

PANDEMIC MEETS PANDEMIC: UNDERSTANDING the IMPACTS of COVID-19 on GENDER-BASED VIOLENCE SERVICES and SURVIVORS in CANADA

EXECUTIVE SUMMARY

WHEN COVID-19 MEETS THE EXISTING PANDEMIC OF GENDER-BASED VIOLENCE IN CANADA A NATIONAL SURVEY AT A GLANCE



Understanding the Impacts of COVID-19 on Gender-Based Violence Service Provision is a national survey that was developed collaboratively by the Ending Violence Association of Canada and Anova. The purpose of the survey was to learn about the impact of the COVID-19 pandemic from service providers and advocates who are working with survivors of gender-based violence (GBV) and/or delivering GBV-focused services across Canada.

From May 18 to July 20, 2020, 376 staff and volunteers in the GBV sector responded to this survey. They spoke about:

- concerns and challenges facing GBV workers and organizations during the COVID-19 pandemic
- procedural and policy shifts that were necessary in light of the COVID-19 pandemic and the efficacy of these shifts
- impacts on survivors as understood by those who are actively supporting survivors
- current and anticipated needs for GBV service provision

What We Heard about Survivors:

The impact of the pandemic on survivors as observed by GBV service providers was disheartening. Amongst the many changes GBV staff and volunteers identified in survivors' experiences of violence:

- 46% noticed changes in the prevalence and severity of violence, with 82% of these workers describing an increase in prevalence and severity of violence
- 34% noticed changes in mental health and well-being
- 20% noticed changes in the tactics used to commit violence and increase control

In describing survivors' experience in seeking support and services, GBV staff and volunteers spoke about:

- survivors' fears or discomfort with following COVID-19 protocols that were triggering or reminiscent of controlling or abusive situations
- survivors' inability to participate in telephone or virtual supports due to lack of technology or internet access, lack of privacy or space to use the phone or computer, and/or discomfort with receiving services normally provided face-to-face over phone or video
- survivors who were prevented from seeking or accessing services by abusive partners

“While the majority of services and stores were closed, it was difficult to contact us, because if one is at home with one’s abuser, it is difficult to phone or send a message. This increased the feeling of being trapped without having other options and increased the anxiety experienced.”

What We Heard about GBV Service Provision:

There were many adaptations made by the sector in order to ensure they could continue to support survivors.

These included:

- 89% identified securing additional materials and supplies (i.e. technology, PPE)

“The most challenging shift in my role is having to turn away women and children who have finally mustered the courage to flee. To not being able to let women in the door to limit the spread of Covid-19. As a community, we are doing our best to accommodate in a trying time, but it’s not enough.”

- 66% identified adapting in-person counselling to virtual environments

“Working for survivors of sexual abuse, you hear a lot of horrible stories every day. Since Covid hit, I had to invite those stories into my home ... I think about work more often now. I feel like I can’t escape it.”

- 51% reported having to hire new staff; 25% reported having to lay off or decrease staff hours; nearly 25% reported having to work more hours than usual and/or overtime in order to meet these demands

While showing resiliency and commitment, these adaptations took a toll:

- 84% were concerned about health risks while performing their job or volunteering.
- 90% reported negative impacts associated with these changes on their ability to do their work.
- 81% reported greater work-related stress.

What about the Future?

Fears and concerns about the future centre on the capacity of GBV service providers and organizations to fulfill their commitment to provide services to survivors and to address the systemic and root causes of violence. In describing those issues that are most pressing to them in the future:

- 34% are concerned about the barriers survivors will face in seeking support and addressing increasingly complex needs
- 27% are concerned the predicted increase in need for services will reach beyond the sector’s capacity
- 23% are concerned their organizations will not have the financial resources necessary to sustain their work
- 16% are concerned about the health risks for themselves, other staff, and survivors

What Is Needed

In telling the stories of their organizations, sharing their worries and concerns, and offering their observations about the experiences of survivors, GBV staff and volunteers emphasized that “returning to normal” is not enough to serve the needs of survivors or service providers.

“I certainly think there will be issues in ‘returning to normal’ and this shift will occur slowly. However, I think framing it as a ‘return to normal’ is incredibly problematic, because our normal before the pandemic was not serving women who experience violence well. I think we ought to look at this pandemic as a learning lesson in the bigger picture of gender-based violence.”

GBV advocates are clear that post-pandemic planning and recovery cannot simply ‘return to normal’ but must involve a fundamental reimagining of how GBV work is supported and connected to other large systems in ways that ensure an intersectional, systemic approach.

1. Stable core funding that reflects the complexity and scope of services and demand.

“Emergency COVID funding is short term, we need long term and sustainable solutions.”

2. Additional funding and resources to support efforts to prevent GBV in the first place.

“I hope post-pandemic, more policies and government initiatives are directed at preventing violence in the first place, reducing the need for reactive services.”

3. Intersectional, systemic approaches and actions that acknowledge and address the social and economic root causes of GBV, including poverty, housing, unequal access to technology and internet service, precarious and low-paying employment, and lack of universal child care. These responses must reflect the heightened risks for violence faced by women with disabilities; Black, Indigenous and racialized women; non-status, immigrant, refugee, and newcomer women; trans, non-binary, and gender diverse people; sex workers; and others marginalized by intersecting forms of inequality.

“I also believe that government officials need to acknowledge the connection between social factors, like socio-economic status, race, age, etc. and domestic violence. How can we shift our services to online if we acknowledge that many women in these horrific circumstances are most likely in poverty?”

4. Opportunities for knowledge sharing and championing of the expertise and lessons learned by GBV staff and volunteers during the pandemic, and evidence of meaningful efforts by government to centre this expertise in post-pandemic recovery planning.

“The government has ignored survivors for many years when making changes; they need to listen to the agencies that have been providing services for many years.”

“The fact that we’re still here makes all the difference ... To have a place to talk about the trauma of COVID on top of the trauma that they have experienced is helping many folk.”