3 Considerations for Supporting Women Experiencing Intimate Partner Violence During the COVID-19 Pandemic

Recommended pandemic public health measures like social/physical distancing and mask use are meant to promote safety; however, they may inadvertently increase the risk of Intimate Partner Violence (IPV) for some women, that could mean being confined to an unsafe space, being dependent on others for help, and being isolated from others. For women, their isolation to one location may make it easier for their partner from whom they are separated to find them and inflict harm, even lethal harm.

Due to the changing circumstances during this time, promoting the safety of women experiencing IPV will be a challenge. This requires the use of meeting strategies to prevent and respond to IPV, in addition to context-specific measures and knowledge.

Here, we see three considerations when supporting women experiencing IPV during the COVID-19 pandemic:

1. Safety does not look the same for all women

When discussing and making safety plans to help increase women’s safety, it is important to recognize that what may increase the safety of some women could pose risks for others. Consider that:

- While limited contact with others is encouraged to contain the spread of COVID-19, for older women and women with disabilities, it may be necessary for them to receive support from others in order to remain in their homes and maintain their independence.
- While providing weapons (e.g. guns, knives) may promote safety for some women, it could escalate other forms of violence (e.g. strangulation, physical assault) and lead to increased risk for other women.
- While reducing visits to stores (e.g. grocery) increases safety against COVID-19, it may decrease safety for women experiencing IPV who could disclose abuse and seek support while out of the home.

To help women increase their safety, it is important to listen to their suggestions and explore different options or choices, while remembering that each woman’s needs may be influenced by their social context (e.g. age, race, geography location, class, ability). For more on safety planning with different groups, see this brief on Creating Safety Plans with Vulnerable Populations to Reduce the Risk of Repeated Violence and Domestic Homicide.

2. Ensuring safety during a pandemic requires additional strategies

Normal safety measures for women may be significantly disrupted by social/physical distancing and the heightened anxiety it may create. Women who are closed off in unsafe spaces are open and continue to face violence and exclusion. Efforts to support women experiencing violence and to respond to impacts including revictimization, health difficulties, financial problems, and discrimination need to be aware of these barriers and work with marginalized communities to address discrimination.

Barriers to accessing healthcare and support services – such as lack of public transportation, online messaging, and lack of accessibility – will continue during this time and may even be amplified due to limitations in services. Additional strategies continue to emerge as service providers work with women to ensure safety.

- Since individuals are at home more, it may not be possible for women to communicate freely about what is occurring in the home. A pre-established signal confidentially agreed upon with a trusted friend, co-worker, or ancestor may be used by women to let others know she is in danger and needs assistance (e.g. wearing a specific piece of jewelry, asking an agreed upon question).
- Since in-person meetings are limited, communication and support may need to be increased (e.g. hospital, police, and other services). When discussing and making safety plans to support women, it may be necessary to receive support from others in order to remain in their homes and maintain their independence.
- In some cases, for women who have contracted COVID-19, or those who work in a setting serving those who have contracted COVID-19, the potential for increased risk of abuse and, for a smaller group of women, the potential for intimate femicide. Ongoing risk assessment and safety planning are essential.

Additional strategies continue to emerge as service providers work with women to ensure safety. Follow the work of the women’s shelters, anti-violence groups, and survivors to stay up-to-date on strategies and supports.

3. Structural barriers to safety may be amplified due to the pandemic

Barriers to accessing social/physical distancing and mask use may increase for women experiencing violence, particularly well-suited to supporting women experiencing violence and to respond to impacts including revictimization, health difficulties, financial problems, and discrimination.

Compounding barriers to safety specific to the pandemic may also emerge. For instance, messages that individuals need to “sacrifice” to reduce the burden on emergency services, such as hospitals, police, and other services. Women’s experiences of violence may also be exacerbated as “stress” related to the pandemic are compounded.

- Barriers to accessing social/physical distancing and mask use may increase for women experiencing violence, particularly women experiencing homelessness.
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“One-size-fits-all” approaches did not work pre-pandemic and they will not work throughout this pandemic. During this time of crisis and increased risks, we need to strengthen and build on our efforts to work together with women and communities to increase their safety.