RESOLVE MANITOBA

COVID-19 and the Experiences of Intimate Partner Violence Survivors and Service Providers

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SUMMARY REPORT

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PURPOSE AND METHODOLOGY

Emerging research suggests that the COVID-19 pandemic, and its accompanying containment measures, inadvertently created ideal conditions for the proliferation of intimate partner violence (IPV). This research sought to better understand how pandemics, such as COVID-19, impact survivors of IPV and the organizations that serve them in Manitoba. The specific objectives of this research were to:

- Establish a foundational understanding of the nature and scope of the impact of pandemics on the social issue of IPV
- Explore the impact of pandemics on IPV survivors
- Identify how pandemics can put IPV survivors at additional risk
- Explore the impacts of pandemics on IPV service providers
- Explore how IPV-serving organizations in Manitoba responded to COVID-19, including what barriers they encountered
- Develop policy and practice recommendations for policymakers and service providers

To address these research objectives, the project utilized a mixed methods approach to data collection. Three sources of data were gathered in total, including an online survey that was completed by 75 service providers in Manitoba. The survey contained multiple choice or select-all-that-apply questions pertaining to the impacts of COVID-19 on experiences of IPV, service provision within the context of COVID-19, and ways to improve service provision responses to IPV survivors within the context of pandemics. Follow-up interviews were then conducted with nine service providers across Manitoba, as well as in-depth interviews with 23 survivors of IPV across Manitoba. These interviews included questions pertaining to experiences of IPV during COVID-19, the impacts of COVID-19, help-seeking, service provision during the pandemic, and ways to improve service provision responses to IPV survivors within the context of pandemics. Data from the online survey was analyzed using quantitative analysis software (SPSS) and data from the in-depth interviews was analyzed using qualitative analysis software (Dedoose).

ONLINE SURVEY FINDINGS

Participant Demographics (75 service provider respondents in total):

- Respondents identified as women (n = 71 or 94.7%), men (n = five or 6.7%), nonbinary (n = three or 4%), Two-Spirit (n = three or 4%), transgender (n = two or 2.7%), and agender (n = two or 2.7%)
- Most worked in an urban community or large city (n = 32 or 42.7%), followed by a small city or town (n = 26 or 34.7%), rural community (n = 10 or 13.3%), rural Northern community (n = nine or 12%), First Nations community (n = seven or 9.3%), or all of the above (n = one or 1.3%)
- Respondents held professional roles as counsellors (n = 30 or 40%), executive directors (n = 13 or 17.3%), support workers (n = 10 or 13.3%), healthcare workers (n = six or 8%), administrative employees (n = three or 4%), Victim Services workers (n = two or 2.7%), case managers (n = two or 2.7%), trauma informed specialists (n = two or 2.7%), and other (n = seven or 9.3%)
- A significant portion of respondents indicated that they were in front-line positions (n = 53 or 70.7%), followed by management (n = 14 or 18.7%) and other (n = eight or 10.7%)

- Most service providers worked with survivors of IPV (n = 64 or 85.3%), followed by children impacted by violence (n = four or 5.3%), perpetrators of IPV (n = two or 2.7%), the broader 2SLGBTQ+ community (n = one or 1.3%), and all of the above (n = four or 5.4%)

Experiences of IPV during COVID-19

Respondents were asked questions about experiences of IPV during the COVID-19 pandemic. When asked to identify the trends they observed amongst service users experiencing IPV during this time, an overwhelming number noted a deterioration in the mental health and well-being of survivors (n = 66 or 88%), as well as their children (n = 38 or 50.7%). Respondents also noted increases in the frequency of IPV (n = 44 or 58.7%), the severity of IPV (n = 32 or 42.7%), and the co-occurrence of IPV and substance use amongst survivors (n = 42 or 56%).

According to respondents, the most prevalent barriers to seeking help for survivors of IPV during the pandemic were: less opportunity to reach out for help (due to the abusive partner being in the home and restricting privacy) (n = 56 or 74.7%), lockdown orders (n = 44 or 58.7%), and limited access to technology to participate in virtual supports (n = 43 or 57.3%). Additionally, over half of respondents (n = 43 or 57.3%) agreed that survivors were more hesitant to seek out or disclose IPV to formal supports since the start of the pandemic.

Service Provision during COVID-19

Respondents were also asked questions about their experiences providing supports to survivors of IPV during the COVID-19 pandemic. When asked to select the ways in which their workplace altered service delivery within the context of COVID-19, almost all said that regular and increased cleaning and sanitizing of common spaces was the most common change to service provision (n = 70 or 93.3%). This was followed by limiting the use of communal spaces (n = 63 or 84%) and the use of virtual means to deliver supports (n = 57 or 76%).

Changes in service provision affected respondents' ability to work in several ways, with over half reporting increases in stress levels and feelings of being overwhelmed (n = 45 or 60%). Alongside increased stress levels, respondents reported worry for service users' physical health and safety (n = 45 or 60%) and less time to connect and work with clients and service users because of a focus on COVID-19 related organizational changes (n = 39 or 52%). Of note, an incredibly low number of service providers (n = two or 2.7%) had their workload reduced in some capacity.

The top challenges to service delivery within the context of the COVID-19 pandemic were identified as: a lack of personal connection due to remote service delivery (n = 35 or 46.7%), the inability to meet the complex needs of survivors (n = 30 or 40%), and technology-related challenges or confusion around public health orders in the workplace (n = 27 or 36%). Many also had to provide support in areas not specifically related to IPV such as disseminating health-related information (n = 38 or 50.7%) or providing referrals to health agencies (n = 35 or 46.7%).

When respondents were asked to compare their work-related stress levels prior to the pandemic with their current work-related stress levels, 57 stated that they felt more or significantly more work-related stress than prior to the pandemic. This means that overall, 76% of respondents reported an increase in work-related stress levels because of COVID-19. Relatedly, when asked

how COVID-19 impacted their personal life, and in turn, their ability to do their work, increased stress was the most frequent impact (n = 49 or 65.3%), followed by isolation from their family, friends and co-workers (n = 45 or 60%) and health concerns, both mental and physical (n = 41 or 54.7%).

Finally, workplace readiness to provide services in the context of COVID-19 increased throughout the pandemic, with about one-third of respondents reporting that their workplace was not well equipped at the beginning of the pandemic (n = 27 or 36%) and a significant portion of respondents stated that their workplace was currently well equipped (n = 61 or 81.4%). Respondents also stated that the most needed resources to provide adequate support to survivors of IPV within the context of pandemics were: additional funding (n = 49 or 65.3%), more staff (n = 44 or 58.7%), and collaboration with other community agencies (n = 39 or 52%)—and that increased knowledge and skills around self-care would be useful in order to be more effective at their roles during times of crisis (n = 39 or 52%).

INTERVIEW FINDINGS

Participant Demographics

Survivor Interviews (23 participants in total):

- Almost all survivors identified as female (n = 22 or 95.7%), and the remaining identified as male (n = one or 4.3%)
- The majority were in heterosexual relationships (n = 20 or 87%), followed by same-sex relationships (n = two or 8.7%), and one participant who declined to answer (n = one or 4.3%)
- Most lived in an urban community or large city (n = 21 or 91.3%), with the remaining living in rural, remote, or Northern areas (n = two or 8.7%)
- Over half cited Indigenous ancestry (n = 13 or 56.5%), followed by White/European ancestry (n = eight or 34.8%), and “mixed” ancestry (n = two or 8.7%)
- One participant (4.8%) stated that they were a newcomer to Canada
- Almost three-quarters had children (n = 17 or 73.9%), and of those who had children, most had either one child (n = seven or 41.2%) or three children (n = seven or 41.2%), followed by four children (n = two or 11.8%), and five children (n = one or 5.9%)

Service Provider Interviews (nine participants in total):

- Over half of service providers worked in urban communities or large cities (n = five or 55.6%), and the remaining worked in rural, remote, or Northern areas (n = four or 44.4%)
- Service providers primarily worked in shelters (n = six or 66.7%), healthcare centres (n = two or 22.2%), or resource centres (n = one or 11.1%), and held a variety of roles as executive directors (n = four or 44.4%), counsellors (n = two or 22.2%), clinicians (n = two or 22.2%), and program managers (n = one or 11.1%)
- The length of time in current roles ranged from six months to 26 years

Nature of Abuse

Survivors experienced a range of violence and abuse including physical abuse, sexual abuse, emotional/psychological abuse, financial abuse, religious/spiritual abuse, and coercive control. Acts of stalking, harassment, substance use coercion, technology-facilitated abuse, and litigation abuse were also noted, but less so. Many participants experienced several types of abuse simultaneously and stated that the abuse gradually escalated during the relationship or continued after the relationship dissolved.

Experiences of Abuse during Lockdown

Experiences of IPV changed in several ways after lockdown or "stay at home" orders were implemented. During this time, survivors and service providers stated that IPV increased in both frequency and severity, with increases in the frequency being characterized by experiencing violence more often or beginning to experience violence during the pandemic and increases in severity being characterized by reports of severe physical injuries and escalation from non-physical to physical forms of IPV. Additionally, perpetrators used the unique circumstances of the pandemic to enact new tactics of abuse including using lockdown or "stay at home" orders to further isolate survivors, lying about available services, and forcing survivors to collect the Canadian Emergency Response Benefit (CERB).

Co-Occurring Issues

An increase in co-occurring issues, including mental health challenges, substance use, and food insecurity, were noted amongst survivors of IPV during the pandemic. Service providers specifically described "skyrocketing" rates of addiction, growing rates of suicidality, and increases in hospitalization amongst survivors. These issues made service provision challenging, as agencies and organizations did not have the capacity to address IPV, mental health issues, and substance use simultaneously.

Impacts of Abuse

The most prominent impacts of experiencing IPV were detrimental impacts to the mental and physical health and wellbeing of survivors. This included:

- Physical injury and the deterioration of physical health (including brain injuries, stomach problems, dental issues, broken bones, and bruises)
- STDs
- Hair loss and weight loss or gain
- Sleeping problems
- Mental health diagnoses (including anxiety, depression, post-traumatic stress disorder, bipolar disorder, borderline personality disorder, and disordered eating)
- Memory problems
- Fear
- Stress
- Trust issues
- Loss of identity and self-esteem
- Suicidal ideation
- Experiencing "triggers" related to IPV victimization
- Resurfacing adverse childhood experiences (ACEs)

Additionally, many survivors stated that their relationships with friends, family, and children were damaged or broken as a result of the IPV they experienced. IPV also had a negative impact on survivor's finances and ability to access housing, with some survivors being precariously housed, or having their housing jeopardized as a result of abuse.

At times, the mental and emotional toll of IPV also made it difficult for survivors to be fully engaged with work or school, while physical injuries made it difficult for survivors to actually *attend* work or school. Despite the aforementioned challenges, some positive impacts emerged

from survivor experiences of IPV including feeling more compassionate toward others, gaining new perspectives, and learning the signs of abusive relationships.

Impacts of COVID-19

Impacts to mental health as a result of the pandemic emerged as a prominent narrative amongst survivors, who described experiencing fear, stress, uncertainty, grief, anxiety, depression, and suicidality. Survivors cited fears of contracting the virus, the closure or reduction of services, complications with work or school, and increasing isolation as some of the driving forces behind these impacts. For others, the pandemic exacerbated pre-existing mental health challenges.

Some survivors noted increases in substance use, such as alcohol or drugs, amongst perpetrators of IPV, while others noted increases in substance use amongst both themselves, *and* perpetrators of IPV. Survivors stated that their own increases in substance use were a way of coping with the pandemic and/or abuse and a result of being bored during lockdown.

The implementation of lockdown or "stay at home" orders resulted in survivors spending an increased amount of time isolated at home with their abuser. This time at home also led to increases in domestic labour such as cooking, cleaning, homeschooling children, and caring for children, family members, or others. Impacts to employment and paid labour were also described, with some survivors maintaining their normal work schedules (as a result of working in an essential service role) and others transitioning to fully remote or hybrid work. However, job loss amongst some survivors and perpetrators of IPV was described, and one survivor in particular identified this as a catalyst for the abuse they experienced.

A select few described positive impacts from the pandemic such as providing an opportunity to leave the relationship, bringing families together, and giving survivors time to invest in their health and wellbeing.

Barriers to Seeking Help

Several unique barriers to seeking help arose from the pandemic, including:

- The impact of lockdowns or "stay at home" orders on isolation and a lack of privacy
- The reduction or closure of services
- The closure of public spaces (including schools, daycares, and libraries, which made it difficult to access services and safely conduct custody and access exchanges)
- Fears of contracting the virus
- Vaccination status (particularly the inability of those who were not vaccinated to access services)
- Lack of access to internet, technology and transportation (particularly in rural, remote, and Northern areas) and difficulty navigating online services
- Lack of shelter beds (due to increased demand) or space (due to social distancing requirements)
- Overwhelmed services
- Confusion surrounding the availability of services and a lack of information surrounding services (including the presumption that services were closed)

Service providers also identified pre-existing barriers to services that were present before the pandemic including long wait times for services, affordable housing shortages, low EIA rates, and a lack of services for diverse populations and mental health or addiction supports. Many noted that the pandemic exacerbated these pre-existing barriers and underscored the need for increased funding to these areas.

Changes and Challenges to Service Provision during the Pandemic

Changes to service provision during the pandemic were accompanied by many challenges. IPV-serving organizations implemented safety protocols for staff and service users in accordance with public health orders such as the use of personal protective equipment (PPE), social distancing, increased sanitization and cleaning measures, COVID-19 screening questions, and rapid testing. However, service providers stated that the changes required by public health orders were not trauma-informed for survivors, as their restrictive nature could mirror acts of control experienced in abusive relationships. Additionally, staying up to date with ever-changing public health orders was difficult for service providers, as it took considerable time, energy, and resources away from their normal job functions.

Organizations also made changes to services and programming such as increases or decreases in services and programming, the implementation of online services and programming, longer shelter stays, the use of hotels to accommodate increased service demand at shelters, and implementing new services and programming not related to IPV (including COVID testing and vaccination clinics, access to recovery programs, and delivering basic needs such as food and menstrual products). Service providers stated that it was challenging at times to keep up with the demand for service—particularly after demand increased significantly after lockdown restrictions were lifted.

Additionally, both survivors and service providers cited fears of contracting the COVID-19 virus—particularly in the communal living environments of shelters. Service providers noted that if staff contracted the virus, this severely reduced the service capacity of organizations, as the virus usually spread to multiple staff members. Staffing challenges were further exacerbated by low wages for family violence workers, resulting in high rates of staff turnover, and vaccination mandates.

Some agencies and organizations also implemented resources and information in the workplace to support service providers during the pandemic and assist them in their work such as “COVID pay” and other financial resources, and online training or workshops. However, the pandemic also impacted the fundraising capacity of organizations, which resulted in decreases to organizational revenue.

Personal Impacts on Service Providers

Service providers described how the COVID-19 pandemic impacted their personal life, and in turn, their ability to do their work. Service providers were primarily impacted by mental and physical health issues including anxiety, depression, stress, exhaustion, and ailments resulting from contracting the COVID-19 virus or the COVID-19 vaccine. A lack of work-life balance was also described, as many service providers found it difficult to balance their personal lives and professional roles under increased service demand, additional workloads, and staffing

challenges. Additionally, many reported that isolation from friends and family had negative impacts on their wellbeing and ability to unwind and de-stress from work.

RECOMMENDATIONS

Responses from survivor and service provider research participants, and findings from external research, offer a range of recommendations for responding to IPV during pandemics, and other emergent or crisis events.

Recommendation 1

Utilize Technology for Online Services and Address Barriers to Digital Access

Many participants discussed the importance of utilizing technology to deliver online or virtual services to survivors when in-person service delivery is not possible—including online or virtual IPV and mental health services, and text or chat-based crisis supports. However, it is important to note that online or virtual services require different safety considerations to ensure that survivors feel *physically, emotionally, and culturally safe* (Ghidei et al., 2022). Participants also discussed the need to address digital disparities when accessing services amongst survivors in rural, remote and Northern areas, who reported a lack of access to internet and technology.

Recommendation 2

Develop Innovative Methods to Connect with Survivors and Implement Holistic Services

Innovative ways of delivering services and connecting with survivors are needed during pandemics and other emergent or crisis events. Creative initiatives were implemented during the COVID-19 pandemic such as stores providing information about IPV services on receipts and supermarkets setting up assistance points for IPV survivors in their spaces (Tsioulcas & Wamsley, 2020; Weeks et al., n.d.). The need to develop a more holistic approach to service delivery, by addressing other social and economic issues impacting survivors, has also been underscored. Participants noted that it is particularly important to develop IPV services that also address food insecurity, mental health challenges, and substance use amongst survivors.

Recommendation 3

Invest in IPV Services, Supports, and Resources

Participants described how current services, supports, and resources were not able to provide adequate assistance to survivors during the COVID-19 pandemic, which was largely attributed to the chronic underfunding of IPV services. Participants specifically recommended investing in and strengthening the capacities of the following sectors: shelters and housing, mental health and addictions supports, parental supports, community resources, and financial supports. Staab and colleagues (2022) note that investing in pre-existing services and supports for IPV survivors, and strengthening social protections in the post-pandemic period, can build resilience for future emergencies, as governments were better able to mitigate violence against women during the pandemic if they could rely on pre-existing public services in the gender equality sector. Additionally, the need for **flexible** funding during pandemics and other emergent or crisis events has been underscored, which enables organizations to use monies as they see fit with decreased reporting requirements (Peterman et al., 2020; Yakubovich et al., 2023).

Recommendation 4

Strengthen Collateral System Responses to IPV and Foster Coordination

IPV survivors described negative experiences with the sectors they frequently interacted with, such as the justice system and CFS. Participants underscored the need to improve responses to IPV within these sectors and provided specific recommendations to do so including IPV education and training for police, lawyers, and judges; addressing access to justice issues for survivors; and developing alternatives to current CFS practices. Yakubovich and colleagues (2023) also underscore the importance of coordinating IPV services with the justice and healthcare systems, as these systems are often "siloed" from one another—making it difficult to address the diverse array of survivor needs.

Recommendation 5

Support Service Providers

Service providers described significant impacts to their personal lives, professional roles, and organizations as a result of providing IPV services during the pandemic. It is imperative that service providers, and the organizations they work in, are supported during pandemics to ensure the health and wellbeing of individuals in these roles, as well as the functionality of services. Specific resources for service providers during emergencies are needed, such as additional funding and more staff, as well as knowledge and skills pertaining to self-care.

Recommendation 6

Implement Gender-Sensitive Emergency Response Measures

Participants also recommended creating a gender-sensitive emergency response plan in order to mitigate IPV during future pandemics and other emergent or crisis events. Specific suggestions for gender-sensitive emergency preparedness included having personal protective equipment (PPE) readily available for IPV organizations and increased shelter-to-shelter communication. The importance of promoting women's representation during the emergency planning, response, and recovery phase was also underscored, as women represented a mere 24% of COVID-19 task force members worldwide (Staab et al., 2022).

Recommendation 7

Increase Public Awareness of IPV and Pandemic Supports

Importantly, many participants suggested increasing public awareness and knowledge of IPV, as well as the services and supports available for survivors. Spreading this information is particularly salient during pandemics and other emergent or crisis events, as it can increase service access when survivors may be confused or told misleading information by perpetrators of IPV. Multiple avenues for increasing awareness and distributing information were recommended including routine advertising on multiple media formats and in physical spaces, as well as routine education and information in schools, colleges, and universities.

Recommendation 8

Increase Data on IPV in the Context of Emergent or Crisis Events

Policy responses to the COVID-19 pandemic were largely gender-blind and failed to consider the unique impacts of the pandemic on women's safety. Further research and information is needed in order to fully understand the scope and gendered impacts of pandemics and other emergent or crisis events, and create evidence-based responses. However, once again, an increase in funding to support research projects focused on collecting gender data is needed.

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