

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

Recommended pandemic public health measures like social/physical distancing are meant to promote safety, but they may unintentionally increase the risk of Intimate Partner Violence (IPV). For some women, that could mean being confined to an unsafe space, perhaps for the first time. For other 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 require the use of existing strategies to prevent and respond to IPV, in addition to context-specific measures and knowledge.

Here, we share 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 living 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 hiding 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 locations (e.g. age, race, geographical location, class, ability). For more on safety planning with different groups, read 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 services closing or operating at a limited capacity. It is critical to publicly broadcast that women's shelters are open and continue to offer refuge and supports to women and children experiencing violence. Adaptations to existing strategies can further support the efforts of shelters to keep women and children safe. For instance:

- 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 neighbour may be used by a woman to let others know she is in danger and needs assistance (e.g. wearing a specific piece of jewellery, asking an agreed upon question).
- Since in-person meetings are limited, communication and supports may need to be moved online. In doing so, it will be essential to recognize that using technology may require new safety measures and that individuals who inflict harm can use technology to further control and harm their partner. Learn more about online safety in these resources: [Technology, Safety & Privacy: A Toolkit for Survivors](#) and [Best Practices When Using Mobile Devices for Service Delivery](#).
- Since circumstances for individuals are changing rapidly during this time (e.g. job loss, financial insecurity, mental health challenges), some women may face 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 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 healthcare and support services – such as lack of [accessible](#) and [gender-affirming](#) services, discrimination and racism within the service delivery system, and fear of deportation due to precarious immigration status – will continue during this time and may even be amplified due to limitations in services. Specific to COVID-19, some communities may face increased discrimination. For instance:

- Heightened xenophobia and racism against East Asian community members. In response, view this campaign by the [Chinese Canadian National Council for Social Justice](#).
- Surveillance and criminalization to enforce social/physical distancing that may disproportionality target marginalized groups including racialized and Indigenous

groups, in addition to low-income communities and individuals experiencing homelessness.

- Social stigma and shaming of individuals who have contracted COVID-19 or who work in a setting serving those who have contracted COVID-19. In response, read this [guide on addressing social stigma associated with COVID-19](#).

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 (e.g. hospital, police) may discourage women from seeking assistance. Women’s experiences of violence may also be excused as “stress” related to the pandemic and not taken seriously.

Discrimination and exclusion result in negative short-term and long-term impacts including revictimization, health difficulties, financial problems, and traumatic stress. Efforts to support women experiencing IPV and to respond to COVID-19 need to be aware of these barriers and work with marginalized communities to address discrimination. [Trauma-informed approaches](#) are particularly well-suited to supporting women experiencing violence and oppression.

“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.

The [Learning Network](#) at the Centre for Research & Education on Violence Against Women & Children produced this resource in collaboration with the following organizations: [Alberta Council of Women’s Shelters](#), [BC Society of Transition Houses](#), [Manitoba Association of Women’s Shelters](#), [Ontario Association of Interval & Transition Houses](#), [PEI Family Violence Prevention Services](#), [Provincial Association of Transition Houses and Services of Saskatchewan](#), and [Women’s Shelters Canada](#).