 2020). The virus was responsible for at least 50 million deaths worldwide, with 55,000 of those in Canada (Gollom, 2020). Countries tried to limit the spread of the disease by using many of the same tactics as governments are using today including the closing of schools, theatres, and religious services, restrictions on travel and public gatherings, and mandatory mask wearing (Gollom, 2020). The more recent H1N1 pandemic of 2009 also featured successive waves in countries such as the USA, where the initial wave lasted from March until July, before the second wave peaked from October to November (Mummert et al., 2013). Successive waves of influenza pandemics can be unpredictable in both severity and duration (World Health Organization, 2009). Factors such as the rapid mutations of RNA viruses that impact changes in individual susceptibility, seasonal weather changes, and the timing of periods where children attend school have all been linked to the timing of past pandemic waves (Mummert et al., 2013).

Canada began to experience a second wave of COVID-19 in October 2020, with cases spiking in nearly every province. Across the country the percentage of positive test results increased by 235% from mid-September to early November, with most provinces seeing significantly more cases than they did in the first wave (Miller, 2020). This led to the implementation of escalated lock down measures as provincial healthcare systems became closer to being overwhelmed in Ontario, Quebec, and Western Canada ("Coronavirus: What's Happening in Canada," 2020). As the country prepared for winter, epidemiologists argued that due to the nature of respiratory illnesses similar to COVID-19 it was likely that the virus would only spread more effectively in the cold weather (Dangerfield, 2020). The dry winter air means that droplets released by sneezing and coughing evaporate more quickly, allowing the virus-containing nucleus of the droplet to hang in the air longer and spread farther (Dangerfield, 2020). Cold weather also makes it harder for the nose to filter out pathogens when inhaling by drying out the mucous membrane, which allows the virus to more easily enter the body (Dangerfield, 2020).

Mass vaccinations began in Canada in December 2020, starting with healthcare workers, those with underlying health conditions, seniors, and Indigenous peoples (Dacey, 2021). By mid-June 2021, 70% of Manitobans over the age of 12 had received their first shot, and second shots were beginning to be widely administered (Bernhardt, 2021). While it is unclear what percentage of the population would need to be fully vaccinated to achieve herd immunity, Manitoba stated that the goal was 90% (Bernhardt, 2021). Reaching this vaccination goal has proven to be especially important as

multiple more transmittable variants of COVID-19 have emerged (Bernhardt, 2021). These variants made up a significant number of cases identified during the third wave of COVID-19 that hit Canada in the spring of 2021, which was in many ways more severe than the first two waves (Rabson, 2021). While the second wave hit a January peak of 8,100 average daily cases nationally, April daily averages hit approximately 8,700 (Rabson, 2021). The impact of the third wave was felt most severely by younger people, with hospitalization rates among people in their 20s and 30s increasing by 40%, and ICU admissions by 57% (Rabson, 2021). It is unclear precisely why younger people were more affected, but it's likely due to a combination of lower vaccination rates and the emergence of these more transmittable variants (Rabson, 2021). When the third wave hit most young people had only just become eligible to receive a vaccine, and thus did not have the same protection from the virus as older people who were initially given priority (Rabson, 2021). It remains to be seen exactly how these variants will impact Manitoba's re-opening plan, but it is likely that at least some restrictions will continue until Manitoba reaches a high vaccine threshold (Bernhardt, 2021). **This potential for ongoing lockdown makes it all the more necessary to develop long-term and sustainable methods of dealing with IPV.**

Even with the development of a COVID-19 vaccine, global health experts have warned that this is not the last pandemic many people will experience in their lifetimes. Deforestation and human expansion into wildlife habitats has, and will, lead to more diseases being transferred from animals to humans (Gill, 2020). Each year, scientists identify new diseases in human populations around the world and without constant vigilance and research these diseases have the potential to lead to global outbreaks with even more devastating consequences than COVID-19 (Gill, 2020).

A publication by the World Health Organization (2009) on pandemic readiness emphasized that countries need to prepare themselves beyond the health sector for the widespread impacts of a pandemic on the whole of society. This includes planning for the "economic, humanitarian, and societal consequences" that could impact a community's health, safety and well-being in the wake of a pandemic (World Health Organization, 2009, p. 5). A whole-of-society approach is needed to address the interconnectedness of both the private and public spheres in the ability for essential services to continue during a pandemic. Without this unified approach to planning, both the economic and social consequences to the public will increase (World Health Organization, 2009). Community-based organizations are regarded as important assets for disseminating pandemic and health information, identifying groups that are vulnerable, and providing essential services to support them (World Health Organization, 2009). There is an ethical obligation in pandemic planning to consider the unique needs and rights of vulnerable groups (World Health Organization, 2009).

In past global pandemics such as the Ebola virus disease outbreak in West Africa and the Zika virus outbreak, women were less likely to have their interests represented in emergency responses which meant that their unique health care needs were overlooked (Wenham et al., 2020). Given the unequal gendered impacts on women during this pandemic, and the compounded dangers for women to experience increased IPV during lockdown, it is critical that future pandemic planning include a gender-based analysis.

Given what this literature review has highlighted about the evidence of increased incidents of IPV during the COVID-19 pandemic, and the increased stressors that are unique to women during a pandemic, it is crucial to understand how to prepare for the safety of women before the next pandemic strikes.

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