

RESOLVE MANITOBA

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

Ashley Haller, MHR Bright Thorsteinson, BSW Kendra Nixon, PhD

FINAL REPORT

ACKNOWLEDGEMENTS

RESOLVE Manitoba and the Family Violence Prevention Program (Government of Manitoba) would like to thank the Social Sciences and Humanities Research Council (SSHRC) for their financial support of the project.

We thank members of our Research Advisory Committee for their assistance reviewing the research tools; providing feedback on written materials (literature review and final report); and recruiting participants.

We would also like to thank our Research Assistants, Bright Thorsteinson, Kathleen McDonald, Riley Hammond, Lilja Best, and Karen Power for their work on the project (literature review, participant interviews, transcription, data analysis, and drafting of the final report). Thank you to Renée Hoffart for coordinating the initial stages of the project, and Patricia Karacsony for her work developing recruitment materials and the design of the final report.

Finally, a special thank you to the survivors and service providers who participated in the research interviews. Your contribution to this project is greatly appreciated.

Research Team:

Dr. Kendra Nixon, Principal Investigator, RESOLVE Network Director and Professor, Faculty of Social Work, University of Manitoba

Nadine Henriquez, Co-Investigator, Faculty of Health Studies, Brandon University Nadine Smith, Family Violence Prevention Program, Government of Manitoba Ashley Haller, Project Coordinator, RESOLVE Manitoba, University of Manitoba

Research Advisory Committee

Deena Brock, Provincial Coordinator, Manitoba Association of Women's Shelters Inc.
Lori Rudniski, Executive Director, Bravestone Centre
Katina Cochrane, Executive Director, First Nation Healing Centre
Michele Nichol-Sawh, Director, Men Are Part of the Solution (MAPS)
Fatima Siyawareva, Director, Family Violence Program, NorWest Co-Op Community Health
Ivory Stevenson, Program Support Specialist, Wahbung Abinoonjiiag Inc.
Aerlan McDougall, Counsellor, The Women's Resource Centre



TABLE OF CONTENTS

ACKNOWLEDGEMEN IS	4
EXECUTIVE SUMMARY	{
INTRODUCTION	:
PURPOSE AND OBJECTIVES	:
SIGNIFICANCE	8
BACKGROUND	8
METHODOLOGY	10
DATA SOURCES	10
PARTICIPANTS AND PROCEDURES	10
ANALYSIS	1
LIMITATIONS	1
INTERVIEW FINDINGS: SURVIVORS	1:
PARTICIPANT DEMOGRAPHICS	1:
NATURE OF ABUSE	13
EXPERIENCES OF ABUSE DURING LOCKDOWN	10
IMPACTS OF ABUSE	23
HELP-SEEKING EXPERIENCES	2
CHILD AND FAMILY SERVICES INVOLVEMENT	34
BARRIERS TO SEEKING HELP	3
ONLINE SURVEY FINDINGS	38
PARTICIPANT DEMOGRAPHICS	39
EXPERIENCES OF IPV DURING COVID-19	39
SERVICE PROVISION DURING COVID-19	4
STUDY FINDINGS: FOLLOW-UP INTERVIEWS WITH SERVICE PROVIDERS	4
PARTICIPANT DEMOGRAPHICS	48
EXPERIENCES OF IPV DURING COVID-19	48
CO-OCCURRING ISSUES: MENTAL HEALTH, SUBSTANCE USE, AND FOOD INSECURITY	49
IMPACTS OF ABUSE	50
BARRIERS TO SEEKING HELP	52
SERVICE PROVISION DURING COVID-19	5
CHALLENGES TO PROVIDING SERVICES DURING COVID-19	5
PERSONAL IMPACTS ON SERVICE PROVIDERS	60
STUDY RECOMMENDATIONS: IMPROVING THE RESPONSE TO SURVIVORS OF IPV DURING PANDEMICS.	6
UTILIZE TECHNOLOGY FOR ONLINE SERVICES AND ADDRESS BARRIERS TO DIGITAL ACCESS	6

SERVICES	
INVEST IN IPV SERVICES, SUPPORTS, AND RESOURCES	63
STRENGTHEN COLLATERAL SYSTEM RESPONSES TO IPV A	ND FOSTER COORDINATION65
SUPPORT SERVICE PROVIDERS	
IMPLEMENT GENDER-SENSITIVE EMERGENCY RESPONSE M	MEASURES67
INCREASE PUBLIC AWARENESS OF IPV AND PANDEMIC SUF	PPORTS 68
INCREASE DATA ON IPV IN THE CONTEXT OF EMERGENT OF	R CRISIS EVENTS69
SUMMARY/CONCLUSION	69
REFERENCES	72
APPENDIX A	75
APPENDIX B	80
APPENDIX C	82

EXECUTIVE SUMMARY



Purpose

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:

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

To address these research objectives, the project utilized a mixed methods approach, collecting quantitative data in the form of an online survey for service providers and qualitative data in the form of in-depth interviews with survivors of IPV and follow-up interviews with service providers.

Findings: In-Depth Interviews with Survivors of IPV

In-depth interviews were completed with 23 survivors of IPV across Manitoba who discussed experiences of IPV during the pandemic, the impacts of IPV and the pandemic, and help-seeking.

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

Experiences of IPV changed in several ways during pandemic lockdowns. Survivors described increases in the frequency and severity of violence they experienced during this time, as well as new tactics of abuse, such as utilizing lockdowns to further isolate survivors or forcing survivors to collect CERB.

Survivors also described the impacts of experiencing IPV, as well as the impacts of the pandemic on their lives and relationships. Survivors stated that both IPV and the pandemic had negative impacts on their mental and physical health, employment, relationships, and finances. Survivors specifically noted increases in mental health challenges and substance use amongst themselves and perpetrators of violence during the pandemic.

Help-seeking was increasingly difficult for survivors during the pandemic, who faced additional barriers during this time. Barriers included overwhelmed services, the reduction or closure of services, fears of contracting the virus or vaccination status, isolation and a lack of privacy, and a lack of access to technology or transportation. Many survivors stated that they were not aware that IPV services were available during lockdown.

Findings: Online Survey and Follow-up Interviews with Service Providers

The online survey was completed by 75 service providers working in the gender-based violence sector across Manitoba who provided additional insight into experiences of IPV and service provision during the COVID-19 pandemic.

Survey Highlights:

- A significant portion of service providers (n = 66 or 88%) noticed a deterioration in the mental health and wellbeing of survivors. Half (n = 38 or 50.7%) also noticed a deterioration in the mental health and wellbeing of their children.
- Service providers stated that the most significant barrier to help-seeking during the pandemic was less opportunity for survivors to reach out for help (due to the abusive partner being present in the home and restricting privacy) (n = 56 or 74.7%).
- 36% (n = 27) of service providers stated that their workplace was not equipped to provide services within the context of COVID-19 at the beginning of the pandemic. However, when asked about current workplace readiness only 17.3% (n = 12) stated that their workplace was not equipped.
- The biggest challenge to service delivery during the pandemic was a lack of personal connection with service users due to remote service delivery (n = 35 or 46.7%).
- 76% (n = 57) of service providers reported an increase in work-related stress levels because of the pandemic.
- Service providers stated that additional funding (n = 49 or 65.3%) and additional staff (n = 44 or 58.7%) were needed to provide adequate supports to IPV survivors during pandemics.

Follow-up interviews were also completed with nine service providers across Manitoba who discussed the impacts of the pandemic on IPV survivors, service provision during the pandemic, and its accompanying challenges.

Service providers echoed survivor experiences with increases in the frequency and severity of IPV during pandemic lockdowns, new tactics of abuse, and increases in mental health challenges and substance use. The increasingly complex nature of service provision during this time was underscored, as well as the absence of integrated services to address the wide array of survivor needs.

Regarding service provision, many noted that demand for services fluctuated throughout the pandemic—with demand decreasing when pandemic lockdowns were implemented and increasing substantially once pandemic lockdowns were lifted. Changes in service provision were also described including changes in programming and services (increased/decreased programming, online services, etc.) and increased cleaning and sanitization to comply with public health orders. Importantly, service providers noted that public health orders were not trauma-informed, and could re-traumatize survivors seeking services, as they mirrored acts of abuse and control.

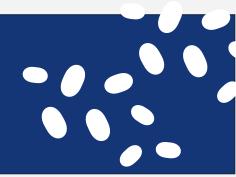
Challenges to service provision during this time included navigating ever-changing public health orders, overwhelmed services, staffing challenges and illness, fears of contracting the virus, communal living environments at shelters, and funding. Service providers also described experiencing personal impacts on their mental and physical health, work-life balance, and relationships because of the abrupt changes to service provision during the pandemic.

Study Recommendations

To improve the response to IPV during pandemics (or other crisis events), both participant groups shared a range of recommendations that were grouped into the following categories:

- Utilize technology for online services and address barriers to digital access
- Develop innovative methods to connect with survivors and implement holistic services
- Invest in IPV services, supports, and resources
- Strengthen collateral system responses to IPV and foster coordination
- Support service providers
- Implement gender-sensitive emergency response measures
- Increase public awareness of IPV and pandemic supports
- Increase data on IPV in the context of emergent or crisis events

INTRODUCTION



Purpose and Objectives

The COVID-19 pandemic was the first global pandemic to occur in nearly 100 years. Governments around the world implemented drastic measures to curb the spread of the virus, including lockdowns or "stay at home" orders, social distancing, and the closure of public spaces. While these drastic measures were necessary to prevent the spread of the highly infectious virus, they inadvertently exacerbated yet another public health epidemic that many have been battling at home for years—intimate partner violence (IPV). IPV quickly became known as the "shadow pandemic" (Haag et al., 2022) or the "pandemic within the pandemic" (Evans et al., 2020). Emerging research suggests that the circumstances of the pandemic have increased the frequency and severity of IPV, and strained IPV resources under increasing demands for service.

This research project was developed in partnership with RESOLVE Manitoba and the Family Violence Prevention Program (Government of Manitoba) to better understand how pandemics, such as COVID-19, impact survivors of IPV and the organizations that serve them in Manitoba. The specific research objectives were to:

1. Establish a foundational understanding of the nature and scope of the impact of pandemics on the social issue of IPV.

- 2. Explore the impact of pandemics on IPV survivors.
- 3. Identify how pandemics can put IPV survivors at additional risk.
- **4.** Explore the impacts of pandemics on IPV service providers.
- **5.** Explore how IPV-serving organizations in Manitoba responded to COVID-19, including what barriers they encountered.
- **6.** Develop policy and practice recommendations for policymakers and service providers.

Significance

This study is significant to Canadian scholarship, as it contributes to a growing knowledge base on the impacts of pandemics (and other emergent or crisis) on IPV. Situating this study in Manitoba is particularly salient, as the Prairie Provinces have some of the highest rates of IPV in Canada, especially for Indigenous women and survivors living in rural areas (Statistics

Canada, 2019). Additionally, the study aids policymakers, such as the Family Violence Prevention Program (community partner), in developing clear policies, practices, and procedures when responding to IPV during pandemics. Given the increased risk of future pandemics, it is imperative to understand how IPV is impacted and best practices for responding to survivors.

Background

On March 11, 2020, the World Health Organization officially declared the outbreak of COVID-19 a global pandemic—the first since the Spanish flu of the 1900s (World Health Organization, 2020). In Canada, federal, provincial, and territorial governments took immediate action to curb the spread of the virus in accordance with the constitutional division of powers. The federal government consequently closed the border to non-citizens, implemented a mandatory quarantine for those returning to the country, and gathered the necessary medical equipment and supplies to combat the virus (Government of Canada, 2022). Additionally, several financial support programs were implemented, such as the Canada Emergency Response Benefit (CERB), which provided temporary income support to those whose who had their employment impacted by the pandemic (Government of Canada, 2023).

Specific containment measures largely fell under the purview of provincial and territorial governments. The Province of Manitoba, which reported its first cases of COVID-19 on March 12, 2020, initially restricted gathering sizes and suspended visitors to senior care homes and acute care hospitals ("A Manitoba Coronavirus," 2020). However, one week after initial cases were reported, a state of emergency was declared to implement further restrictions including closing non-essential businesses, public spaces, and schools. During this time, only organizations providing "essential services" were permitted to operate, such as healthcare services, law enforcement, first responders, and food services (Public Safety Canada, 2021).

Manitobans, and those around the country, were encouraged to stay home, with public awareness campaigns stating that staying home meant staying safe. However, advocates voiced concerns that the steps being taken to combat the spread of COVID-19 could lead to an increase in IPV, as home is not a safe place for everyone. These fears came to fruition as many organizations around Canada began recording increases in IPV-related calls, including Battered Women's Support Services in Vancouver, who saw IPV-related calls increase by 300% (Daya &

Azpiri, 2020). Conversely, some organizations reported a *decrease* in calls, as noted in Winnipeg (McGuckin, 2020). Importantly, this has not been attributed to a decrease in violence, but rather a troubling indication that survivors are unable to access the help they need.

The circumstances surrounding the pandemic have been described as "an abusers dream" due to increased opportunities for manipulation, control, and isolation (Haag et al., 2022, p. 46). As mentioned above, preliminary data shows that rates of IPV increased from pre-pandemic times (Bradbury-Jones & Isham, 2020; Haag et al., 2022). This has also been accompanied by increases in the severity of violence, with frontline workers in Canada noting an increase in severe physical attacks such as stabbing, strangulation, and broken bones, as well as higher scores on danger risk assessments (Women's Shelters Canada, 2020). Additionally, perpetrators have used the pandemic itself as a tactic of abuse—using lockdowns or "stay at home" orders as a legally and socially sanctioned tactic of isolation, threatening to transmit the virus to survivors or their children, and preventing survivors from seeking medical care if they test positive for the virus (Haag et al., 2022; Women's Shelters Canada, 2020). Survivors also faced barriers to help-seeking during this time, such as being isolated alongside perpetrators (and lacking privacy to access services), the reduction or closure of services, limited access to transportation or technology, and fears of contracting the virus (Haag et al., 2022; Nonomura et al., 2020).

Service provision has also been drastically impacted by the pandemic. A Women's Shelters Canada (2020) survey revealed that 39% of shelters had their ability to provide services impacted to a *moderate* extent during the pandemic, while 28% had their ability impacted to a *great* extent. Shelters faced many challenges adapting to the unique circumstances of the pandemic, including fluctuating demands for support, public health restrictions, and changes in service delivery (such as moving services online) (Women's Shelters Canada, 2020). Difficulties related to funding were also noted, with 38% of shelters stating that they fundraised significantly less during the pandemic (Women's Shelters Canada, 2020).

The extreme measures undertaken to curb the spread of COVID-19 have undoubtedly been necessary to preserve the health and wellbeing of Manitobans, and those across Canada. However, these measures have inadvertently created ideal conditions for the proliferation of IPV. This research sought to understand the ways in which pandemics, such as COVID-19, impact experiences of IPV, help-seeking, and service provision in Manitoba. With many predicting that the COVID-19 pandemic will not be the last in our lifetime, a thorough understanding of the ways in which these events impact important social issues is essential for future preparedness.



METHODOLOGY



Data Sources

This study utilized a mixed methods approach, collecting both qualitative and quantitative data. In total, three sources of data were utilized, and all were reviewed and approved by the Research Advisory Committee:

- In-depth interviews with IPV survivors were conducted in Manitoba. There were 23
 interviews conducted in total, which included questions pertaining to experiences of IPV
 during COVID-19, the impacts of COVID-19, help-seeking, and ways to improve service
 provision responses to IPV survivors within the context of pandemics (see Appendix A
 for survivor interview guide).
- 2. An online survey with service providers was created using Qualtrics and piloted by seven members of the Research Advisory Team. Only one change was made and resubmitted to the UM Research Ethics Board. Once approved it was distributed to service providers in Manitoba. In total, 75 service providers completed the 15-20 minute survey, which consisted of 31 items, including 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 (see Appendix C for survey questionnaire).
- 3. Follow-up interviews with service providers were conducted in Manitoba. Originally, follow-up focus groups were planned with survey participants; however, interest for participating was poor; therefore, we changed to conducting follow-up interviews. There were nine interviews conducted in total, which included questions following up on aggravated survey responses, such as the impact of COVID-19 on IPV, service provision during the pandemic, and ways to improve service provision responses to IPV survivors within the context of pandemics (see Appendix B for service provider interview guide).

Participants and Procedures

An ethics application for the study was submitted to the University of Manitoba Psychology/Sociology Research Ethics Board, which received approval on December 14, 2020. Amendments were made to the original application including changes to the service provider interview guide.

Interview recruitment materials were distributed through a variety of channels including social media advertisements, emails to organizations, and the RESOLVE email list. Members of the Research Advisory Committee also aided in recruitment by circulating recruitment materials amongst their personal networks. The online survey was distributed via Qualtrics (a web-based survey platform) to service providers in IPV-serving organizations across Manitoba for voluntary completion. Survivor participants for the in-depth interviews were recruited using purposive sampling. Criteria for the study included the following:

IPV Survivors:

- 18 years of age or older
- Resides in Manitoba, Canada
- Experienced IPV during the COVID-19 pandemic
- Currently in a safe situation free from violence

Service Providers:

- 18 years of age or older
- Resides in Manitoba, Canada
- Employed as a service provider during the pandemic
- Worked with IPV survivors during the pandemic

Written or verbal consent was obtained from all participants before completing the interviews or online survey and stored on the secure University of Manitoba server. Survivors received a \$40 honorarium for their participation in the interviews. Service providers did not receive an honorarium, as their participation in the interviews or online survey occurred during their workday.

Analysis

Interviews with survivors and service providers were conducted via telephone or secure licensed University of Manitoba Zoom account, using a semi-structured interview guide (see Appendices A and B). The interviews were audio recorded and later transcribed verbatim. Any names or identifying information were removed during the transcription process to protect participant anonymity. Once transcripts were completed, they were uploaded to uploaded to Dedoose (qualitative analysis software), where research assistants coded the data over a fourmonth period under the supervision of the project coordinator. The data analysis team met monthly (four meetings in total) during the coding process to discuss, refine, and settle on codes. A thematic analysis was then conducted to outline the themes that emerged from the data, which are discussed in the Findings section of the report. Participant quotes are provided throughout the report to help illustrate these themes.

Participant responses from the online survey were downloaded into SPSS (quantitative analysis software) and analyzed. Data were cleaned and the analysed using basic frequencies (i.e., counts) and descriptives (i.e., means, maximum, and minimum). It is important to note that because participants were able to select more than one option for select-all-that-apply questions, totals for the data may exceed 100%.

Limitations

There are several limitations to this study. First, research participants were self-selected, meaning that they chose to participate in the study. Therefore, the narratives expressed by the survivors and service providers who chose to participate may not reflect the experiences of others in these groups.

Recruitment for the study also proved to be challenging. Many avenues for recruitment were exhausted including social media advertisements, emails to organizations, contacting community agencies for assistance (by phone and email), and having members of the Research Advisory Committee distribute recruitment materials. Specifically, attempts to recruit a more diverse survivor participant group, including rural, newcomer, and male survivors, were unsuccessful, with only four participants from these groups being represented. Additionally, the study did not reach its original goal of interviewing 15 service providers. Anecdotal responses suggested that service providers were overwhelmed and overworked due to service provision during the pandemic and did not have time to take part in the study.

Lastly, the COVID-19 pandemic impacted the research process—specifically the way interviews with participants were conducted. Before the pandemic, interviews typically completed by RESOLVE research staff were conducted in-person, with telephone interviews being reserved for rural, remote, or Northern participants. However, due to fears surrounding the spread of the virus, all interviews were conducted via telephone or Zoom.



INTERVIEW FINDINGS: SURVIVORS



Interviews with survivors discussed the nature or type of abuse experienced, experiences of abuse both during and after pandemic lockdowns, the impacts of the pandemic, the impacts of experiencing IPV, help-seeking experiences during the pandemic, child and family services involvement, and barriers to seeking help during the pandemic.

Participant Demographics

Interviews were conducted with 23 survivors of IPV across Manitoba. Almost all survivors identified as female (n = 22 or 95.7%), and the remaining identified as male (n = 0 or 4.3%). The majority were in heterosexual relationships (n = 20 or 87%), followed by same-sex relationships (n = 0 or 8.7%). One participant declined to answer.

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%). Regarding ethno-cultural background, over half of the 23 survivors interviewed cited Indigenous ancestry (n = 13 or 56.5%), followed by White/European ancestry (n = two or 34.8%), and "mixed" ancestry (n = two or 8.7%). One participant (4.3%) stated that they were a newcomer to Canada.

Survivors obtained the following levels of education: middle school education (n = two or 8.7%), high school diploma (n = six or 26.1%), college diploma (n = one or 4.3%), bachelor's degree (n = two or 8.7%), and some college or university (n = three or 13%). A little over half were employed either full- or part-time (n = 12 or 52.1%), and the remaining were unemployed (n = 11 or 47.8%).





Finally, almost three-quarters of survivors had children (n = 17 or 73.9%). 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%). A little over half stated that their children lived with them either full- or part-time (n =nine or 52.9%).

Nature of Abuse

Survivors described experiencing a range of violence and abuse including physical abuse, sexual abuse, emotional or psychological abuse, financial abuse, coercive control, and stalking or harassment. Instances of child abuse, animal abuse, religious or spiritual abuse, the destruction of property, litigation abuse, technology-facilitated abuse, substance use coercion, and post-separation abuse were also noted, but less so.

Physical Abuse

Survivors reported several types of physical abuse such as pushing, hitting, slapping, punching, kicking, having water thrown on them, being spit on, being hit with an object or weapon, and forcible confinement. There were also instances of severe physical abuse, such as strangulation.

He would push, shove, spit on me, hit me. (Survivor 17)

He choked me out right to the point where my heart stopped. The last thing I remember was thinking that I'd never see my boys graduate. He was killing me, and my baby was sleeping in the next room. (Survivor 20)

Survivors sustained various injuries as a result of such abuse, including scratches, bruises, black eyes, "goose eggs" (hematomas), scarring, and concussions. One survivor also described losing their unborn child because of the physical abuse directed towards her while three months pregnant.

I [was] always like getting goose eggs around my head where nobody can see, like around my hair. Yeah, around there and then a few shiners on the side of my face. (Survivor 03)

Yeah, my daughter died. I was pregnant with her, and her dad used to beat me all the time. [...] He always kicked me in the stomach. I don't know how he could do that to such a precious baby. He purposely would try to stomp on my belly. (Survivor 21)

Sexual Abuse

Experiences of sexual abuse included sexual coercion, reproductive coercion, and rape.

So that was a lot of sexual abuse that way—and trying to coerce me into like sexual acts. (Survivor 14)

I was not allowed to go on any form of birth control or any form of medication too as well. (Survivor 07)

One survivor stated that acts of reproductive coercion also extended to adolescent children in the family.

He wants to also be in charge of their [adolescent children] sexual health too as well. [...] They want to go on birth control, and I said dad won't like it. Dad finds your pills, dad's gonna get rid of it and so they agreed that the best thing for them is to get an IUD where he can't see it. (Survivor 07)

Emotional or Psychological Abuse

Survivor experiences of emotional or psychological abuse included gaslighting, love bombing, stonewalling, name-calling, threats, and attempts to belittle, berate, shame, embarrass, or humiliate.

The gaslighting, coupled with the emotional abuse, and so like a lot of statements regarding how I'm essentially just defective overall as an individual. (Survivor 05)

He would minimize anything I did or said. He called me down. He would blatantly embarrass me and humiliate me in front of people. (Survivor 06)

One survivor even shared an instance of their partner faking their own suicide to cause emotional distress.

I left him and that's when he faked his suicide. He said he took a bunch of pills and had to go to [city in Manitoba] and get his stomach pumped. [...] That's what he told me at the time. I believed it. (Survivor 19)

Financial Abuse

Financial abuse included preventing or controlling access to finances, spending or stealing money from accounts, refusing to pay for childcare necessities, and forcing survivors to shoulder the majority of the financial responsibility in the relationship.

I would get paid; he would beat me to the stores and he would spend all of my paycheque on toys for himself. I was not allowed to get a Visa. [...] He would not pay for certain bills and then he would blame me, but it was his responsibility. (Survivor 07)

My bank cards got taken away or put away because apparently, I "misplaced them." (Survivor 10)

Coercive Control

Experiences of coercive control involved controlling various aspects of daily life (including food, work, clothes, or general appearance), undermining autonomy, and isolation from friends and family.

I could never wear makeup or do my hair. Was not allowed to leave the house unless I wore sweatpants, a baggy t-shirt, and messy hair. (Survivor 21)

Wasn't allowed to see friends, wasn't allowed to visit family, couldn't go on my phone, couldn't take jobs anytime I wanted. Yeah, very, very controlling. With every aspect. Including what I ate, what I wore. (Survivor 07)

This control also extended to children in the family.

He never let the kids do anything. They couldn't wash their clothes or do dishes because he just said they're dirtbags and they don't know how to clean and all this other stuff. (Survivor 22)

Stalking and Harassment

Survivors also described being stalked and harassed by intimate partners both during the relationship, and after the dissolution of the relationship.

When I left, he started engaging in stalking and a lot of harassment behaviours. (Survivor 05)

He would stalk me. It was scary. My friends would see him watching us from the corner. (Survivor 21)

Some survivors stated that perpetrators engaged in **technology-facilitated abuse** to stalk them or monitor their behaviours through the use of virtual means.

He had a tracker on my phone, so he always knew where I was. (Survivor 20)

So, he actually had taken over the Wi-Fi box, and he put his own passwords on it. He knows how to get in there. So, he was actually spying on everything that I was Googling. (Survivor 14)

Child Abuse

Children in the household were also impacted by abuse, with some survivors stating that children would witness the abuse perpetrated against them. Other survivors noted their abusive partners directly assaulted their children.

Screaming and yelling at me and punching me in front of the kids. (Survivor 07)

One time he threw the air conditioner at my son when he was only a brand-new baby. (Survivor 21)

Animal Abuse

Abuse was also directed towards household pets—either by harming the animal directly or threatening to harm the animal.

He used to lock my cats in the basement, and he'd throw them against the wall and he'd kick them. You could hear them screaming through the vents. And my dog, she was only allowed to stay on her pillow. If she left, he beat her. Her ears were always back, and she released this high pitch squeal anytime he walked by her and he'd make a pretend gun and shoot her and say like, "I wish." (Survivor 22)

He threatened to kill an animal too, and in front of the kids. (Survivor 07)

Post-Separation Abuse

Several participants continued to experience abuse *after* separating from their partners, such as financial abuse.

After I left the home, that was when he started trying to financially abuse me. (Survivor 05)

When it ended, he was trying, he's a very controlling person and he would try to grasp on to any sort of control he could have. He would say he wasn't going to—because I was still staying in the house at that time—that he wasn't going to pay the mortgage. He wasn't gonna, you know, he wasn't going to give me money for my daughter. He wasn't going to pay for her daycare. (Survivor 01)

Other Forms of Abuse

Survivors also described instances of religious or spiritual abuse, the destruction of property, litigation abuse, and substance use coercion.

He used the church and my belief system against me. (Survivor 06)

He was throwing my belongings in the front yard that November. Like I had my drums and my, like ceremony stuff there too, and he knew how important it was to me and he didn't give a shit. He just threw it all outside. (Survivor 16)

He would force me to use crystal meth with him. If I didn't use it with him, he would punch me in the head. (Survivor 21)

Many participants reported experiencing several types of abuse simultaneously. Some also noted that their experiences of abuse escalated over time, slowly becoming more severe.

When we were living together, it was every form of abuse. So, it was physical, it was sexual, it was emotional, and it was psychological. (Survivor 07)

The violence became more and more escalating as time went on. (Survivor 13)

Experiences of Abuse during Lockdown

Survivors described the ways in which their experiences of IPV changed during lockdown or "stay at home" orders. This included increases in the frequency and severity of violence and new tactics of abuse. Survivors also compared their experiences of IPV during lockdown to the post-lockdown period.

Increases in the Frequency and Severity of IPV

Most survivors stated that the frequency and/or severity of the violence they experienced increased during the pandemic.

It was more frequent. (Survivor 06)

At the beginning of COVID, you know, he was still really abusive, like emotionally, mentally, and verbally at the beginning, but it wasn't as severe or as frequent. But by the end of it, by the end of things, it was every day, every single day. And every day it was worse than the previous day. (Survivor 20)

A few times that he would assault me it was more serious than it had been prior. Like he tried to throw me down the stairs one time, which he had never, he had never done before. [...] Yeah, during the lockdown that did increase in intensity. (Survivor 01)

Some survivors stated that the non-physical types of IPV they initially experienced in the relationship, such as emotional or psychological abuse, evolved into physical abuse, such as slapping and punching.

It went from a sharp tongue to a backhand. (Survivor 10)

Controlling behaviour and the very demeaning behaviour started within a couple of weeks of lockdown beginning. From then that's when he started drinking and that's when the physical violence and the forcefulness really took over, and at first it was, you know, it happened one time, second time when he'd sober up, he'd say he's sorry and this won't happen again. That quickly changed to him starting to drink every day and it just got worse and worse. It would start from a slap to a punch. Uh, not only my face—first it started with just around my body, like places that could be covered by clothing and then it started involving my face and, uh, he was very, very aggressive. (Survivor 13)

One survivor even stated that they experienced IPV for the first time in their 19-year relationship after lockdowns began.

We were together 18-19 years. There was no kind of violence whatsoever during that time, and as soon as COVID started, and the lockdown started, it went pretty much from 0-to-60 within a couple of weeks. It escalated from just a few, uh, bad things happening, to turned into within a few weeks to a month it was an everyday occurrence. (Survivor 13)

An increase in abuse towards children was noted as well.

Like even his abuse, not just towards me, but our daughter was getting worse. OK, for instance, one specific situation she accidentally spilled her dry cereal on the floor in her bedroom. And she went and got the broom herself and swept it up, got the mop. And I'm like, "baby girl, what are you doing?" And she's like, "don't tell daddy. Don't tell daddy." My daughter was so fucking scared, she was shaking, crying. (Survivor 20)

When survivors were asked *why* they thought IPV increased during lockdown, they cited multiple causes including increased alcohol and substance use, mental health issues, the impact of lockdown or "stay at home" orders and isolation, loss of income or financial challenges, stress, and the inability to rely on their usual support systems.

I think because of the increase of alcohol. And just not being able to go anywhere or like if I wanted a break I couldn't go to his family or that because my relationship with my family was bad. And also, with all the COVID restrictions and stuff. (Survivor 09)

I think part of it was being around each other all the time, but the majority of it was due to stress. We went from being a double income family, supporting three kids plus family not in Canada, his side of the family. So, we're trying to survive on the one income. He wasn't eligible for unemployment at the time. So, it was definitely one income, and the stress level was extremely high. (Survivor 13)

Interestingly, one survivor noted a *decrease* in violence during lockdown, which was attributed to living separately from their partner during this time.

I think because I lived at my friend's place, and I think because there was a lockdown, I think it protected me. (Survivor 05)

New Tactics of Abuse

Survivors described the ways in which perpetrators of IPV utilized the unique circumstances of the pandemic to exert further power and control in the relationship. This included using lockdown or "stay at home" orders to further isolate them, lying about available services, belittling or blaming them for contracting the COVID-19 virus, and destroying materials needed for work.

He just said you're stuck with me. He's like don't think of leaving me. Uhm, oh you can't go to shelters because they're closed due to COVID. Everything is closed. (Survivor 13)

My laptop and my cell phone [were destroyed]. I wasn't able to work for a good month. I actually had to pretty much get my work to buy me a laptop and then get money taken off of my paycheques to be able to work from home. (Survivor 13)

Yeah, he used it against me when I got COVID. He blamed me for getting COVID. (Survivor 16)

Post-Lockdown Experiences of IPV

When asked about how IPV changed after lockdown restrictions were lifted, survivors had varied experiences—with some stating that violence increased once again, and others stating that violence remained the same or decreased.

Believe it or not it started getting worse because I was able to, you know, go out and plus I was here in [name of city]. So, I was looking for a job and you know, looking into school and trying to get my support, my personal support set up right. [...] He had a tracking, like he had a tracker on my phone, so he always knew where I was. He always made sure that I had no money so I couldn't go and do anything else that I wasn't supposed to do. The verbal and mental, emotional, I mean it went to [new] heights. (Survivor 20)

Everything is pretty much the same because we've been locked down because like, even when everything was opened, we really didn't do anything because of our grandbaby, like we're trying to be proactive and not go anywhere. (Survivor 02)

It lessened because I was able to get away from him. So, it was all the hands-off sort of thing. Yeah, because I could leave. I could move around. I could get out of there. (Survivor 10)

Some survivors noted that the type of violence they experienced shifted once lockdown restrictions were lifted.

So, the violence kind of shifted from physical to more—because he knew at that point that the physical violence wasn't, like it wasn't going to change my mind—so he shifted to more financial control. Because he knew I was on limited funds at that time. (Survivor 01)

She just found different avenues to abuse me. It was more technological. Because she couldn't do it in person, so she resorted to social media platforms, to texting, to emailing me, to calling me in the middle of the night many, many times. (Survivor 05)

Many survivors stated that they chose to leave the relationship once lockdown restrictions were lifted.

I got away from him. (Survivor 11)

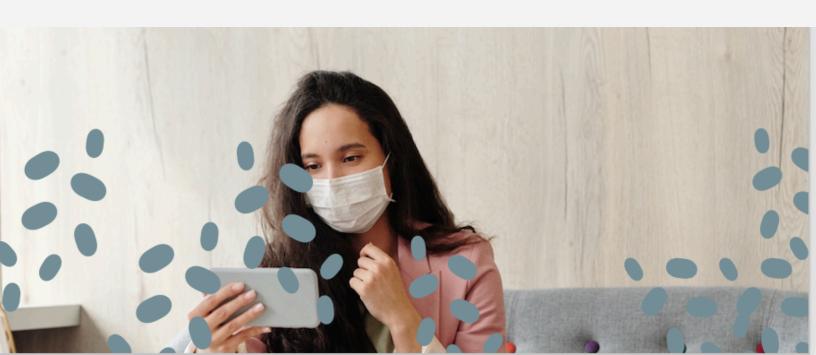
I left him before the lockdown was completely lifted. So as soon as I left him, I ceased all kind of contact and I changed my numbers. (Survivor 13)

Impacts of COVID-19

Survivors described how the pandemic impacted them and their families. Impacts included mental or physical health challenges, increased substance use, isolation, increased domestic labour, and changes in employment and finances. Other impacts on education, housing, and the length of their relationship were also noted. A select few described positive impacts, stating that the unique circumstances of the pandemic emboldened them to leave their relationship, invest in their wellbeing, and bring their family closer together.

Mental and Physical Health

Impacts to mental health because 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.



My mental health decreased severely, and for a while I felt completely mentally unstable. There was [sic] a couple times where I thought I should actually check myself into the psych ward to be reassessed. (Survivor 20)

For myself, it was extreme. Extreme anxiousness, depression. I also have PTSD, so that affected me very much. It was terrifying to hear about all the people dying, not knowing what was going on. (Survivor 06)

For some, the pandemic exacerbated pre-existing mental health challenges.

I already struggle with a few mental health issues, and I feel like COVID, especially at the beginning, negatively impacted it all. (Survivor 17)

I used to suffer from depression many years ago, and then I battled it and was able to be a functioning productive person again, and it just started everything into a whirlwind spiral. (Survivor 13)

One survivor also noted that the pandemic impacted their physical health by not being able to engage in physical activity.

I was like, used to be a very active person [...]. So, I kind of just like stopped engaging in physical activity, I guess. (Survivor 19)

Increased Substance Use

Survivors noted increases in substance use, such as alcohol or drugs, amongst perpetrators of IPV.

He started using meth. (Survivor 11)

He went from being a very, very occasional drinker, like once every couple of months, to drinking every second day, and then it was every day, and then I was almost constantly. (Survivor 13)

Her alcohol consumption increased quite a bit now that I think of it. (Survivor 18)

Some survivors also described increases in substance use amongst themselves *and* their partners. 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.

We were drinking a little bit more because there's nothing to do. Nothing is open. (Survivor 17)

Oh yeah, we drink a lot of wine. I think I did more than him because I tried to keep my anxiety down. (Survivor 10)

However, one survivor did note a decrease in their own substance use.

Like for myself yeah, there was a decrease. [...] I was using it as self, you know to self-medicate. So, I basically like, I don't touch pot anymore and that pretty much stopped as soon as I

left, and alcohol, I was drinking more when I was living with him. Yeah, and it's lessened. (Survivor 05)

Increased Time at Home and Isolation

The implementation of lockdown or "stay at home" orders resulted in survivors spending an increased amount of time isolated at home with their abuser.

There was nowhere for me to go. I couldn't go—I couldn't go out. I couldn't access resources. I couldn't go anywhere. I was locked in with him. (Survivor 06)

When it got too bad, I would just take off or whatever you call it. But when COVID hit it was really... I felt stuck. Literally stuck. I was locked up with this person. (Survivor 10)

As a result of being isolated with their abuser, many noted that their avenues for support were restricted—particularly avenues of informal support such as friends or family.

So, with the pandemic stuff going on, because I was listening to public health orders, I wasn't even allowed to see my support systems. (Survivor 07)

One survivor compared isolation during the pandemic to their experiences living in rural, remote, or Northern Indigenous communities.

It's like when you grow up on the reserve, like 'cause obviously those relationships like are happening on the reserve, and it's like when I think of like COVID, and I think of like reserve life, like they're exactly the same, you know. Like you can go out in your reserve, and you can like socialize and stuff but like you're completely isolated like from the rest of the world. Like I had made that transition in high school, and it was such a huge transition, and I feel like that's how I'm transitioning from being in COVID to being out of COVID, like it's just, almost a culture shock, like it's a whole new world all over again. (Survivor 19)

Employment and Finances

Survivors detailed the ways in which the pandemic impacted their employment, with some maintaining their normal work schedules (because of working in an essential service role) and others transitioning to fully remote or hybrid work positions.

I continued my work. I was doing like an essential worker [position], so I carried on with my regular work schedule. (Survivor 08)

I was in-between. I was working part-time in the office and part-time from home. (Survivor 13)

I was still working from home. And my work really accommodated me, where I had to go do home visits for families, like, I didn't have to do that no more it was all over the telephone or the computer. (Survivor 18)

However, job loss amongst survivors and perpetrators of IPV was described. One survivor identified this as a catalyst for the abuse she experienced.



I just happened to get that part-time job so, and I was making good money and stuff and then COVID happened, and I got laid off. (Survivor 20)

And within about a month and a half of, maybe about a month of him losing his job, that's when he started drinking heavily, and that's when the violence started. (Survivor 13)

Those that lost their jobs experienced financial stress as a result.

I got laid off. June, I think. And then I went, I was able to get on to disability. But disability didn't start until July or August, I think. So, I mean, yeah, I was definitely financially strapped. (Survivor 20)

Yeah, so like just like everything being shut down and like not being able to do what you're supposed to be doing. So financially, because like now I am on social assistance, which I haven't been on in years and then trying to live off of freaking like 700 bucks a month. So that alone is stress, you know. [...] So then more fighting starting because like, OK, well we're all trying to figure out OK, you have to pay this, and then so it's like a lot of financial strain and then a lot of arguments over it. (Survivor 02)

Domestic Labour (Cooking, Cleaning, and Caregiving)

Many survivors stated that the pandemic increased domestic labour, which refers to the unpaid labour associated with the household, such as cooking, cleaning, homeschooling children, and caring for children, family members, or others.

I had a number of elderly neighbours that I had started looking out for. My own family was all stuck at home. Uh, so it was an increase in you know, keeping everyone fed, keeping everything clean, keeping up with the chores, trying to keep the income coming in and dealing with what was the violence that was starting to happen. (Survivor 13)

I lived with him and his grandmother and his mom. So, like he had me do the house cleaning for them and the cooking. (Survivor 09)

I started staying home and the kids started staying home. So, I was like, looking after the kids, making sure, you know, encouraging them to do their homework, making sure they're not burning down the house, whatever. (Survivor 18)

Other Impacts

Survivors also noted that the pandemic had impacts on their education, housing, and length of the relationship.

Yeah, I was at school at the time, I was taking, I was going to Winnipeg Adult Ed and I was taking Drivers Ed and I was working on my math. I am one credit away from graduating, and then COVID happened and that's when everything got shut down. (Survivor 17)

That was when I got my own place. Uhm, I just finally moved in. (Survivor 03)

I had to take a pause on a lot of things because of COVID. I wouldn't say that like led me to that

relationship, but that definitely played a lot of factors and like how long I stayed in that relationship. (Survivor 19)

Positive Impacts

It is important to note that survivors also described positive impacts from the pandemic, including providing an opportunity to leave the relationship, bringing families together, and giving them time to invest in their wellbeing.

COVID was my way out. Yeah, he refuses to get vaccinated. And personally, I don't care if you do it one way or another. And I said, no, I'm vaccinated, and I am with my kids. (Survivor 10)

We came together and helping each other and taking care of each other. Because we've all pretty much taken turns being sick, so it helped. There's always someone to be able to clean and cook, right. So yeah, so it brought us closer together as a family actually. (Survivor 02)

I think even with the lockdown and COVID that was, it was beneficial for me in a sense that I was kind of forced to take care of myself and learn about myself and to better myself. Uhm, I went back to school. I got my driver's license and got my first car. I lost like 50 pounds through exercise. (Survivor 01)

Impacts of Abuse

Survivors also described the impacts of the abuse they experienced on mental and physical health, relationships, finances and housing, education and employment, and religion and spirituality. Impacts on custody and parenting, child wellbeing, social interactions, and lifestyle were also noted, along with some survivors who experienced positive impacts.

Mental and Physical Health

Survivors described a range of impacts relating to their mental and physical health and wellbeing, including:

- 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 trauma or "triggers" related to IPV experiences
- Resurfacing adverse childhood experiences (ACEs)

These impacts were described in multiple instances:



The depression, the PTSD, and the anxiety. I get severe stomach pains everywhere. I will get anxiety to the point where I am throwing up. I can't sleep. I've wrecked my teeth because I'm clenching my teeth. Uhm, I have jaw issues now where I have a plate so that I'm not clenching my teeth at night. I've ripped out my hair in the past. My hair is still continuing to fall out. (Survivor 07)

I can't trust anyone or if I do trust someone it's, I think I only have like two people I can fully trust with everything. And I wasn't sleeping for the longest time. (Survivor 22)

I felt a loss of identity. [...] It felt like I wasn't who I was anymore. (Survivor 01)

I guess I just felt like suicide would be my only way out at the time. (Survivor 19)

Currently things will arise in my new relationship that I feel trigger me. (Survivor 04)

Relationships

Many survivors stated that their relationships with friends, family, and children were damaged or broken because of being isolated by their abuser, withdrawing from those around them, or experiencing trust issues.

I was in lockdown with this man, but I did not see my daughter. My daughter is here in [name of city], my son is in [name of city]. I didn't physically see them. And, even when they tried to come and see me, my daughter, the daughter that I'm living with, she was like fuck this, fuck this COVID shit, I am coming to get my mom. And he would not let her in the door. He totally restricted the access. (Survivor 10)

I started losing my friends because [...] I was having trouble being authentic with my friends and my family because I feel ashamed to tell them what was going on. (Survivor 05)

A lot of my relationships are broken relationships now because I have a lot of trust issues too. (Survivor 07)

Some noted that they were able to re-establish damaged relationships after leaving their abusive partner.

As soon as I discovered everything and got back to my senses, I'm more closer to my friends now and family and they've been very supportive. (Survivor 15)

My mom and I, we were really close, like we've always been close. We're close again now, but at the time I didn't speak to her for a month, like she had no idea what was going on in my life or like in my relationship. (Survivor 19)

Three survivors also noted that their previous experiences of IPV made establishing new intimate relationships difficult.

I had a romantic relationship with this guy like just a few months ago, and I just ended things with him. And yeah, I don't know like I still have like really mixed and complicated feelings

around that, and I just feel like there's a lot I need to work through like trauma-wise that was caused by that relationship. (Survivor 19)

I also am not interested in dating anybody or even looking for anybody. That's how bad the relationship was. I don't have energy to be with anybody else. (Survivor 16)

I can't have an intimate relationship without shaking or hitting or screaming, getting scared. I can't have a normal relationship, my PTSD, I'll just start shaking or screaming. (Survivor 21)

Finances and Housing

Experiencing IPV also negatively impacted survivors' finances. Survivors described having their access to finances restricted, having their partners steal money from them, and shouldering an increased financial load in the relationship.

I'm currently rebuilding my credit because of the impact it took on me financially. (Survivor 04)

Three hours after my ex realized I left for good, he changed our bank account. Like when we got married, we needed a joint account to deposit cheques. So, we added him to my bank account, but he never added me to his. [...] The women's shelter asked me how much debt I was in, and I wanted to bring up the van to tell them and I went to log in, and he changed the password. So, I was completely locked out. [...] He left me with negative \$13.46. (Survivor 22)

Survivors also described being precariously housed because of abuse or having their housing situation jeopardized by their abuser. The financial impacts of abuse often impacted a survivor's ability to access housing.

I didn't have the money to move out, like to leave from staying with him. Uhm yeah, actually when I left I had, I went to a shelter 'cause I had no money, nowhere to go. (Survivor 20)

He's thrown things at me. He's punched holes in the walls. He's broken my door twice. And then had the audacity to lie and cover up to my landlord, and I had no choice because if I told the truth, I would have gotten kicked out. (Survivor 06)

One survivor also described feeling unsafe in their home, as their abusive partner knew where they lived and could access the home at any time.

I have severe anxiety to the point where I don't feel safe in my home because he can come here anytime. (Survivor 07)

Education and Employment

At times, the mental and emotional toll of IPV made it difficult for survivors to be fully engaged with work or school.

It would be like pretty hard some days to make it into work on time or if I was at work to be fully present. (Survivor 04)

I was a full-time student, and it was very disruptive in terms of like taking up my mental and

emotional space and energy. (Survivor 08)

Additionally, physical injuries made it difficult for survivors to attend work or school. However, the shift to working from home during the pandemic made it easier to mask physical injuries for one survivor.

When I had a broken nose, I couldn't go volunteering when I wanted because it was with youth. So, I had to... when I had the broken nose both my eyes were black, so I couldn't go in my volunteering stuff like that. (Survivor 17)

I was kind of forced to work from home because I had—would be bruised up, and obviously I'm not going into work with a black eye or marks on my face. (Survivor 13)

Religion and Spirituality

Perpetrators also diminished the religious or spiritual practices of survivors, which impacted the ways in which they connected to their faith.

I started working in her community, so I was really taking on like the ways of the community and the culture there. And so, I had come to embrace like a higher power and refer to them as creator. And I started practicing spiritual ways of healing or like to feel closer to creator. I started embracing all of like the Indigenous and traditional ways that I was learning through her and through my work and being in the community and whatnot. [...] I don't know what happened, but she would start saying things like, don't refer to creator as creator, like that's not your culture. You know stuff like that, so I didn't feel like it was safe to smudge around her for example, without receiving some sort of snarky comments or backlash for that. (Survivor 04)

However, survivors were also able to re-connect to their religious or spiritual practices to gain perspective on their IPV experiences and heal from trauma.

I'm a very spiritual person. And like a lot of things, a lot of good things happen to me at the right time. So, I find like spiritually, it has helped guide me in the right direction of where I needed to be. (Survivor 22)

I recently started reconnecting to my cultural roots. So, I go to sweats, I go to ceremonies, I Sundance. I found last year when I Sundance a big part of my healing while I was in my Lodge was trying to find a way to get over this relationship because I knew it wasn't healthy for me. Whereas my focus probably should have been on other things like my health, my family, my career, my own personal growth, but I found a big part of me when I was dancing was thinking about him, and how I can find the strength and the courage to finally get over this very toxic relationship. (Survivor 16)

Other Impacts

Survivors also described impacts on custody and parenting, child wellbeing, social interactions, and lifestyle.

He sent emails to my ex-husband, my daughter's dad. Uhm, I don't even know what he said in these emails, but it has caused alarms for CFS and so that's why my daughter was

taken away. (Survivor 12)

My son has seen so much that poor boy [upset]. My son has seen a lot and then when my son hears fighting or like just people joking around, 'cause he has two brothers now, like foster brothers, the foster mom told me he just puts his hands up and starts shaking and crying. (Survivor 21)

It limits kind of your social interactions. (Survivor 02)

Positive Impacts

Despite the noted 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 or unhealthy relationships.

It's made me more compassionate towards other people because I know that other people might be going through something behind closed doors. (Survivor 01)

I know what an unhealthy relationship is now. I know what the signs of abuse are now. I know what to look for in a healthy relationship. (Survivor 17)

Help-Seeking Experiences

Survivors described their experiences seeking help with both formal and informal supports during the COVID-19 pandemic, as well as their knowledge of open services and the utilization of pandemic financial supports.

Formal Supports

Survivors sought help from several types of formal supports during the COVID-19 pandemic, including:

- First responders (police or RCMP, fire, paramedic)
- Counsellors/therapists (including counselling or guidance from Indigenous Elders)
- Lawyers or Legal Aid
- Court systems
- Victim Services
- Healthcare providers
- Shelters
- Crisis lines
- Resource or wellness centres
- Support groups

Survivors had both positive and negative interactions with police, military police, or RCMP. Positive interactions included officers that de-escalated violent situations, connected survivors with resources and supports, and shared helpful information or advice.

Yeah, they were all like, great. They were only doing their job for me not to drive off. But they also gave me the card for the women's shelter like, "the phone number has all these things on it." So, they gave me that. They also, both times took my ex out of the house, so I did get that 24-hour window without him. (Survivor 22)

I'm happy that they came because they definitely de-escalated the situation at that time and like I did feel safer. (Survivor 04)

Each set of partners have been really supportive and like they hear this stuff all the time and the one officer's wife is a domestic assault counsellor. So, like he fully understood everything, and was able to give me good advice. (Survivor 14)

Conversely, negative interactions with police or RCMP were characterized by instances of belittling, name-calling, disrespect, and racism. Survivors also stated that police or RCMP did not take IPV seriously or provide them with resources or supports for IPV.

They didn't offer me any help, any resources, or support. They just shrugged it off as... oh well, it's another Aboriginal relationship dynamic or something. (Survivor 06)

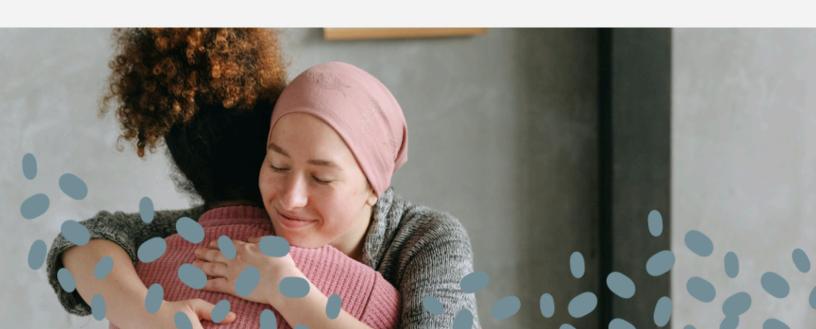
I had to basically beg for some decency. They didn't offer me anything. (Survivor 16)

The cops didn't see me as a person. They belittled me and degraded me. [...] They were calling names and I was like oh now you guys don't want to call me... they were calling me Miss [participant's last name] and I'm like now you guys want to call me Miss when you were just calling me a bitch and a cunt a while ago. Then they are like, oh no we would never do that. And then they made fun of my mug shot from before because I was unrecognizable, and they were calling me like an ogre. (Survivor 09)

When utilizing counselling or therapy services, survivors were able to talk through and understand their experiences with IPV, vent their frustrations, develop plans to leave their abusive relationship, and gain tools or skills for managing difficult situations.

And my counsellor, her name is [name of counselor]. [...] She's been my go-to for like 30 years. That lady was, she worked with abuse issues and in the end, she was the one that told me how to get out of this stuff and how to get away from him. (Survivor 10)

I was just able to talk things out and vent my frustrations with everything, especially because of the conspiracy theorist, non-vax that I have. And come up with ideas and suggestions on how to deal things with the kids and how to respond to him or not respond to him in an appropriate manner that would keep my anxiety in check. (Survivor 07)



Those who had negative experiences with counsellors or therapists stated that they had a difficult time reaching these services, which were increasingly busy during the pandemic. Some also did not have safe spaces to participate in online counselling or therapy sessions.

Because when I was trying to set up appointments with my therapist like sometimes, she didn't even message me back. [...] And she even said in one of her responses like, I'm so sorry things have just gotten way busier for me since the pandemic began. And it's to the point now where I don't even work with her anymore. (Survivor 04)

My therapist, I couldn't see her in person. [...] I just feel like I didn't have that safe space to share what I really needed to share. [...] I had to be very like, discreet, because I didn't want my daughter hearing and sitting in my car, finding a safe place to park because I'd be crying on the phone. (Survivor 16)

One survivor also stated that their abusive partner was able to manipulate the counsellor that they accessed together, resulting in a negative and unhelpful experience.

He manipulated the counsellor so badly that he said this really horrible comment that sent me off the deep end and the counsellor pretty much ganged up on me with him. [...] I was telling him all the red flags and he just didn't pick up on any of them and I was essentially like discreetly trying to ask for help and he just ignored them all. (Survivor 14)

Survivors noted difficulty acquiring legal representation that understood the nuances of cases involving IPV—specifically when utilizing Legal Aid services. Frustration with the long and drawn-out nature of court proceedings was also expressed.

I did reach out to Legal Aid to try and do my family custody stuff and my Protection Order through Legal Aid. Both my lawyers, I'm sorry for my French, but they were complete bitches and not helpful at all, and [laughs] I'm going to be making a huge formal complaint to Legal Aid. [...] Even being a person of abuse, Legal Aid is not educated at all. They have no sympathy, they don't care. (Survivor 14)

I don't want to say negative, but I'm also very frustrated with how slow it is because we're going on eight months now and I haven't stepped foot in the courtroom with my affidavit. The judge hasn't even read my side of the story yet. They only have on some psycho who's going to kill our kid. That's all. And my lawyer is not pushing to say I need an emergency court hearing because this is not okay. (Survivor 22)

Several survivors were involved in the court system to obtain Protection Orders or no contact orders. Most were able to successfully obtain these orders.

The woman who gave me the restraining order to fill out, like that was, she was helpful. I guess in me filling it out and I know not everyone has the same experience but because of the nature of the violence and the threats, it was approved right away. (Survivor 19)

She ruled in my favour and said, I'm granting you a three-year protection order effective immediately. (Survivor 06)

When I went and presented my case to the judge, that was one of the most validating experiences that I just, I broke down crying. I didn't think I was going to get it because again, I always had in my mind that I was overly sensitive and dramatic. [...] And at the end of it she goes OK, so I'm going to read to you what domestic violence and she goes physical violence... duh, duh, duh... and then she goes on the ground of physical violence I'm going to be granting you this protection order. (Survivor 05)

Although one survivor stated that it took the courts almost a full week to serve their ex-partner, which could have jeopardized her safety.

It took them six days to serve him. And I was told that it would be within 48 hours. [...] I've been walking around, all willy nilly, not carrying my brick and my pepper spray like you know, thinking that he's been served and he hasn't been. I didn't like that at all. Like six days is a lot and what if he had found out through the grapevine that I had gone to the court to get one, and he hadn't been served yet. Well, then he can do whatever he wants. (Survivor 05)

Other survivors experienced Protection Order breaches.

He had breached the restraining order I think like seven times, or I had reported it seven times. And there's times where he messaged my mom. There's times where he had messaged my friends like threatening them or threatening me through them. (Survivor 19)

OK here it is, she said he was served, I believe it was the night after I went to court. So, it was done fairly quickly, which I'm relieved. That didn't stop him though. (Survivor 06)

However, despite having visible injuries from the abuse they endured during their Protection Order hearing, one survivor was denied a Protection Order.

I had actually shown up in court with a bruised face. I had a black eye, and I had some marks on my face and neck, and Protection Order was not even issued, and I pretty much collapsed on the floor in front of the judge and there was like no compassion at all. (Survivor 13)

Survivors specifically discussed the need to provide more information on non-physical types of abuse (particularly emotional or psychological abuse) on Protection Order applications, and for Protection Order proceedings to acknowledge the harms of non-physical abuse.

The application form is interesting. I feel like it could be updated a little bit. In my opinion it should have a companion document that goes into more detail about what non-physical domestic violence is. (Survivor 05)

Psychological abuse is just so not recognized, it's, you know, I need to file a protection order and they go OK, when was the last time he hit you? And I was like I already lost 'cause there wasn't like a finger of physical abuse. I had a really hard time, and even then it was only granted for 90 days 'cause I guess I'm being told that the judge did—wasn't convinced that there was actual abuse happening. (Survivor 14)

Survivors also noted that court proceedings were inaccessible and retraumatizing.

It's just I guess having to go downtown, find parking. You already don't have money for parking 12 hours—like \$12.00 for four hours. It's ridiculous, like you know, and then you also have your, if you're on maternity leave you also have your little baby and then you have to bring the stroller and then you have to walk like all these blocks from wherever you find a parking spot. (Survivor 14)

Any kind of trial with a victim or survivor is that we are retraumatized every time we have to do this. (Survivor 05)

Experiences with Victim Services were largely positive—although some stated that they were not able to find the support they needed.

The lady, I can't remember her name right now, but she was very knowledgeable. She kept on top of things, like she called me to inform me of the court case and everything and she sent the papers to me in the mail. (Survivor 12)

They were very helpful. Just reassuring me that I'm doing the right thing because that's what I needed to hear. (Survivor 16)

Well at first I felt like, you know, kind of comforted by it, because it's like cool my file got passed on to someone else and it was a woman and she seemed a lot more, I don't know, sympathetic or something, but I told her like all my concerns and kind of what I needed help with and then I never heard from anyone ever again. (Survivor 04)

Shelters were helpful in providing survivors with a safe space from violence and assisting in accessing necessary services such as financial aid, housing, and counselling.

During intake, they get everything set up. So, because I had kids, they knew that I'm going to need Legal Aid because I don't have money. So, they got the forms for Legal Aid and they give you a bunch of rental applications for like cheap rent. And I got into Manitoba Housing, but that was because of the shelter. (Survivor 22)

Just the support, since I never had actual support like that from my family or friends, like with them shaming me and judging me for being in the relationship. I had someone to listen, I had a counsellor. I have talked to them like every day for three months. (Survivor 09)

It was helpful for the time being, so I was able to have some time by myself in a safe space. (Survivor 06)

However, several survivors stated that shelters were full, and therefore inaccessible, during the pandemic.

I phoned [name of two shelters] but they were full. (Survivor 10)

I tried to come try to find a place. So, a shelter to go into and there were no available beds. (Survivor 02)

Well, there was a time there when I was trying to get into a men's shelter, but they were already

full and they said they had a waiting list. (Survivor 18)

Those who accessed crisis lines (for either suicide or IPV services) stated that these services helped to provide them with support and guidance, calm anxiety, and validate their experiences. Additionally, being able to access lines at any time (day or night) was helpful.

The good thing was that I felt absolutely validated. I felt like I'm not being a drama queen. And just the availability. [...] I could call them right away. And it was just nice to know that they were there. (Survivor 05)

They brought down my anxiety, I got to tell them what was bothering me. And they just listened, and they gave me pointers or helped me see it in a different way, and usually calmed me down. (Survivor 22)

Just like having someone else to talk to, I guess like other than friends and family like my mom was like pretty supportive. [...] So, they definitely like listened and they gave the advice that I was looking for. (Survivor 19)

However, some noted that these services were not helpful and difficult to access (particularly if they were isolating at home with their abuser). Additionally, one survivor felt judged when they attempted to access the crisis line.

I only tried once, and it wasn't really very good. Uhm, I couldn't really talk because I had him in the house, and he was following me around like I couldn't find any privacy to be able to explain what was going on. So, it was, it just wasn't, it didn't turn out to be a good situation for me. (Survivor 13)

I felt like they were being judgmental and making fun of me in some of my answers just by their choice of words and how their tones were going. So, I didn't find it very useful. I also, from working at [name of mental health service centre], I know that the people that I did work with there used to make fun of the clients and talk bad about them behind their backs when they were in the clinic rooms. (Survivor 14)

Survivors also stated that COVID-19 restrictions made it difficult to access wellness or resource centres and support groups.

Informal Supports

Survivors also sought help from their informal support systems, such as friends and family, during the COVID-19 pandemic.

My friends and family. I had to open up with everything going on. They were really shocked and talking to them eased off a lot on me. (Survivor 15)

I told my mom, my sister, because I know they will support me. Yeah, so and I did reach out for help because I knew I couldn't do it on my own. (Survivor 06)

My family and friends know exactly what's going on with everything. Now I have a huge



support group now that actually believe me and what I suffered with him and continued to suffer with him. I have friends that will say, "if you need me, I will drop everything and get there right away, OK?" (Survivor 07)

Survivors stated that friends and family specifically expressed concern about their abusive relationship, gave them safe places to stay, aided them in leaving the relationship, and connected them with formal sources of support, such as shelters.

My friends—I had 12 people approach me, told me I'm in an abusive marriage and I need to get out and they'll support me. (Survivor 22)

Once I had left, I went to my parents, and I live with my parents now. (Survivor 11)

And then, it's kind of funny, it was his cousin who told me about the woman's shelter in [name of city], [name of shelter]. (Survivor 09)

I told my closest cousin. I told her just because she knew of my parents' background with the violence and she's also a psych health nurse and I kind of felt almost, at the moment, lost and confused, I felt myself definitely starting to spiral [...] and then I started to tell a couple of very close friends. [...] That's when we all kind of came up with the plans to get out. (Survivor 13)

I finally spoke to a friend of mine and she had actually gone through something similar. She knew exactly what to do, how to go about it, she knew the whole process and she stepped up and said, "I can go with you to the law courts" and I was like "holy shit, really?" She said, "yeah, nobody should have to do this by themselves." (Survivor 06)

In addition to family and friends, survivors also identified colleagues, spiritual or community leaders, and new intimate partners as informal sources of support.

Knowledge of Open Services

When asked if they had any knowledge of open services during lockdown, many survivors stated that they were not aware of any services that were available to them.

During COVID, like I didn't really know any resources. (Survivor 11)

There wasn't much information about services available. (Survivor 16)

I didn't find out about services until I got in touch with Victim Services through the RCMP in March, like a couple months later. (Survivor 12)

Those that were knowledgeable about open services attributed this knowledge to work-related experience, education or training, previous awareness or exposure to these services, and online research.

I knew during the pandemic that some agencies were still operating. I think that's just 'cause I was already pretty knowledgeable in the area of social services and what was available and out there. (Survivor 01)

Yeah, I've always known about the services. (Survivor 02)

I did my own research. (Survivor 06)

Pandemic Financial Supports

Some survivors also accessed financial supports available through the Government of Canada during the COVID-19 pandemic—namely the Canada Emergency Response Benefit (CERB), which was designed to provide financial support to Canadians who had their employment directly impacted by COVID-19. Several survivors received CERB and stated that the program was accessible and easy to navigate.

And they gave me CERB. It was so easy. You know, it's a very easy application to... I don't know if you've ever applied for. It's not hard. It's online. Enter your date, the last day at work, and all that kind of thing. I did all that. They sent me \$1,500 a week later. (Survivor 18)

However, CERB could also be used as a tactic of abuse, as described by one survivor.

My kid's dad forced me to apply for the CERB. [...] My kid's dad forced me to do it, and his sister and him took advantage of me, and when I would—they got me all fucked up on zanny [Xanax] bars and forced me to. They took my SIN number, made a fake account, and they racked me up \$8000. (Survivor 21)

There were also many survivors who applied for the program who were not eligible, which resulted in being denied the benefit or receiving the benefit and having to pay back the amount during tax season.

We did have to pay guite a few thousand back that tax year. (Survivor 22)

Child and Family Services Involvement

Some survivors shared their experiences with CFS involvement during the pandemic. These experiences were largely negative, as many felt that their children's needs were not truly recognized by the agency and that family reunification under current CFS practices was exceedingly difficult. Survivors also experienced instances of racism and victim-blaming.

There's no protection or anything else like that with them. My 16-year-old child, so born female nonbinary, cannot come out to dad at all. [...] And the judge just dismissed that too, as well, saying well Dad wants—because they cannot come out to their dad—to do week on, week off. Because it's in the best interest of the child. And I'm sitting there going you have a nonbinary kid that cannot come out to their dad that has written you a letter saying they do not want to spend time with their dad, has made them feel so bad with psychological abuse and has been physically abused at your house. (Survivor 07)

I think my hardest part was I had my son home for three months and then CFS took him, and I think that was the hardest thing 'cause CFS is sitting here like, "you're a really bad mom and nothing you can do will make you better", and that's what he said to me straight out. (Survivor 11)



CFS, I feel like they were pretty racist as well. (Survivor 21)

The pandemic added further complexity to CFS involvement, as completing required programming was difficult due to COVID-19 related reductions or closures in services. This further prolonged family separations.

CFS is requiring domestic violence counselling or program and there was nothing like it was so hard to find programming and so I phoned [name of agency], I was put on the wait list for like three months, and then I finally got to talk to someone in the beginning of May. (Survivor 11)

One survivor also stated that CFS involvement increased during the pandemic.

They came to the house more often. They would come and do random checks on me. Because of my son [name of child]. They would show up unexpectedly and they would constantly check that I was making sure that [name of child] had been checked up for all these appointments, which he was always checked. They would, I think they use that just as to get access into my home quicker to my son. (Survivor 21)

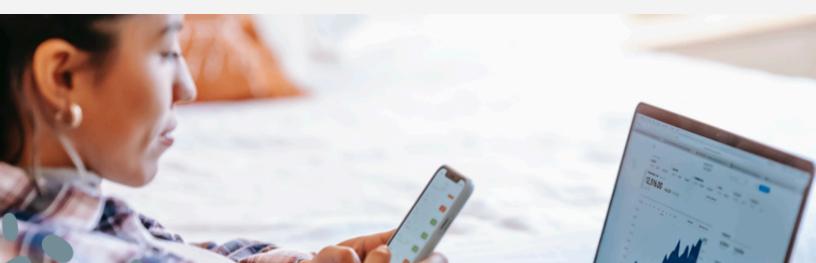
However, two survivors shared positive experiences with CFS, citing a good relationship with their caseworker and the fact that their child was separated from their violent father as reasoning.

CFS is currently involved in my case right now, just because the military police contacted CFS when the first domestic call was made. [...] Yeah, like the caseworker who I was working with in [name of location], I would just message her. We had a really good relationship to try and get it resolved. (Survivor 22)

I heard a knock on my door and all of a sudden the police had my door down. There were seven cops and two workers when they took my son away from me, apprehended my son out of my care, and I'm happy they did that. That was the best day of my life. I feel like they did the right thing for my kid. (Survivor 21)

Barriers to Seeking Help

Barriers to seeking help included pandemic-related barriers, accessibility issues, mental or physical health challenges, shame, stigma, or discrimination, and abuse-related challenges. Other barriers such as difficulty finding childcare, not wanting to take children to a shelter, people viewing their abuser favourably, a lack of resources for diverse communities, and work or school commitments were also noted.



Pandemic-Related Barriers

Survivors described several barriers related to the unique circumstances of the pandemic, including:

- Overwhelmed services
- Confusion surrounding the availability of services and a lack of information surrounding services (including the presumption that services were closed)
- Lack of access to internet and technology (for accessing online services) and difficulty navigating online services
- Fears of contracting the COVID-19 virus
- The impact of lockdown on isolation and a lack of privacy

These barriers were described on several occasions:

I knew some of the services, but I didn't know that they would be open. (Survivor 14)

For people that don't know anything about online shit, it makes it harder and more stressful and frustrating to navigate. (Survivor 06)

I didn't want to get sick. (Survivor 17)

For me it was just having that privacy to talk about it. Because whenever I was on my phone or talking to someone on my phone, he was like who is that? Or even if I was on my phone, he would always be like if you are always on your phone, who are you talking to now? So that was a barrier. And the physical barriers as well, I had no privacy whatsoever because I was just at his home. (Survivor 09)

Survivors also stated that the pandemic generally added another layer of complexity to the help-seeking process.

COVID just exacerbated the situation because I thought oh my god, it's COVID, everything shut down, how am I going to get help? How am I going to get into rehab or access resources? How am I going to get into a shelter? You know? What about housing? Like it was just like all of it all at once. (Survivor 06)

Accessibility Issues

There were several reasons why services were inaccessible to survivors, including:

- Financial challenges or costs
- Long wait-lists
- Lack of transportation
- Lack of internet or access to technology (for virtual access)
- Geographic isolation (for those in rural, remote, or Northern communities)

These issues were described on several occasions:

Financial issues, so paying for counselling. And the wait times to get into a counsellor. So, the anxiety increased with all of the COVID-19 stuff. I had to pay for my counsellor because we have all this stuff with my ex and she just kept on saying, "I'm sorry I don't have time this week." (Survivor 07)

I didn't have a vehicle. He had the vehicle and then because he said he bought it, it was for his use only. (Survivor 09)

Some people don't have access to iPhones and computers. So that's another barrier. (Survivor 06)

Just my geographic area. Just the isolation made it difficult. (Survivor 09)

Abuse-Related Challenges

Barriers specific to the abuse that survivors experienced also arose, including fears of retaliation if they sought help, safety concerns, and services not recognizing non-physical types of abuse.

Yeah, like I worry too. If he was to actually contact my work, what are they gonna think of me or what's gonna happen with my career? Because he got so spinny and so bizarre I'm like, is he gonna fabricate some stories here because it's really going to jeopardize my situation if he does. (Survivor 16)

Psychological abuse is just so not recognized, it's, you know, I need to file a protection order and they go "OK, when was the last time he hit you?" And I was like I already lost 'cause there wasn't like a finger of physical abuse. (Survivor 14)

Some survivors also stated that being exposed to violence in childhood left them vulnerable to experiencing IPV later in life. Being involved in intergenerational cycles of violence made it difficult to identify unhealthy relationship patterns and seek help for these experiences.

I guess like just growing up, like a lot of ugly stuff happens in the reserve and my dad, he was in jail for four years and he got out just before my relationship with this individual started and my parents had like a really abusive relationship. My mom continued having abusive relationships throughout my life. So, I guess I never really like witnessed what a healthy relationship looks like. (Survivor 19)

I've been abused all my life, like my stepdad sexually abused me when I was five. [...] My sister also sexually abused me when I was a kid and my cousin and at the age of 18 I was forced into human trafficking until I was 24, 23-1/2 I mean. (Survivor 21)

Mental and Physical Health Challenges

Experiencing mental or physical health challenges also made it difficult for survivors to seek help.

My depression wound up going, like getting really bad. Up to the point that I would pretty much like stay in bed all day when I was able to. (Survivor 13)

My head injury that's, that was kind of a big one. [...] I also have a poor concept of time because I don't have the constant memory. So, one week could feel like a whole month to me, could feel like a week or vice versa, like it's really only been two days, but for me it feels like it's been a week and a half kind of a thing. So even if I was, like I need to go get help tomorrow, and I'm like oh I'll do it tomorrow and then it's been a month and I don't know where that

month is going kind of. So, that's been a huge challenge in trying to get help because when people are like, "well you tried to get help this day, but then we waited two months." (Survivor 14)

Shame, Stigma, and Discrimination

Feelings of shame, stigma, or discrimination also impeded survivors from accessing the help they needed.

The shame was definitely the biggest barrier I had with respect to seeking help, connection, telling people what's going on in my life, like shame was the most debilitating emotion. (Survivor 05)

I think it was more the stigma and the shame of it and people looking at you differently because you're going through that kind of stuff. (Survivor 18)

Other Barriers

Survivors also described other barriers including difficulty finding childcare, not wanting to take children to a shelter, people viewing their abuser favourably, a lack of resources for diverse communities, and work or school commitments.

Um, mostly just around the childcare. [...] A woman like me, isn't gonna go get help for herself if her baby can't be included. (Survivor 14)

I didn't want my daughter to be living in, you know, a shelter with other random people because she had grown up in her own house. Like we had our own house. It was her house. I just wanted her to stay in her own space. (Survivor 01)

Probably a lack of resources for same-sex couples. Most domestic violence shelters only cater to men and women relationships. That's probably why I don't feel comfortable reaching out for help at all or counselling for anything. (Survivor 17)

I was just so busy and working in public health, I felt like I'd be letting the communities down if I took a leave of absence. (Survivor 05)

ONLINE SURVEY FINDINGS



The online survey asked service providers about the experiences of IPV survivors during the COVID-19 pandemic, including changes or trends in IPV during this time and barriers to help-seeking. Service providers were also asked about service provision during the COVID-19

pandemic, including changes in service provision, collaboration, workplace readiness, the needs of survivors during the pandemic, and personal impacts. For certain questions in the survey respondents were asked to select-all-that-apply, therefore totals may exceed 100%.

Participant Demographics

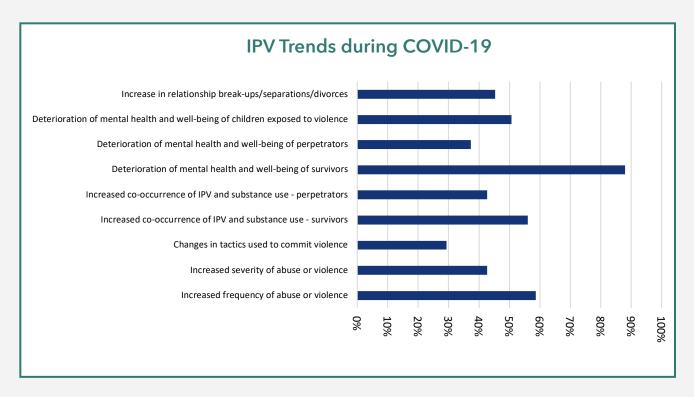
The online survey was completed by 75 service providers across Manitoba. Survey respondents identified as women (n = 71 or 94.7%), men (n = five or 6.7%), nonbinary (n = three or 4%), Two Spirit (n = three or 4%), transgender (n = two or 2.7%), and agender (n = two or 2.7%). Most worked in an urban community 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%). Regarding educational background, respondents had obtained a high school diploma or equivalent (n = eight or 10.7%), university graduate degree (n = 10 or 13.3%), technical or applied college diploma (n = 25 or 33.3%), university bachelor's degree (n = 30 or 40%) or other (n = two or 2.7%).

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 positions (n = 14 or 18.7%) and other (n = eight or 10.7%). When asked which populations service providers primarily work with, most stated that they 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%).

Most respondents characterized their employment as full-time (n = 61 or 81.3%), followed by part-time (n = 12 or 16%), and casual (n = two or 2.7%). Additionally, respondents had worked in their roles for varying lengths of time, with half being in their role for less than one year (n = 19 or 25.3%) or one to two years (n = 19 or 25.3%). Others cited three to four years (n = 15 or 20%), five to ten years (n = 11 or 14.7%), and over 10 years (n = 11 or 14.7%).

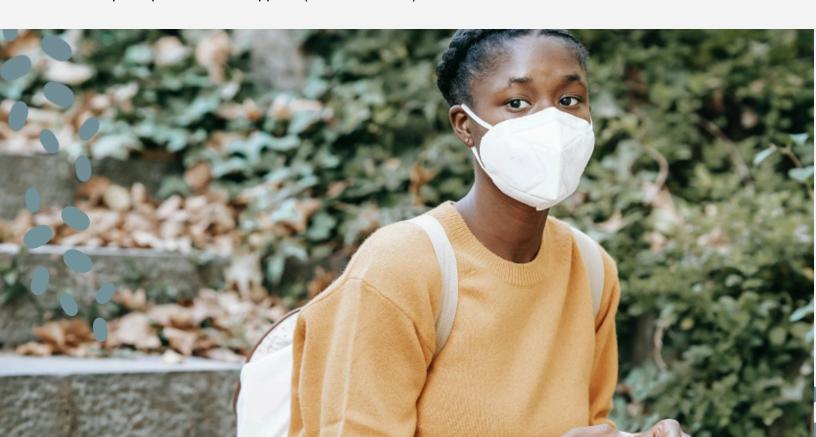
Experiences of IPV during COVID-19

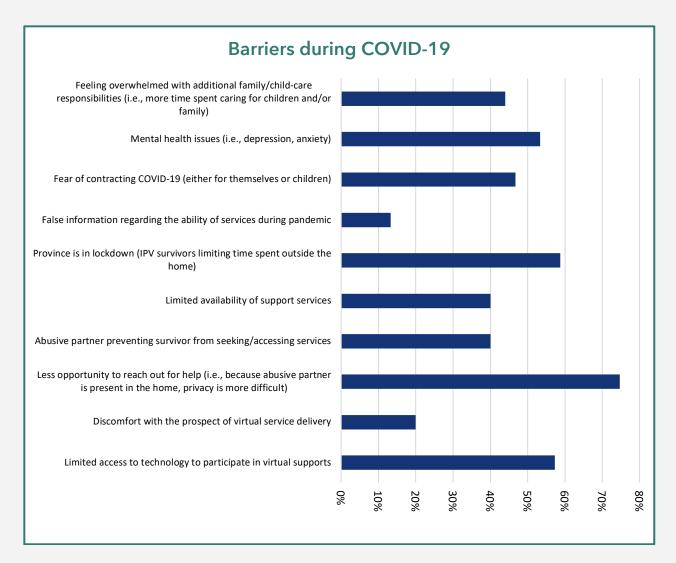
Respondents were asked to identify the trends they observed amongst service users experiencing IPV during the COVID-19 pandemic. An overwhelming majority of respondents noted a deterioration in the mental health and well-being of survivors (n = 66 or 88%), as well as their children (n = 38 or 50.7%). Respondents also reported increases in the frequency of IPV (n = 44 or 58.7%), and severity of IPV (n = 32 or 42.7%). Also of note was the increased co-occurrence of IPV and substance use amongst survivors (n = 42 or 56%)—which was noted as higher than perpetrator substance use.



When asked if survivors were more hesitant to seek out or disclose IPV to formal supports since the start of the pandemic, over half of respondents agreed (n = 43 or 57.3%), while one-third of respondents didn't know (n = 26 or 34.7%) and the remaining disagreed (n = 8).

Respondents were also asked to identify what they believed to be the most significant barriers to help-seeking during the COVID-19 lockdowns. The most selected responses 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%).

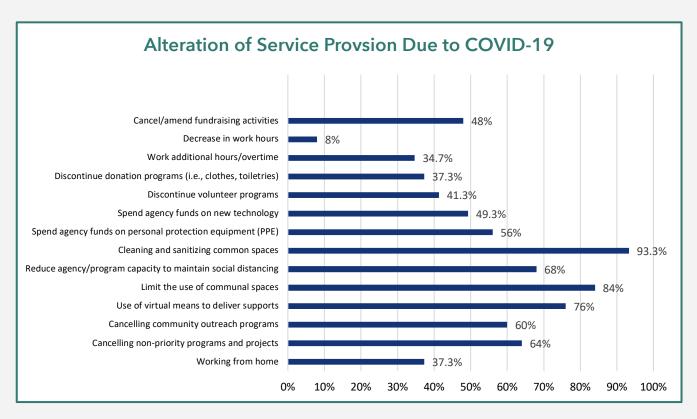




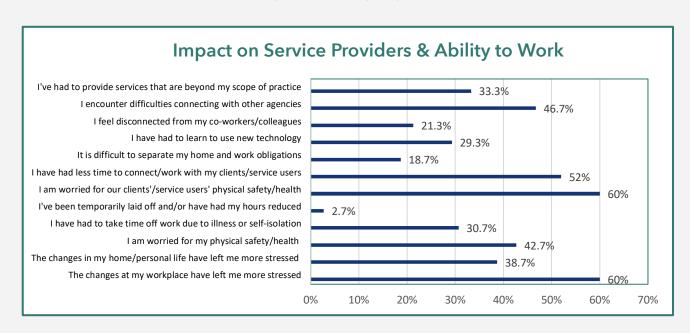
Respondents were also asked if there was any other information they would like to add regarding survivor experiences of IPV during the COVID-19 pandemic. Many reported that public health restrictions, such as requirements to mask and limited ability to leave or go on outings, presented barriers for accessing services. Services that had limited hours or closed completely during the pandemic were difficult for survivors to access and created confusion around the availability of services. Additionally, service providers noted that survivors felt overwhelmed with their responsibilities towards family, friends, and children and that public health orders often created excess stress and uncertainty for survivors as they often contradicted legal parenting agreements. Finally, it was mentioned that COVID-19 made the limited services for marginalized communities almost completely inaccessible.

Service Provision during COVID-19

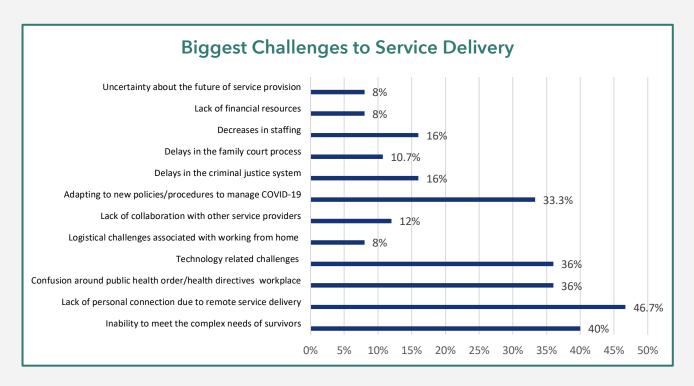
Respondents selected the ways in which their workplace altered service delivery within the context of COVID-19. Almost all said that regular and increased cleaning and sanitizing of common spaces was the most common change to service provision (n = 70 or 93.3%). This was followed by limiting the use of communal spaces (n = 63 or 84%) and the use of virtual means to deliver supports (n = 57 or 76%).



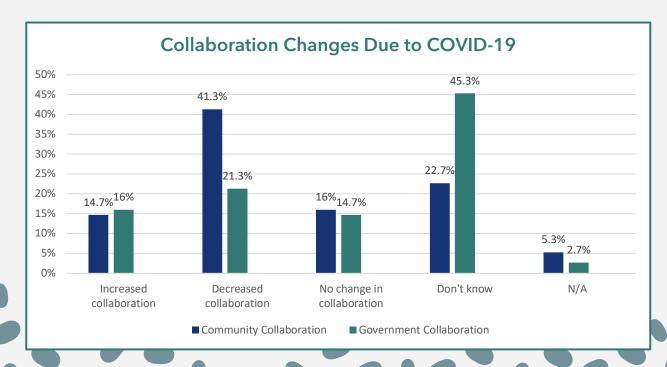
Respondents were then asked how these changes to service provision affected their ability to work. Over half reported an increase in stress levels and feelings of being overwhelmed (n = 45 or 60%). Alongside increased stress levels, service providers reported worry for service users' physical health 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 as well was the incredibly low number of service providers (n = two or 2.7%) who had their workload reduced in some capacity, either through layoffs or reduced hours.



When respondents were asked to choose their top challenges to service delivery within the context of COVID-19, almost half cited a lack of personal connection due to remote service delivery (n = 35 or 46.7%), followed by the inability to meet the complex needs of survivors (n = 30 or 40%). Technology-related challenges and confusion around public health orders in the workplace were also tied for the third largest challenge (n = 27 or 36%). One respondent specifically described the difficulty of providing trauma-informed and culturally relevant services when public health orders often demanded the opposite to protect the physical safety of service providers and clients.



Collaboration with government and community agencies during the COVID-19 pandemic was also discussed. Almost half of respondents did not know how collaboration with government agencies had changed (n = 34 or 45.3%), while 21.3% (n = 16) stated that collaboration had decreased.

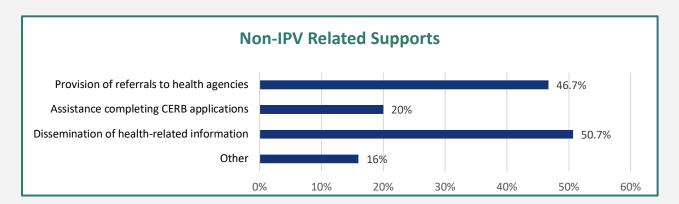


Respondents were also asked if their agency had changed the way it advertised services since the beginning of the COVID-19 pandemic. Over half (n = 41 or 54.7%) reported that their agency had changed the way it advertised, while 30.7% (n = 23) stated they hadn't and 14.7% (n = 11) stated they didn't know.

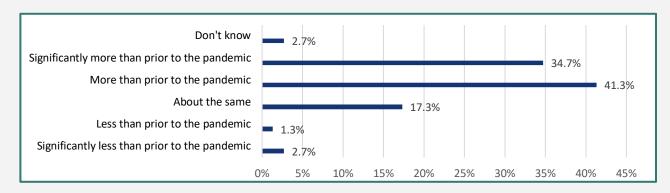
Service providers then described how advertising changed. Four major themes emerged from these open-ended responses:

- 1. An increase in the usage of social media and online platforms (for both advertising and getting the word out about available services and pandemic responses).
- 2. Utilizing a variety of mediums to advertise (including radio, video, e-mail, television, local papers, community bulletin boards, and other community organizations).
- **3.** A shift in advertising focus (to communicate changes in safety protocol, such as the requirement to self-isolate before receiving full access to services).
- **4.** A decrease in certain forms of advertising (including live events, in physical spaces, and person-to-person contact).

Service providers were also asked if they provided support in areas not specifically related to IPV. About half of respondents disseminated health-related information (n = 38 or 50.7%) and provided referrals to health agencies (n = 35 or 46.7%). One respondent reported that their agency provided assistance "for all sorts of things regardless of COVID."



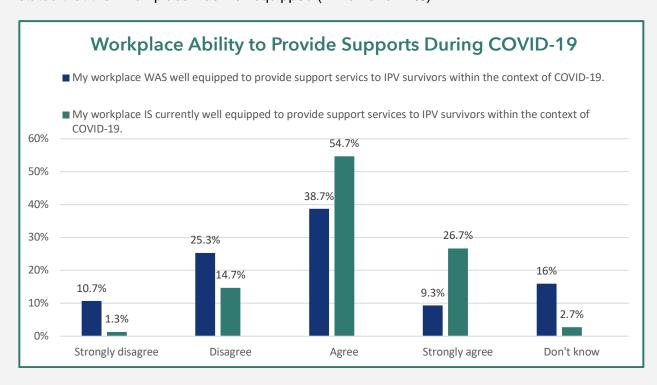
When service providers were asked to compare their work-related stress levels prior to the pandemic with their current work-related stress levels, they answered the following:



Of note, 41.3% (n = 31) reported that they experienced more stress during the pandemic, while

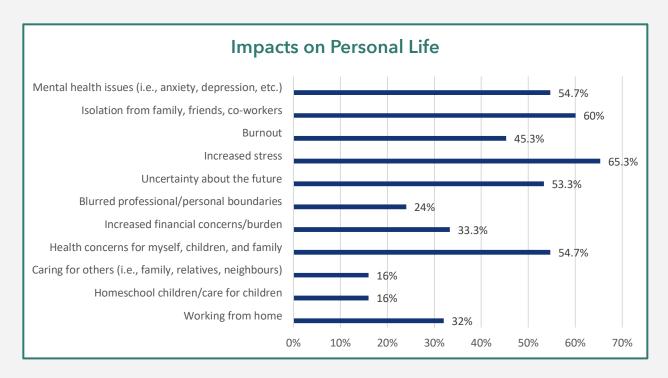
34.7% (n = 26) reported significantly more stress during the pandemic. This means that overall, 76% of respondents reported an increase in work-related stress levels because of COVID-19.

Respondents were then asked to rate their workplace readiness to provide services in the context of COVID-19 at the beginning of the pandemic, and currently. About one-third reported that their workplace was not well equipped at the beginning of the pandemic (n = 27 or 36%). However, when discussing current workplace readiness, a significant portion of respondents stated that their workplace was well equipped (n = 61 or 81.4%).

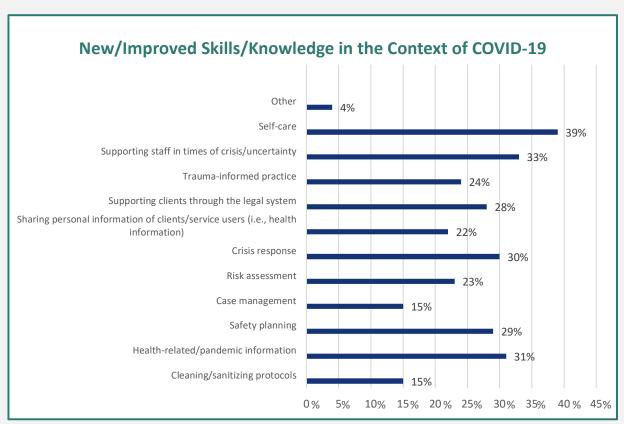


When respondents were asked how COVID-19 impacted their personal life, and in turn, their ability to do their work, they reported that increased stress was the most frequent impact (n = 49 or 65.3%). Over half of respondents reported that isolation from their family, friends, and coworkers impacted their ability to do their work (n = 45 or 60%), as well as health concerns and issues, both mental and physical (n = 41 or 54.7%).

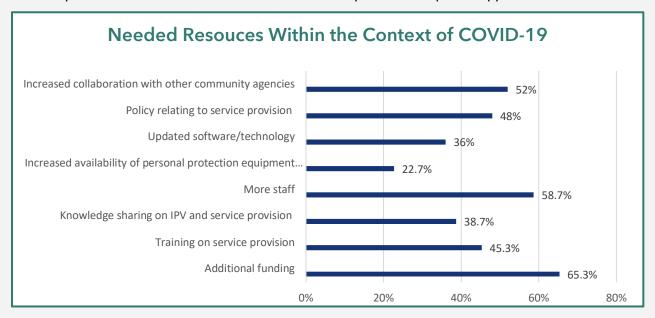




When respondents were asked to select options that would be helpful in gaining new or increased knowledge and skills to be more effective at their roles within the context of COVID-19, half reported that increasing knowledge and skills around self-care would be most useful to them (n = 39 or 52%).



Service providers identified the resources needed to provide adequate support to survivors



within the context of pandemics (such as COVID-19). The most selected choice was additional funding (n = 49 or 65.3%), followed by more staff (n = 44 or 58.7%). Just over half noted that an increase in collaboration with other community agencies is also needed to provide adequate support for IPV survivors (n = 39 or 52%).

Finally, service providers were asked to share additional information about their experiences providing services to IPV survivors within the context of the COVID-19 pandemic. Three major themes emerged from these open-ended responses:

- 1. An increase in personal stress, isolation, and crisis during the pandemic.
- 2. Increased demand and challenges for IPV services.
- 3. Increased barriers to help-seeking for IPV survivors.

STUDY FINDINGS: FOLLOW-UP INTERVIEWS WITH SERVICE PROVIDERS



Survey respondents were invited to participate in a follow-up interview. Interviews with nine service providers were conducted. Interviews discussed experiences of IPV during the pandemic, co-occurring issues amongst survivors of IPV (including mental health challenges,

substance use, and food insecurity), the impacts of experiencing IPV, barriers to seeking help during the pandemic, service provision during the pandemic, and the personal impact of the pandemic on service providers.

Participant Demographics

Interviews were conducted with nine service providers across Manitoba. Over half (n = five or 55.6%) worked in urban communities or large cities, and the remaining (n = four or 44.4%) worked in rural, remote, or Northern areas.

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 their current roles ranged from six months to 26 years.

Experiences of IPV during COVID-19

Service providers shared their observations regarding survivor experiences of IPV during the COVID-19 pandemic. This included increases in the frequency and severity of IPV, new tactics of abuse, and increases in the general complexity of IPV cases.

Increases in the Frequency and Severity of IPV

Increases in the frequency and severity of IPV amongst survivors were described by service providers—specifically an increase in physical assaults leading to severe injuries, such as traumatic brain injuries.

I think this was one of the things we noticed for sure, that there was more physical violence in that first year. And the second year there's just right across the board, the numbers are astronomical. I've never worked in a time like this where the numbers are so crazy. (Service provider 06)

We did actually see more severe assaults, we had a lot of women come in with very severe physical injuries; a lot of concussions, a lot of women were being referred from the hospital after an assault. (Service Provider 01)

New Tactics of Abuse

Service providers also noted the use of new tactics of abuse, whereby perpetrators of IPV utilized the unique circumstances of the pandemic to further assert power and control in their relationships. Service providers specifically described the following tactics: using lockdowns or "stay at home" orders to further isolate survivors, leveraging pandemic restrictions to engage in acts of litigation abuse, forcing survivors to collect the Canada Emergency Response Benefit (CERB), and controlling the vaccination status of children in the relationship.

New tactics of abuse, I mean, this isn't new, but I feel like it's a variation on a theme. So, leveraging family courts around custody and access and the decisions of family courts being in conflict with public health orders. So that was a very confusing kind of dynamic, extra confusing dynamic thrown in with parents and something that could be used to use coercive

control over someone and actually to get them in some pretty bad legal trouble with family courts. (Service Provider 03)

A lot of them were collecting CERB or their partners forced them to collect CERB. And that just made a whole other issue that they couldn't get on income assistance after. (Service Provider 01)

Increased Complexity

Service providers also noted that the circumstances of the COVID-19 pandemic generally increased the complexity of IPV cases and help-seeking.

First year because every call you got was, well there was less calls, but they were all more severe, you know, or more complicated. A lot of the clients that we see have complicated situations anyway, but now through COVID because you couldn't get in to see anybody, you couldn't make appointments to, like trying to navigate all the systems that have kind of changed how they're working with you made everybody's situation more complicated. (Service Provider 06)

Co-Occurring Issues: Mental Health, Substance Use, and Food Insecurity

Alongside increases in IPV, service providers also noted increases in mental health issues, substance use, and food insecurity amongst survivors. Many stated that the severity of these issues also intensified during the pandemic, specifically citing growing rates of suicidality and the need for hospitalizations.

Mental health... underscore 85 times. Increasingly severe mental health issues where women are actually getting to the point of needing to be hospitalized before coming to shelter. (Service Provider 02)

Elevated amounts of mental health issues presenting. More depression in our clients. We've had a lot more clients indicating suicidality. [...] A lot of us have actually had more and more suicidal attempts than in previous years. (Service Provider 08)

Addictions is through the roof. I don't know if we've had a client in here in the last two months that hasn't been addicted to some kind of substance. (Service Provider 07)

Addictions, it's been going up since I've been working here, but it has skyrocketed now. (Service Provider 04)

Food insecurity was a big problem during COVID. It is all the time, but because people couldn't get out and about, and food bank hours and all those things were different or not at all. (Service Provider 06)

One service provider even stated that substance use in their community left survivors of IPV vulnerable to acts of non-partner sexual violence or abuse.

Because of the fear of COVID stopping the drug from getting into the community, people were really, really rushing, rushing out. Instead of getting up at six in the morning to go get drugs, they would get up at four in the morning, five in the morning. And then they would stay at the place where they go, where the drug dealer is. So, there was a lot more communication that way, and people started really getting together a lot more, which in turn, left a lot of the houses empty, where the spouse—and I will say men, because the majority of abusers are men—were out getting drugs for themselves, or for their partner, or both. Which left the house, a lot left the abused alone at home, and then in a lot of cases, the other people who were seeking drugs out on the streets knew that this man was out of the house. So, they would go over and abuse that woman, either rape or abuse in one way or the other. (Service Provider 04)

The challenges of assisting survivors with additional needs relating to mental health and substance use were also discussed, as organizations did not have the capacity to address these complex and co-occurring issues. Some service providers also expressed concerns that addictions can present safety issues to staff, survivors, and their children in IPV shelters.

It's very hard for us to deal with the increased needs that go way beyond domestic violence, and that is something that has really impacted us a lot. So, I mean, and you know, it seems like violence has just increased combined with so many other things like addiction, mental health problems. (Service Provider 05)

We have had a hard time dealing with the addictions in the shelter. It has been a huge safety issue, always a concern of mine with other clients and children in the shelter and the staff. (Service Provider 07)

Impacts of Abuse

Service providers described the impacts of experiencing IPV during the COVID-19 pandemic on survivors. This included impacts to mental and physical health, finances and housing, parenting, and relationships. Positive impacts relating to spirituality and behaviour were also noted.

Mental and Physical Health

Service providers described the mental and physical health impacts on survivors, including uncertainty, fear, stress, physical injury, and a lack of physical exercise.

I think this kind of uncertainty for the future, which was already there is exacerbated by the uncertainty around the pandemic. (Service Provider 05)

It just creates a lot more stress, more worry, and more uncertainty. (Service Provider 01)

People stopped getting exercise. That's a big one. (Service Provider 04)

Finances and Housing

Impacts on finances and housing were often described in tandem, as financial challenges prevented survivors from accessing housing. The difficulty associated with finding affordable housing often resulted in survivors remaining in abusive relationships or entering precarious or unsafe living situations.

I think that the housing or affordable housing has worsened during COVID. [...] Sometimes women actually don't end up leaving the relationship because they know that it's difficult to secure housing. They may have poor rental histories, or no rental histories. And so, they end up staying in the relationship or maybe even couch surfing, rather than coming into shelter. (Service Provider 01)

Financial support is so low that you can't afford your own place unless you have children with you. And so there were people getting into situations, like living situations after leaving a relationship, like after they have been in the shelter where they were just like, "okay, I'm just gonna room with this guy who advertised that he needs a roommate." And then, like, that didn't turn out well, right. Like it's open for predators to be able to prey on vulnerable people yet again. (Service Provider 03)

Service providers also noted that pandemic restrictions made the housing search increasingly difficult.

It was really difficult to view housing because the shelter, for a while we were not allowing outings unless it was something essential, and we were asking for landlords to do video tours and stuff, and not all of them were willing to do that. (Service Provider 02)

Additionally, housing challenges specific to rural, remote, and Northern areas were identified including availability and overcrowding.

Housing in the rural area is very tight. Almost zero availability in our area. (Service Provider 07)

Up north so much of the housing is overcrowded. (Service Provider 08)

Parenting

Service providers noted that parenting became increasingly difficult during that pandemic, as survivors experienced an overwhelming increase in domestic labour, such as homeschooling and caregiving.

Parenting—we had some situations where the partner was very much pressing the woman to homeschool their children because of COVID, and the woman was feeling that she's not actually capable or qualified to do so, but didn't know how to say no, for fear of retribution. (Service Provider 02)

I found and I still find actually women are being withdrawn from their children. I think it's just so overwhelming, schools and concessions, so they're with the kids 24/7, they're away from partners who may or may not have been supportive with the kids, and the women are just so overwhelmed with all of this. (Service Provider 07)

Some also noted that instances of survivors being separated from their children during the pandemic.

Mothers who did not have their children with them. They were either with other family

Relationships

The circumstances of the pandemic also made it difficult for survivors to maintain relationships with family and friends, who were identified as important sources of informal support.

Relationships with informal supports, such as family members, were impacted by lockdowns and quarantines, especially for like, young like adult victims of like, there's a generational thing, right? So people over 50 or so, the parents of people who might be experiencing intimate partner violence or definitely at higher risk, so may be really taking the isolation quarantines really, really seriously and then just the, the next generation that's kind of dealing with the intimate partner violence being really, really isolated. (Service Provider 03)

Positive Impacts

One service provider specifically described positive impacts relating to spirituality and behaviour amongst survivors.

Spirituality, I noticed increased in number, the high majority of all the clients I work with in any abusive relationship or otherwise. A lot of people became way more spiritual, coming down to earth, following their beliefs, or their traditional beliefs one way or the other. Behavioural, another positive thing out of a negative situation, people seem to become a lot more caring of others situations. And not less of themselves, not less of their own situations, but a lot more considerate and caring and understanding of what other people are going through. (Service Provider 04)

Barriers to Seeking Help

Service providers identified pre-existing gaps and barriers in services that made help seeking difficult for survivors, as well as additional barriers that arose as a result of the COVID-19 pandemic.

Pre-Existing Gaps and Barriers

Service providers identified pre-existing gaps and barriers in services that made help-seeking difficult during the COVID-19 pandemic, including:

- Long wait times for services
- Affordable housing shortages
- Low EIA rates and a lack of financial supports
- Staffing challenges (including high turnover rates and a lack of staff with specialized knowledge)
- A lack of services for diverse populations and representation in service provision (including racialized or newcomer populations, 2SLGBTQ+ communities, men, and those who are deaf or hard of hearing)
- A lack of parenting supports (particularly for parents of children with special needs)
- A lack of supports for mental health and addictions, including integrated services for IPV, mental health, and addiction
- Access to justice challenges (specifically difficulty obtaining legal representation)

These gaps and barriers were described in multiple instances:



Helping women with financial resources and now with like the cost of living going up, and the EIA rates not following that, like it's already difficult as it is. (Service Provider 05)

So, the huge turnover rate on staff as well. When you're working with clients, you need to build a relationship so they can trust you, and to share too, so that they can connect with you and then in order for them to disclose, to start their healing journey, they need to, you need to build that trust before right? So, if you have a high turnover rate in your organization or in the area, people are just not coming back even though they need the help, they need the support. (Service Provider 09)

Not too many places with ethnocultural people. [...] A lot of women are, or even men, they wanted help but they kind of hesitated 'cause they don't want to speak to anyone that was White and then feel like their cultures are not valued. (Service Provider 09)

I think there really needs to be somewhere where you can [go] for women who are experiencing domestic violence and who are also suffering from addictions because in order for that to be successful they need help in both areas simultaneously. (Service Provider 05)

While these gaps and barriers in services existed before the pandemic, many noted that the pandemic exacerbated these issues and magnified pre-existing problems.

COVID really exposed how decimated this sector is, like there hasn't been any investment in it for more than 14 years, so when COVID hit there was, there was no capacity left. Like we were already just hanging by a thread, so COVID was, it was the perfect storm for us in Manitoba. (Service Provider 06)

Yeah, just the gaps and barriers that existed before required reform, [...] just they required reform before, but the pandemic just exacerbated. (Service Provider 03)

The need for increased funding in the IPV sector was also underscored in order to address gaps and barriers, treat the increasingly complex needs of survivors, attract specialized staff, and reduce staff turnover rates.

Without the proper funding where do you find people who are able to work with people who have addictions and family violence issues? You might have to have, you know, shelters that someone is there all the time, these people need a lot of support. You need to have more workers, you need specialized people who really understand the dynamics, the issues, the problems, the interrelated aspects. (Service Provider 05)

Pandemic-Related Barriers

Service providers also identified barriers that arose because of the COVID-19 pandemic, which made help-seeking increasingly difficult, including:

- The impact of lockdowns (and a lack of privacy to reach out to services)
- 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)
- Lack of shelter beds (due to increased demand) or space (due to social distancing requirements)

These barriers were described in multiple instances:

Having the partner in the house 24/7. I mean huge. Not being able to reach out to other people. Not being able to see the supports that you could normally have. (Service Provider 05)

During the pandemic, like a lot of other resources actually did shut down initially, from the beginning. And then when they did open, they had really limited hours. (Service Provider 01)

Like if they were using the school or daycare as a pickup or drop off point to reduce conflict in custody exchanges, that was taken away from them, right. So, they could no longer use those spaces as a safe space to do exchanges. Access even to like, for lower income folks, or rural folks whose internet access isn't wonderful, we depend, some of us depend a lot on the local public libraries for internet access. And that was also taken way. (Service Provider 03)

Fears of catching COVID while in a communal living space. There's also been some altercations between clients, between those who chose to be vaccinated and those who did not. (Service Provider 02)

Because of the policy and health restrictions [...] you have to double vaxx or you have the vaccinations, so a lot of clients I'm seeing majority of them don't have vaccination status. It made them extremely hard to be out, to attend programs. (Service Provider 09)

The lack of access to technology. So, most folks have a phone but if they're low income, either it's a text-only plan, which means you can't really do a phone call. [...] So lack of access to like the hardware, like a laptop. And also internet. (Service Provider 03)

Women just couldn't leave their First Nations community, a lot of transportation was limited. (Service Provider 08)



Service providers also noted that messaging and public service announcements urging people to stay home during the pandemic contributed to confusion surrounding the availability of IPV services.

I think the messaging from public health at the very beginning, which was stay at home, like it was so, I guess in one way, it was so effective that people didn't get the part where it was like, but access emergency services if you need to. (Service Provider 03)

Service Provision during COVID-19

Service providers shared how the COVID-19 pandemic changed service provision in their agencies and organizations. This included adapting to fluctuating service demand, adherence to public health orders and the implementation of infectious disease protocols, changes to services and programming, and additional resources and information for staff.

Fluctuating Service Demand

Service providers stated that the demand for service fluctuated throughout the pandemic, with demand *decreasing* once lockdown restrictions were implemented, and *increasing* significantly after restrictions were lifted. Demand increased so much after restrictions were lifted that many agencies and organizations had to turn people away or make alternative arrangements to accommodate the increased need.

It was very quiet at the beginning and so it looked like—it kind of gave you this false sense that it wasn't happening when we knew it was. (Service Provider 02)

And we did sort of, or the calls to the crisis line went down during that time, and we didn't sort of see that constant kind of request for shelter that we saw later on in the pandemic, and what we see now where we're actually having to either turn women away or look at some other options for people. So, in the beginning, it was yeah, it was rather quiet. But after that, you know, it was sort of a steady increase of providing service. (Service Provider 01)

<u>Compliance with Public Health Orders & The Implementation of Infectious Disease Protocols</u>

Organizations implemented safety protocols for service users and staff in accordance with public health orders, such as using personal protective equipment (PPE) (gloves, masks, etc.), social distancing, increased sanitization and cleaning measures, COVID-19 screening questions, and rapid testing.

We did all the regular things that COVID told us to do. Gloves, masks, sanitizing. Nobody can come in the building without a mask. As soon as you walk in the building. You get your temperature checked, asked all the questions, any sweating, all the regular COVID questions. We very limited distancing. There's a sign on every door that says how many clients or how many people in my office, everybody's office are allowed and it's all measured six-foot distancing. (Service Provider 04)

We did get training on doing rapid tests, we did get training on PPE and all of that kind of stuff. (Service Provider 02)

Additionally, those who were able to do their jobs remotely described working from home, which had benefits (such as online training, discussed later in the section) and challenges.

I am working from home mostly these days. [...] But so, where I live like my internet is spotty, so I'm doing online group tonight in the evening, and like I think every single Monday, every session at some point, I lose my signal and drop out of the call. (Service Provider 03)

Some service providers noted that they had pre-existing protocols in place for the spread of infectious diseases, which made implementing public health orders easier.

I mean, because being right in a communal environment, especially with children is like a big petri dish for like, diseases. So things like, you know, we get scabies, we get, you know, impetigo, we get lice, and, you know, isn't contagious in the same way, but I mean, you know, a bunch of kids together, you're going to have spreading of lice. So just always having to deal with those kinds of things. [...] And so, we had processes in place, like if we had to deal with that. (Service Provider 01)

Changes in Services and Programming

Several changes were made to service delivery and programming as a result of the pandemic, which included:

- 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
- Implementing non-IPV services and programming (including COVID testing and vaccination clinics, access to recovery programs, and delivering basic needs such as food and menstrual products)

These changes were described in numerous instances:

We developed a whole program now which can be done virtually, which is actually very helpful and that has also enabled us to reach out to a lot more women. (Service Provider 05)

We allowed longer stays for people because they couldn't find housing and stuff. Typically, it would be a 30-day stay with an extension for special reasons, but now it has kind of become the norm that it's more than 30 days. (Service Provider 02)

Normally we would only maybe have to put our male callers into hotels. We were using hotels quite a bit throughout, say, April of 2021 right through to July of this year, we were over capacity. (Service Provider 08)

We provided on-site rapid testing. We had a vaccination clinic here as well for people who, it was kind of a covert under-the-table one that we did with public health, where people who might face some backlash from their family members for getting vaccinated but wanted to without it being out there, we gave them that opportunity. (Service Provider 02)

Despite this time of rapid change, service providers stated that they tried to maintain or adapt their core services as best they could.

We still have the core services, we still do counselling, we still meet with women individually, we still operate a crisis line. (Service Provider 01)

Resources and Information

Various resources and information were implemented in the workplace to support service providers during the pandemic and assist them in their work. This included "COVID pay" and other financial resources, as well as online training and workshops.

They're the first one to have suggested, like, you know, COVID pay for the staff and really encourage that. And actually, we were getting COVID pay up until I think this was our last pay cheque that we got the COVID pay on. So, they were really like, they recognize, you know, the importance of the work that we were doing and doing it can be difficult work and under even more difficult situations. (Service Provider 01)

I know the board approved for us to get a certain allowance for once we started working from home for like an allowance for phone and internet, although it's not really even close to covering the cost of it. But it's, it's like a recognition that we're paying to do this. (Service Provider 03)

There's a period of time that we have to stay home, not stay home, work from home and we have to rotate working in the office dates and working from home days. And so, we have actually more time to do training, attending workshops that give us more adequate tools for us to better serve our community and our clients. (Service Provider 09)

Additionally, some organizations received increased support from outside of their organization.

What really helped us was we got a lot more support from the community. I think the community in general realizes that this is a more difficult issue. (Service Provider 05)

Challenges to Providing Services during COVID-19

Service providers described various challenges when providing services and supports to survivors during the pandemic including navigating public health orders, overwhelmed services and staffing challenges, fears of contracting the virus and staff illness, communal living environments at shelters, and funding.

Navigating Public Health Orders

Service providers noted that staying up-to-date with ever-changing public health orders took considerable time, energy, and resources away from their normal job functions. Some also added that the quality of care was diminished during this time—both due to the restrictive nature of the orders themselves and because of the resources that were diverted to interpreting orders.

I just needed somebody to give me the Coles Notes on, OK do I need to change anything today? I think in healthcare they had some something like that, but we did not have that. So, there was, you know, there's 10 shelters in the province, there was 10 of us constantly wasting a lot of time doing that, which was ridiculous. (Service Provider 06)

The caliber of our care is diminished. We are no longer doing group work. So that was a challenge too. [...] The connection between clients was diminished. (Service Provider 08)

Service providers also noted that public health orders were not trauma-informed for survivors, as the restrictive nature of these orders could mirror acts of control experienced in abusive relationships.

So, it can be like, kind of triggering for a lot of people too, right. And because of the precautions that we had to put into place can be triggering as well for a lot of women, sort of having to kind of wear masks and you know, feel that sort of, like they're suffocating kind of thing, and just all the control measures. [...] Unfortunately, that's not very trauma-informed. (Service Provider 01)

It became a whole new level of monitoring people that had already been very monitored in their lifetime. (Service Provider 06)

Additionally, some organizations had trouble navigating health orders due to a lack of PPE and other materials needed to ensure safety, such as COVID tests.

Overwhelmed Services and Staffing Challenges

Service providers stated that their organizations were overwhelmed by the demand for service and increased workload during the pandemic. Once again, increased demand and limited service capacity diminished the quality of care provided.

All the organizations I'm talking about, our services were over-extended during the COVID period. (Service Provider 07)

We were just so incredibly overwhelmed with literally just keeping a roof on and keeping people fed that I feel like we weren't actually able to fulfill the mandate of why we're here. (Service Provider 02)

Staffing challenges were often mentioned in tandem with overwhelmed services. These challenges were attributed to low wages and vaccination mandates.

We lost a couple of staff due to the mandates, they chose not to test. (Service Provider 02)

So definitely the wages need to reflect now what we're dealing with. And if the government is demanding that we be low-barrier and take in all of these extra needs, then we need to have the education, and the numbers of people, and the money behind it to do. (Service Provider 02)

Fears of Contracting the Virus, Staff Illness, and Vaccination Status

Fears of contracting the COVID-19 virus were described amongst survivors and service providers, which made service uptake and staffing difficult. Additionally, if staff contracted the virus, this severely reduced the service capacity of agencies and organizations, as the virus usually spread to multiple staff members.

We had a few women that discharged because of fear of COVID. (Service Provider 08)

I think, you know, just the fears of staff you know, initially were pretty high. There was a lot of fear around getting COVID. And rightfully so, right, because a lot of people were dying and still are. (Service Provider 01)

Well staff illness. We had 50% of our staff go down over Christmas and then into January with COVID. We were very, very close to actually having to temporarily shut and move people away. (Service Provider 02)

Rhetoric surrounding the vaccine also presented challenges, particularly in rural areas of Manitoba where vaccination uptake was low. One service provider described how antivaccination sentiments made service delivery challenging.

But I do know that there was also some concerns that they didn't want them to come to shelter for programming if staff had been vaccinated because they were convinced that we were "shedding" [referring to vaccine shedding or viral shedding]. I guess we're, because we've been vaccinated, we're putting off this... I don't even know, I can't even explain it, it was just called shedding, and they didn't want them to engage. (Service Provider 02)

Communal Living Environments at Shelters

Maintaining social distancing and sanitary procedures were particularly difficult in the communal living environments of shelters. These requirements also limited the capacity at shelters, as they were not able to accommodate as many survivors as they normally would pre-pandemic.

Communal living setting has some advantages, but during a pandemic it most certainly did not, so people did not have the space that they needed. (Service Provider 06)

We had the stipulations and barriers also in house that were put in place. We have two single rooms that have a shared bathroom, we had to close down the one bedroom because of the distance requirements that were put into place by the government. So, we were lacking actually one bedroom during that time and... As well in our residential area, we had to make sure that the tables were segregated. We had to take away our children's playroom and turn it into a larger counselling room for residential clients because we needed the distance to be able to work with them. (Service Provider 07)

Funding

The pandemic also impacted the fundraising capacity of organizations, which resulted in decreases to organizational revenue. Service providers noted that organizations often struggled with funding before the pandemic, which only worsened afterwards.

One of the big things for us was the fundraising activities that we usually put on every year. We weren't able to do that, so we weren't able to bring any income and we rely heavily on fundraising to fund our organization. (Service Provider 07)

It's really hard for us because we're a small organization, we have few staff. We've been chronically underfunded. (Service Provider 05)

However, the pandemic did provide unique funding opportunities for some organizations.

We really started looking for other funding 'cause there were sources of funding that were not so available before, and so we've also been able to try to get funding to actually improve the building, which needed that. (Service Provider 05)

Personal Impacts on Service Providers

Service providers described how COVID-19 impacted their personal life, and in turn their ability to do their work. This included impacts to mental and physical health, work-life balance, and relationships and informal supports.

Mental and Physical Health

Service providers described various mental and physical health impacts because of the COVID-19 pandemic, including mental health challenges (anxiety, depression), stress, exhaustion, contracting COVID-19 or adverse reactions to the COVID-19 vaccine, deteriorating physical health, and less physical activity.

I found a lot of people were dealing, myself included, with increased levels of anxiety. To the point where it actually was impacting us at work and at home. Sometimes you just wake up feeling anxious and you didn't know why. There was a lot of pressure in our work roles. I know for me personally, before we hired the cook, I was the core daytime person, and so my job was the crisis line, answering the door, deliveries, doing client care, doing counselling, and then they needed me to also cook and do all the dishes. And I literally stood in the office one day and cried, because I am like I just... can't. (Service Provider 02)

It was really demanding and challenging on everybody in terms of their time. I have one other staff who had COVID twice and contracted pneumonia and she is still having breathing difficulties. I don't know if it's even related to long haul. Yeah, people are really tired, just really, really tired. (Service Provider 08)

Lack of Work-Life Balance

Many survivors stated that it was difficult to balance their professional roles and personal lives due to increased service demand, additional workloads, and staffing challenges. This was particularly apparent for those working overtime or those occupying more than one role in their agency or organization.

I lost my personal life. I have no life. I have no friends. (Service Provider 08)

I feel like I work 24/7 as it is, but during the pandemic it was really hard. Like I said, I was down and I'm still down regular staff, so not only am I the director here, but I was actually pulling shifts. I was pulling night shifts because I just had nobody to fill that gap. (Service Provider 07)

Some participants also described the difficulties of balancing their professional role and personal life when working from home.

So doing programs, talking to clients, and while you have kids in the house it's difficult, personally. A lot of times I have to lock myself in the bathroom in order to continue this phone conversation with a client while my kids are outside banging the door [laughs]. (Service Provider 09)

Relationships and Informal Supports

Two-thirds of service providers also stated that the inability to engage in social contact with friends and family had detrimental impacts on their wellbeing.

And also the isolation and social distancing interrupted ability to just see friends and family on our own, which is therapeutic. Either you're able to vent about stuff, obviously without breaching any confidentiality, but just—you don't realize how much you actually debrief just going for a walk with a friend and chatting about life. (Service Provider 02)

My parents live in [name of city]—couldn't visit them. Most of my family's there. My other brother is in [name of province], we couldn't visit at all. [...] So yeah, it brought me down. It definitely brought me down. I stopped, as I say I sort of hermitized myself, I just stayed inside and got down, low. (Service Provider 04)

STUDY RECOMMENDATIONS: IMPROVING THE RESPONSE TO SURVIVORS OF IPV DURING PANDEMICS



There are several measures that individuals, organizations, and governments can take to improve the response to IPV during pandemics and other emergent or crisis events. Responses from survivor and service provider participants, and findings from external research, offer a range of recommendations including utilizing technology for online services; implementing gender-sensitive emergency response measures; increasing public awareness of IPV; investing in IPV services, supports, and resources; strengthening system responses to IPV; supporting service providers; and increasing data on IPV in the context of pandemics and other emergent or crisis events.

Utilize Technology for Online Services and Address Barriers to Digital Access

Many service provider participants discussed the importance of utilizing technology to deliver online or virtual services to survivors when in-person service delivery is not possible. Participants specifically underscored the need to offer online or virtual IPV and mental health

services, and text or chat-based crisis supports. Maintaining online or virtual services in the aftermath of the COVID-19 pandemic was also discussed, as service providers believed that younger generations would continue to utilize services in this form.

The need for a psychological support, someone who the person can speak to or to be listened to, again that relates to the access to the phone, to the internet, or social media, so that's a huge need. (Service Provider 09)

So, if you can't talk verbally, texting someone is a lot easier. And you don't have that fear of being hurt. (Survivor 09)

Some of the shelters were already doing some online texting [...] so, I think moving down the road, that and especially thinking demographically, like the younger folks aren't necessarily phone talkers, that's my generation, so they may prefer to do something online. (Service Provider 06)

However, when utilizing technology to deliver online or virtual services, there are unique safety considerations to bear in mind. Research by Ghidei and colleagues (2022) underscores the need to ensure that survivors feel *physically*, *emotionally*, *and culturally safe* when accessing online or virtual services. An obvious limitation and safety concern would be that survivors may not be able to participate safely while their partner is at home or in the same room. Therefore, service providers must take steps to enhance survivor safety by modifying safety planning strategies for online or virtual services, such as the use of safe words or signals between service providers and clients established in the Signal for Help Campaign (Canadian Women's Foundation, n.d.; Ghidei et al., 2022). Culturally safe care can also be provided virtually by adapting services to client needs, having services delivered by those of a similar cultural background or language, and utilizing online translation services (including simultaneous language translation) (Ghidei et al., 2022; Schrag et al., 2023).

Participants also stressed the need to increase online or virtual service access—particularly for those in rural, remote, and Northern communities. A lack of access to technology, internet, and phone towers in these areas prevented many from utilizing online or virtual services during the COVID-19 pandemic, resulting in a dangerous digital divide.

We don't have towers out in those areas, that has been a concern for a lot of years, not just during the COVID period, but they don't have access to Wi-Fi or cell service and cell towers. Even to provide phone counselling if they were in need or in crisis [...], sometimes it wouldn't work right, because we couldn't get through. (Service Provider 07)

Develop Innovative Methods to Connect with Survivors and Implement Holistic Services

In addition to utilizing technology, developing innovative ways of delivering services and connecting with survivors is needed during pandemics or other emergencies (Michaelsen et al., 2022). Several examples of this emerged in European countries during the pandemic. For instance, the ministry for gender equality in France developed partnerships with essential services, such as supermarkets and pharmacies, in order to set up assistance points for IPV survivors in these spaces (Tsioulcas & Wamsley, 2020). Stores in the United Kingdom also

provided information about IPV services on receipts (Weeks et al., n.d.). Another organization in the United Kingdom also pay-as-you-go phones in food delivery packages so that survivors would be able to access help by phone call or text without being monitored (Weeks et al., n.d.).

Additionally, the need to develop a more holistic approach to service delivery by addressing other social and economic issues impacting survivors has been underscored (Michaelsen et al., 2022). Participants specifically discussed the need to address IPV, food insecurity, mental health challenges, and addictions simultaneously through integrated services.

Food insecurity was a big problem during COVID, it is all the time, but because people couldn't get out and about, and food bank hours and all those things were different or not at all. (Service Provider 06)

Yes, we realize that people that have addictions need domestic violence services, and people with mental health are often in poor mental health because of the domestic violence, but the fact remains that sometimes those issues need to be addressed before we can even do any of the education and help around the domestic violence piece of it. And we haven't been given the tools or the spaces to do those things. (Service Provider 02)

So it's very hard for us to deal with the increased needs that go way beyond domestic violence, and that is something that has really impacted us a lot. So I mean and you know, it seems like violence has just increased combined with, uhm, so many other things like addiction, mental health problems. (Service Provider 05)

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. This was largely attributable to the chronic underfunding of IPV services, which made it difficult for organizations to keep up with increased demand, retain staff, and respond to the extraordinary circumstances brought about by the pandemic.

We feel that shelters to some extent have been ignored over the last 12-15 years by governments. There has not been funding increases, and there hasn't been any increases in the number of shelters or beds, and we're seeing a massive need for that now. (Service Provider 02)

Investing in pre-existing services, supports, and resources for IPV survivors, and strengthening social protections in the post-pandemic period, can build resilience for future emergencies. Staab and colleagues (2022) state that 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. Addressing underfunding, and gaps and barriers in these services, can therefore strengthen the infrastructure in the post-pandemic period and increase preparedness for future emergent or crisis events (Staab et al., 2022).

Participants specifically recommended investing in and strengthening the following sectors:

- Shelters and housing
- Mental health and addictions

- Parental supports
- Community resources
- Financial supports

Specific recommendations for these sectors included:

- Safe and affordable housing within a reasonable timeframe (including addressing overcrowding and Manitoba Housing/EIA requirements and qualifications)
- More beds and space in family violence shelters (including safe and welcoming quarantine/private spaces)
- Increased mental health and addiction supports (including flexibility for visitors, increased online professional supports, and integrated services for IPV, mental health, and substance use)
- Alternatives to home respite and childcare (in the case of system closures)
- Increased community resources and services that are accessible, affordable, and timely (including counselling/therapy, support groups, food, etc.)
- Services and supports for diverse populations and marginalized communities (including specific services, supports, and shelters for diverse groups such as 2SLGBTQ+ communities, Indigenous communities, the vulnerably housed, newcomers, men, those in rural, remote, or Northern communities, and perpetrators of IPV)
- Livable incomes for survivors (that include increases to EIA rates and implementing a Universal Basic Income (UBI) program)
- Increased wages for those working in the gender-based violence sector

Yeah, we need to be able to access services quicker, like I can't just sit here wait on a fucking waiting list for psychiatrists, psychologists, and counsellors. (Survivor 20)

I think it'd be cool if you get access to services without having to out yourself. Because if you stay in one of those shelters and like you don't have like a man abusing you people know that. [...] I wish I didn't have to out myself in order to access help, otherwise I probably would. (Survivor 17)

We deal with a lot of immigrant women [...] and we realized, you know, they haven't come out for so long because they were absolutely convinced that if they leave their partner, they will be deported or they will lose their children. [...] And not just handing out pamphlets in every language... (Service Provider 05)

I think like a universal basic income would probably be best, just so people have that safety net. (Service Provider 03)

The wage rates and stuff, especially with what we're dealing with now, we also have to be dealing with people with addictions, with people with mental health. I mean you can't—it's really hard to just hire some 19-year-old that's in college to deal with that kind of stuff. (Service Provider 02)

Importantly, the need for **flexible** funding for organizations during pandemics and other emergent or crisis events has been underscored, enabling organizations to use monies as they

see fit with decreased reporting requirements (Peterman et al., 2020; Yakubovich et al., 2023). This type of funding can help organizations adapt to the new and quickly evolving client needs that emerge in extraordinary circumstances (Yakubovich et al., 2023).

Strengthen Collateral System Responses to IPV and Foster Coordination

IPV survivors described negative experiences with the collateral 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.

The following were shared as ways to improve police and justice system responses to IPV:

- Creating, implementing, and using alternatives to police wellness checks
- IPV education, training, and testing for police officers, lawyers, and judges
- Criminal court and Protection Order updates (including information about nonphysical violence, knowing when to issue a Protection Order)
- Addressing access to justice issues (specifically ensuring that both parties have equal access to legal representation)

The Winnipeg Police needs to be re-educated. (Survivor 06)

And also, just the understanding of intimate partner violence by everybody, lawyers, judges, [...] there needs to be, just from the ground up, training, testing, you need to test if you're a judge in family court, you need to pass this test in order to hear cases around the dynamics of intimate partner violence and coercive control. (Service Provider 03)

I have called the cops previously and they came and [...] it was ten o'clock at night and they wanted to do a wellness check or whatever, so both of us have to go down with our ID's. I couldn't even talk to them because he was right there. (Survivor 06)

I think it was three times I went in front of the court and three times they didn't issue the Protection Order. [...] Yeah, and I had pictures, I had police reports, I had visible injuries and it was, like I walked out of there shaking my head and in disbelief that I wasn't getting help from the justice system. (Survivor 13)

Additionally, the following were shared as suggestions and alternatives to current CFS practices:

- Provide help and assistance over apprehension (as fear of child apprehension can prevent parents from seeking help for IPV)
- Providing temporary/emergency custody orders (to allow survivors to leave their abusive partner without fear of losing their children)
- Improve standards through alternatives to "best interest"/"best practice" policies (which are often ill-defined)
- Offer alternatives to opening a CFS file to receive support
- Facilitating visits (by prioritizing the safety of the survivor and child, providing transportation, etc.)

I'm thinking about, you know, my partner being possibly, probably afraid to access services for fear of their child being apprehended. (Survivor 08)

And like the cops can't help me, CFS won't help me facilitate visits with my kid. Nothing. I have to go to court. But until then, I can't talk or see my daughter. So who knows how long that is going to take. And I know she's not properly taken care of. (Survivor 20)

Because I know there's a myth out there that mothers always get custody. But that's not true anymore. Like it's very, like, their default is both parents. And it's very easy for one parent, if they can get a lawyer really working on their side to take custody away from the other parent. And oftentimes, it's the one with lower income. (Service Provider 03)

Yakubovich and colleagues (2023) also underscore the importance of coordinating IPV services with the justice and healthcare systems. Seeing as these systems are often "siloed" from the IPV sector, it is difficult to address the diverse array of survivor needs and provide sufficient healthcare and justice outcomes (Yakubovich et al., 2023). Thus, Yakubovich and colleagues (2023) specifically recommend implementing specialized IPV staff and advocates within the healthcare and justice systems that are responsible for coordinated, advocate-based system responses.

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. Given the difficult nature of the work, those working in the gender-based violence sector are already at risk of experiencing secondary trauma (i.e., vicarious trauma) and burnout (Tabibi et al., 2021). Therefore, 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 and the functionality of services.

Service providers specifically stated that the following *resources* are needed to support them in their roles during pandemics such as COVID-19:

- Additional funding
- More staff
- Increased collaboration with other agencies and knowledge sharing
- Policy relating to service provision
- Training on service provision

Additionally, service providers stated that *knowledge and skills* in the following areas are needed to support them in their roles during pandemics such as COVID-19:

- Self-care
- Supporting staff in times of crisis/uncertainty
- Health-related or pandemic information
- Crisis response measures
- Safety planning
- Supporting clients through the legal system
- Trauma-informed practices



Ensuring that service providers have the necessary resources, knowledge, and skills, to navigate extraordinary circumstances with their clients can help combat the negative impacts—both personally and professionally—that were reported by service providers.

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. According to Peterman and colleagues (2020), emergency response measures should be designed with an intersectional lens and implemented immediately at the onset of an infectious disease outbreak (or other emergencies) in preparation for a surge in violence.

Now moving forward, we need a report and a plan [...] and they need to have different people from different, with different expertise on a panel to create a pandemic policy [...]. So, it was like medical doctors and scientists advising that and they needed to as it dragged on, they needed to have mental health experts, they needed to have like, gender-based violence experts, they needed to have, you know, labour-, like everybody because it affected everything. They should have had representatives from those fields at the table to advise them on their policy. (Service Provider 03)

Participants also included specific suggestions for emergency preparedness by creating plans for the following:

- flexible and accessible services and supports during emergencies
- Increased social interaction through creative means and programming (delivery programs, distance activities, alternative activities)
- Having PPE readily available for agencies and organizations
- Partial services/assessments (to increase access to required services, support, and information)
- Increased shelter-to-shelter communication (for purposes of safety and providing care)
- Delivering non-IPV-related services (such as on-site testing, vaccination clinics, and food delivery)

It's just devastating to see those families are struggling with food. And then they have decided going back to their previous abuser in order to survive. (Service Provider 09)

As far as the special needs... I think finding a different way to do some of those assessments. Even if a partial assessment could be done virtually, by observing—having the parent video their child and observing some of that from afar, even if you can administer some of the normal tests that you might, even getting a baseline idea of what these children were needing so that we could have some supports, or even education for the parents in place so that they're not left completely in the dark. (Service Provider 02)

People here have been put at risk because we can't actually share information among all intimate partner violence providers. And I realize that is a dicey, dicey area [...] but on a need-to-know basis obviously. And probably more specifically just shelter to shelter. (Service Provider, 02)

UN Women (2023) also underscored the importance of promoting women's representation during the emergency planning, response, and recovery processes, as women represented a mere 24% of COVID-19 task force members worldwide (Staab et al., 2022).

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. Yakubovich and colleagues (2023) state that public awareness campaigns should be long-term, include information about different types of IPV, and be available in multiple languages. Spreading this information is particularly salient during pandemics or other emergent or crisis events, as it can increase service access when survivors may be confused or told misleading information by perpetrators of IPV.

I think there's also a lot of frustration because some women were making efforts to try to get information and they can't and then also, you know, part of intimate partner violence is women being fed wrong information and the pandemic just made that a lot easier. (Service Provider 05)

Participants recommended multiple avenues for increasing awareness and distributing information, including:

- Routine advertising on multiple media formats such as newspapers, radio, television, social media, and online websites
- Routine advertising in physical spaces (using flyers, pamphlets, etc.) such as grocery stores, gas stations, businesses, hospitals, etc.
- Routine education and information in schools, colleges, and universities (for all ages)

Even like sending information to businesses to share with their staff, like "oh, this is our flyer, if you want to share with your team here if you know they ever need, it'd be available." Like with our school division, we get so many letters of information from everywhere. And that's one place they never send out information on domestic violence. (Survivor 16)

I would just love to see more advertising and more posts about mental health, abusive relationships and the services available [...] just posts that are simple and straightforward and can help folks get the information that they need. (Survivor 04)

More like awareness and action for the psychological type abuse. [...] I just think there needs to be more investigation and more recognition for this kind of abuse, so that I can get help and feel safe. (Survivor 14)

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 to mitigate these impacts.

Peterman and colleagues (2020) specifically proposed three areas of research to further inform data on violence against women during pandemics, which includes: (1) understand the magnitude of the problem, (2) elucidate mechanisms and linkages with other social and economic factors, and (3) inform intervention and response options. It is important to note that limits and changes to the research process during pandemics can make in-person data collection difficult, and the use of new and innovative methodologies and non-traditional data sources should be considered (Peterman et al., 2020; Staab et al., 2022). Additionally, once data is collected and analyzed, effectively communicating and disseminating findings in accessible and user-friendly formats is essential to ensuring that data is utilized (Billi et al., 2021).

Lastly, increased data collection and research on the gendered impacts of emergent or crisis events is not possible without increased funding. Gender data funding has declined in recent years, with Data 2X noting a 55% decrease in funding in 2020 (a drop nearly three times higher than the overall drop in funding to data and statistics that year) (Baptista & Badiee, 2022). Open Data Watch estimates that \$500 million a year in funding is needed in order to fund core gender data systems—which is roughly twice the current level of support (Badiee et al., 2021).

SUMMARY/CONCLUSION



The findings of this study present an overview of the impacts of COVID-19 on experiences of IPV and service provision in Manitoba. The results, which are summarized below, show an emerging pattern of IPV increasing in frequency and severity due to the unique circumstances of the pandemic. Growing demand for services during this time, and added complexity in service provision, were also underscored. While public health orders were necessary, they had a clear impact on how IPV was experienced and the ability to provide services and supports. Agencies, organizations, and governments can prepare for similar pandemic situations by discussing, developing, and implementing policy and practice recommendations made by the participants in the study.

Interviews with survivors explored the impact of COVID-19 on experiences of IPV and found that the pandemic led to an increase in the frequency and severity of IPV. Increases in

frequency were often described as violence occurring more often (sometimes multiple times a day) or violence beginning to take place because of the pandemic. Increases in severity included reports of severe physical violence leading to injury, such as traumatic brain injury, or an escalation from non-physical to physical forms of violence. Lockdown or "stay at home" orders also further isolated survivors from both informal and formal supports and enabled abusers to utilize new tactics of abuse involving public health orders, vaccinations, CERB, and work from home equipment. Survivors specifically described a myriad of impacts to their mental and physical health because of experiencing IPV during the pandemic.

Help-seeking experiences were also impacted by COVID-19, as many survivors struggled to find accurate and updated information regarding available services. Even when survivors were able to find information, many services were inaccessible due to overwhelming service demand, long wait times, and reduced hours or programming. Appropriate legal counsel was also difficult to obtain, and many survivors faced difficulties navigating the court system and CFS. The pandemic ultimately resulted in increased barriers to accessing services including exclusive online service delivery, fears of contacting the virus, and a lack of privacy to access services and supports.

Furthermore, interviews with service providers were able to highlight pre-existing gaps and barriers to accessing services and supports for IPV such as long wait times, affordable housing shortages, and staffing challenges. However, in addition to pre-existing gaps and barriers, the pandemic created further barriers by decreasing access to privacy, reducing or closing services and public spaces, and decreasing available shelter space during a time of increased demand. Fears of contracting the virus, vaccination status, and access to internet and technology (especially in rural, remote, and Northern areas) also created barriers.

Survey responses gave further insight into experiences of IPV and service provision during the COVID-19 pandemic. The survey, once again, highlighted an increase in the frequency and severity of IPV—which often occurred in conjunction with a survivor's inability or hesitancy to reach out for help. Survey respondents also noted a deterioration in the mental health and wellbeing of survivors and their children during the pandemic and stated that they often worried for the safety and wellbeing of service users. Additionally, the personal impact of service provision was once again noted, as an increase in personal stress levels and feelings of being overwhelmed were experienced by 60% of service providers.

Service providers highlighted the fluctuating demand for service during the pandemic, with demand seemingly decreasing after lockdown or "stay at home" orders were implemented and increasing exponentially once they were lifted. Service providers also discussed changes to services and programming such as increases or decreases in programming, the implementation of online services, and non-IPV related services (such a vaccination clinics and food delivery). Of note, service providers stated that restrictive public health orders implemented in IPV serving agencies and organizations often mirrored experiences of abuse and control for survivors and prevented staff from practicing trauma-informed care. Further, an increase in co-occurring mental health issues and substance use amongst IPV survivors made service provision increasingly complex and challenging. The challenges of providing services during the pandemic impacted service providers negatively—specifically their mental and physical health, work-life balance, and relationships with informal support systems.

Several recommendations were made to improve the response to IPV survivors during pandemics, as well as other disruptive or emergent events, including:

- Utilize technology for online services and address barriers to digital access
- Develop innovative methods to connect with survivors and implement holistic services
- Invest in IPV services, supports, and resources
- Strengthen collateral system responses to IPV and foster coordination
- Support service providers
- Implement gender-sensitive emergency response measures
- Increase public awareness of IPV and pandemic supports
- Increase data on IPV in the context of emergent or crisis events

The results of this study help us understand how experiences of IPV and service provision are impacted during a pandemic. This research provides a foundation on which to improve, develop, expand, and create services and supports for IPV survivors in Manitoba that are accessible before, during, and after a crisis event. This project is an important contribution to the emerging body of literature focusing on IPV during pandemics, or other disruptive or emergent events, and can serve as a basis for future research in the area.

REFERENCES

- A Manitoba coronavirus timeline. (2020, September 25). CBC News. https://www.cbc.ca/news/canada/manitoba/timeline-covid-19-manitoba-1.5515193
- Badiee, S., Swanson, E., Noe, L., Wahabzada, T., Pittman, A. & Appel, D. (2021). *State of gender data financing 2021*. Open Data Watch & Data 2X. https://opendatawatch.com/publications/state-of-gender-data-financing-2021/
- Baptista, K. J. & Badiee, S. (2022). A sharp decline in funding for gender data puts SDG 5 at risk: Charting a way forward. Data 2X. https://data2x.org/sharp-decline-in-funding-for-gender-data-sdg5-at-risk/
- Billi, L., Encarnacion, J., Ismail, G., Seck, P. & Tabaco, R. J. (2021). Women and girls left behind: Glaring gaps in pandemic responses. UN Women.

 https://data.unwomen.org/sites/default/files/documents/Publications/glaring-gaps-response-RGA.pdf
- Bradbury-Jones, C. & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, 29(13-14), 2047-2049. https://doi.org/10.1111/jocn.15296
- Canadian Women's Foundation. (n.d.). *Become a signal for help responder*. https://canadianwomen.org/signal-for-help/
- Daya, R. & Azpiri, J. (2020, April 7). Calls to Vancouver domestic-violence crisis line spike 300% amid COVID-19 pandemic. *Global News*. https://globalnews.ca/news/6789403/domestic-violence-coronavirus/
- Evans, M. L., Lindauer, M., & Farrell, M. E. (2020). A pandemic within a pandemic Intimate partner violence during Covid-19. *The New England Journal of Medicine*, 383, 2302-2304, DOI: 10.1056/NEJMp2024046
- Ghidei, W., Montesanti, S., Wells, L. & Silverstone, P. H. (2022). Perspectives on delivering safe and equitable trauma-focused intimate partner violence interventions via virtual means: A qualitative study during the COVID-19 pandemic. *BMC Public Health* 22(1852). https://doi.org/10.1186/s12889-022-14224-3
- Government of Canada. (2022). *COVID-19: Canada's response*. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html
- Government of Canada. (2023). Canada emergency response benefit (CERB). https://www.canada.ca/en/services/benefits/ei/cerb-application.html

- McGuckin, A. (2020, November 12). Fewer calls for domestic violence support in Manitoba has experts concerned. *Global News*. https://globalnews.ca/news/7453011/fewer-domestic-violence-calls-manitoba-experts/
- Michaelsen, S., Djiofack, H., Nombro, E., Ferlatte, O., Vissandjée, B. & Zarowsky, C. (2022). Service provider perspectives on how COVID-19 and pandemic restrictions have affected intimate partner and sexual violence survivors in Canada: A qualitative study. *BMC Women's Health* 22(111). https://doi.org/10.1186/s12905-022-01683-4
- Nonomura, R., Baker, L., Lalonde, D. & Tabibi, J. (2020). Supporting survivors of domestic violence during COVID-19 reopening: Learning network brief (37). Centre for Research & Education on Violence Against Women and Children.

 https://www.vawlearningnetwork.ca/our-work/briefs/briefpdfs/Brief-37.pdf
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, O. & Van Gelder, N. (2020). *Pandemics and violence against women and children: Working paper 528 April 2020*. Center for Global Development. https://cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf
- Public Safety Canada. (2021, October 14). *Guidance on essential services and functions in Canada during the COVID-19 pandemic*. https://www.publicsafety.gc.ca/cnt/ntnl-scrt/crtcl-nfrstrctr/esf-sfe-en.aspx
- Schrag, R. J., Leat, S., Backes, B., Childress, S. & Wood, L. (2022). "So many extra safety layers:" Virtual service provision and implementing social distancing in interpersonal violence service agencies during COVID-19. *Journal of Family Violence*, *38*, 227-239. https://doi.org/10.1007/s10896-021-00350-w
- Staab, S., Williams, L., Tabbush, C., Arza, C., Dugarova, E., Hill, J. & Howell, B. (2022). Government responses to COVID-19: Lessons on gender equality for a world in turmoil. UN Women. https://www.unwomen.org/sites/default/files/2022-06/Government-responses-to-COVID-19-Lessons-on-gender-equality-for-a-world-in-turmoil-en-0.pdf
- Statistics Canada. (2019). Family violence in Canada: A statistical profile, 2018 (No. 85-002-X). Ottawa. Retrieved May 27, 2020 from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018-eng.htm
- Tabibi, J., Baker, L., & Lalonde, D. (2021). Revisiting vicarious trauma in gender-based violence work: Opportunities for fostering vicarious resilience & collective wellbeing. *Learning Network Issue 36*. London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN# 978-1-988412-54-2
- Tsioulcas, A. & Wamsley, L. (2020, March 31). France announces plan to aid domestic abuse victims during coronavirus crisis. *NPR*. https://www.npr.org/sections/coronavirus-live-updates/2020/03/31/824720162/france-announces-plan-to-aid-domestic-abuse-victims-during-coronavirus-crisis
- Weeks, L., Stilwell, C., Rothfus, M., Neeb, D., Jackson, L., Macdonald, M., Carson, A., Moody, E., Helpard, H. & LeBlanc, K. (n.d.). What initiatives have been created to meet the needs of women experiencing domestic violence during COVID-19? *Muriel McQueen*

Fergusson Centre for Family Violence Research. https://www.unb.ca/mmfc/ assets/documents/initiativesforwomenduringcovid19.pdf

- Women's Shelters Canada. (2020). *Shelter voices 2020.* http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf
- World Health Organization. (2020, March 11). WHO director-general's opening remarks at the media briefing on COVID-19 11 March 2020. https://www.who.int/director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020
- Yakubovich, A. R., Steele, B., Moses, C., Tremblay, E., Arcenal, M., O'Campo, P., Mason, R., Du Mont, J., Huijbregts, M., Hough, L., Sim, A. & Shastri, P. (2023). Recommendations for Canada's National Action Plan to End Gender-Based Violence: Perspectives from leaders, service providers, and survivors in Canada's largest city during the COVID-19 pandemic. *Health Promotion and Chronic Disease Prevention in Canada, 43*(4), 155-203. https://doi.org/10.24095/hpcdp.43.4.01

APPENDIX A

Victim/Survivor - Interview Guide

Date _	Interview Number
Locat	ion of participant
Туре	of interview (telephone or video conference)
<u>I. Ba</u>	ckground/Demographics:
1.	Can you please tell me the year you were born?
2.	How do you identify your gender?
3.	Are you currently employed? a) No b) Yes, full time c) Yes, part time d) Yes, casual
4.	What is the highest grade/level of education you have <u>completed</u> ?
5.	What is your total annual household income (approximate)?
6.	With which ethno-cultural or racial group do you most identify? a) Are you a newcomer or recent immigrant (came to Canada within the last five years)? Yes No
7.	a) What is the relationship status with your abusive partner/ex-partner? Married Separated/Divorced Common-law Single Dating Widowed Other (specify)
	b) Is this a same-sex relationship? Yes No
8.	Do you have children?
	Yes No
9.	If yes, how many? Ages?
10	Do your children live with you? YesNo

a)	If yes, how many of your children live with you?
b)	If no, where do they live?

II. Nature of the Violence/Victim/Survivor Experiences of Abuse

- 1. In whatever detail you are most comfortable with, can you please describe the nature of the violence/abuse you experienced at the hands of your partner/ex-partner?
- 2. Are you still in a relationship with this person?
 - a. If not, when did your relationship end? How did your relationship end? Did your relationship end due to factors related to COVID-19? Did you continue to experience abuse/violence after you separated?
- 3. Experiencing violence/abuse from an intimate partner can have profound impacts on victims/survivors. How has your partner's/ex-partner's violence impacted you?

Probes: Emotional/psychological, physical/medical, spiritual, financial, employment/school, relationship with others, relationship with your children/mothering?

III. Impact of COVID-19

1. Thinking back to mid-March 2020, do you recall how you (and your family) were impacted by COVID-19?

Probes:

- Did you or your partner/ex-partner lose employment? Or experience reduced employment? Reduced income?
- Were you working at home? Was your partner/ex-partner working at home?
- Did you now have to homeschool your children, care for children?
- Did you now have to care for others, i.e., family, relatives, neighbours (i.e., purchase groceries/medicine on their behalf)
- Increase in use of alcohol/drugs?
- Mental health issues (i.e., anxiety, depression, etc.)?
- 2. Did the violence/abuse perpetrated against you increase during the COVID-19 lockdown? How so?
 - a. Frequency of violence
 - b. Severity of violence
 - c. If yes, what do you attribute this increase to?

Prohes

- Being at home more together
- Increased stress
- Increase in use of alcohol/drugs
- Isolation from family, friend, co-workers
- 3. Did your experiences of violence change after the COVID-19 lockdown? How so?
 - a. Frequency of violence
 - b. Severity of violence
- 4. Do you believe your partner/ex-partner used COVID-19 to control and/or abuse you? *Probes:*
 - Did your partner/ex-partner use quarantining or social isolation measures as a



- reason to isolate you from others?
- Did your partner/ex-partner tell you that shelters or other violence-serving organizations were closed?
- [If participant is/recently was employed] Did your partner/ex-partner destroy equipment that you required for work purposes?
- 5. Did you apply for the Canada Emergency Revenue Benefit (CERB)?
 - a. If yes, were you eligible?
 - If yes, was it easy to find information on the program? Did you find the application process easy to navigate? Has the program been effective?
 - If no, why not?
 - b. If no, why didn't you apply?

Probes:

- Employed
- Receiving other form of funding (i.e., Employment Insurance, Social Assistance Program)
- Difficulty finding information/completing application
- Wasn't aware of the program
- 6. Have you had any recent involvement with Child and Family Services (CFS)?
 - a. If yes, did CFS become involved due to concerns around your experience of intimate partner violence during COVID-19? Did CFS involvement increase because of COVID-19? How so? Do you have any fears or concerns about this level of involvement?

IV. Help-Seeking Experiences

Many victim/survivors (but not all) seek help for the violence perpetrated against them. We'd like to ask you some questions about your experiences of seeking help during COVID-19.

1. Prior to COVID-19, had you ever told someone about your partner's/ex-partner's abuse? Or reach out for help?

Probes:

- If no, why not?
- If yes, who did you tell (i.e., family, friends, co-workers, neighbours, clergy/faith leader, professional). When was this?
- 2. During COVID-19, have you ever told anyone about the violence or seek help?
 - a) If yes, who did you tell and why?

Probes:

- Informal supports: Family, friend, neighbour, co-worker, clergy/faith leader?
- Formal supports: Police/RCMP, Victim Services, shelter, lawyer, medical personnel, counsellor, crisis line, child welfare
- Reasons: To obtain physical safety, urgent medical attention, to recover/heal from physical and psychological stress, to stop the violence in the relationship
- b) If no, what prevented you from telling anyone about the violence or seek help? Did concerns about COVID-19 impact your decision or ability to seek help? Probes:
 - Were you afraid of exposing yourself or your children to the virus?
 - Were you fearful of partner/ex-partner finding out (lack of privacy; overhearing

- phone calls; finding emails/information on shared computer)?
- What did you do to feel or be safer during this time?
- 3. Did you know that services were available/open during the COVID-19 lockdown?
 - a) If yes, how did you find out about these services?
- 4. Did you access a crisis shelter (or attempt to access) during COVID-19?
 - a) Did you access a domestic violence shelter or a homeless shelter?
 - b) What was this experience like?

Probes:

- How long did you stay?
- Did your children attend with you?
- Both positive and negative experiences?
- Did you find the assistance helpful? Unhelpful? Why or why not?
- Did you feel safe from the COVID-19 virus while you were at the shelter?
- 5. Did you access (or attempt to access) a resource centre during COVID-19? Did you physically go there or was this over the phone?
 - a) What was this experience like?

Probes:

- Both positive and negative experiences?
- Did you find the assistance helpful? Unhelpful? Why or why not?
- Did you feel safe from the virus while you visited the centre?
- 6. Did you contact a crisis line for assistance with the violence perpetrated against you?
 - a) Did you contact a crisis phone line or crisis text line?
 - b) What was this experience like?

Probes:

- Both positive and negative experiences?
- Did you find the assistance helpful? Unhelpful? Why or why not?
- 7. Did you access counselling or other support services?
 - a) If yes, what was this experience like?

Probes:

- Both positive and negative experiences?
- Did you find the assistance helpful? Unhelpful? Why or why not?
- 8. Did you receive assistance from first responders (i.e., police, fire, ambulance) in relation to the violence you were experiencing?
 - a) What was this experience like?

Probes:

- Both positive and negative experiences?
- Did you find the assistance helpful? Unhelpful? Why or why not?
- 9. Did you access any other services (i.e., Victim Services, legal, medical, etc.) for assistance?
 - a) If yes, what was this experience like?

Probes

- Both positive and negative experiences?
- Did you find the assistance helpful? Unhelpful? Why or why not?
- Did you feel safe from the virus while you visited other services?

- 10. Did you apply to the criminal or family court system for a no-contact/protection order?
 - a) If yes, did you find this process accessible? How long did the process take?
 - b) If yes, can you please describe how the no-contact/protection order impacted coparenting (including custody, access, and visitation) during COVID-19?
- 11. Seeking help can be very difficult for many victims/survivors. Did anything make it difficult to disclose or seek help during COVID-19? What challenges did you face?

Probes:

- Isolation (including geographic)
- Access to technology (i.e., poor/unreliable/unavailable internet connection, cellular service)
- Transportation barriers (i.e., lack of transportation, expensive)
- Fear of losing your privacy, confidentiality?
- Fear of stigma, shame?
- Fear of racism/discrimination?
- Was it hard to find services that were open/available?
- Fear of removal of children from CFS?
- Fear of retaliation, use of firearms?
- Care of pets, livestock, or family farm?
- Fear of financial insecurity/lack of housing?
- Fear of losing immigration status?
- Religious or faith-based considerations
- Parenting concerns
- Access to childcare
- Fear of contracting COVID-19
- Other challenges?
- 12. Were there other issues/challenges in your life that impacted your ability to seek help during the COVID-19?

Probes:

- Financial, care of children/others, physical health, mental health, sexuality or gender-diversity issues, immigration status, new to the community?
- 13. Thinking back to your experiences as a survivor of violence during COVID-19, was there anything that would have been helpful to you?
- 14. Is there anything else you'd like to tell me about your experience with violence during the COVID-19? Is there anything else you think we should know?
- 15. Do you have any suggestions or recommendations for ways in which service for victims/survivors who experience intimate partner violent during a pandemic, such as COVID-19, could be improved?

Probes:

Suggestions for improving access to support services.

Thank you for taking the time for this interview and for sharing your thoughts and experiences. This can be a difficult topic to talk about and your responses are very valuable in helping us to understand the experience of survivors of abuse during a pandemic, such as COVID-19

APPENDIX B

Service Provider Interviews

Int	ervie	ewer: Date: Focus Group/Interview #			
Type of focus group/interview (telephone or video-conference):					
I.	I. Background/Demographic Information				
	1.	Type of organization (e.g., police, shelter, resource centre):			
	2.	Location of participant:			
		Occupation of participant:			
	4.	Years in current position:			

I would now like to ask you some questions about your experience working in the area of intimate partner violence during the COVID-19 pandemic (mid-March 2020 – present). When I say intimate partner violence, I am referring only to the violence that happens within the context of marital or partner (including same sex) relationships (for instance, domestic violence, wife assault, spousal assault, etc.). I am <u>not</u> referring to child abuse, sibling abuse, or elder abuse by someone who is not an intimate partner.

II. Impact of the COVID-19 Pandemic on Intimate Partner Violence

- 5. How has the COVID-19 pandemic impacted experiences of intimate partner violence?
 - a. Have you noticed an increase in the frequency of intimate partner violence? The severity?
 - b. Increase in relationship break-ups/separations?
 - c. New tactics of abuse?
- 6. In your experience, have you found impacts of intimate partner violence different for individuals during COVID-19 than during pre-pandemic times?
 - d. If so, how?
 - e. Probes: Physically? Emotionally? Spiritually? Behavioural? Parenting? Relationships? Employment/School?
- 7. What types of co-occurring issues do you see among individuals who have experienced intimate partner violence during the COVID-19 pandemic?
 - f. Probes: Addictions, mental/physical health issues.
- 8. What kinds of things have prevented individuals from coming forward for assistance and/or disclosing abuse?
 - g. Probes: impact of lockdown/restrictions on service availability, abuser increasing control, fears of contracting COVID-19, lack of access to technology
- 9. Overall, what are the needs of individuals who experience intimate partner violence

III. Service Provision During the Pandemic

- 10. What are the gaps/barriers/challenges in existing services that exist during the pandemic? How can these services be improved?
- 11. How has your workplace adapted its service delivery model to fit the needs of individuals within the context of the COVID-19 pandemic?
 - h. Probes: working from home, cancellation of non-priority programming, use of virtual means (i.e., phone, video-conference) to deliver supports
- 12. What are the biggest challenges that you've encountered in providing support services during the pandemic?
- 13. Did you feel like you had adequate resources/information/training in your workplace to do your job effectively during the pandemic?
 - i. If no, please describe the supports that would have been helpful to you.
 - j. If yes, please describe.
- 14. How has COVID-19 impacted your personal life, and in turn, your ability to do your work?
- 15. Is there anything else you'd like to share about your experiences providing supports to IPV individuals within the context of COVID-19?

Thank you for taking the time for this interview and for sharing your thoughts and experiences. Your responses are very valuable in helping us to understand service provisions response toward intimate partner violence during the COVID-19 pandemic.





APPENDIX C

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

This consent form, which you can download for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the principal investigator, Dr. Kendra Nixon by phone (204-474-9292) or email (kendra.nixon@umanitoba.ca). Please take the time to read this carefully and to understand any accompanying information.

The purpose of this survey is to garner an understanding of how pandemics (such as COVID-19) impact survivors of intimate partner violence (IPV) and the organizations that serve them and their families. If you have provided services to IPV victims/survivors in Manitoba within the context of COVID-19 (March 2020 – present), we are interested in hearing about your experiences and hope you will complete the survey. This information will be used to develop policy and practice recommendations to improve service provision responses toward victims/survivors of IPV. If you agree to participate in this survey, you will be asked to complete questions involving basic demographic information; professional experiences serving IPV victims/survivors within the context of COVID-19; and suggestions for ways to improve the response to IPV victims/survivors within the context of pandemics. The survey should take about 15 - 20 minutes to complete depending on the amount written in the open-ended questions. At the end of the survey, you will be asked if you want to participate in a follow-up focus group which will be conducted over telephone or video conference (i.e., Zoom).

Please note that you can withdraw your consent to participate at any time prior to completion by exiting your browser.

No names will be collected at any point while you are completing the survey, meaning your answers are completely anonymous. When we report on the results from this survey, no results will be individually identifiable. For quantitative questions, like the multiple choice or select-all-that-apply questions, only summarized group data will be reported. In the cases of open-ended, text-entry questions where we ask for written responses, we will ensure that any responses are anonymized (meaning any potentially identifying information will be removed) prior to reporting. All data will be electronically stored for 5 years after study completion (September 2026) on a password protected computer owned by the lead researcher. After this time, the data will be destroyed. No identifying information will be stored so that the researchers will not know you personally participated in the study. Because this is a study covering the province of Manitoba, survey data will be shared with members of the research team at Brandon University. Brandon University will ensure they have received institutional Research Ethics Board approval before they can begin the study in their respective region.

Study data will be securely stored on the Qualtrics server which is housed in Canada. Aggregated results will be disseminated through a final report that will be posted on the RESOLVE website (www.umanitoba.ca/resolve) by September 2021 as well as disseminated through conference proceedings, peer-reviewed publications, and presentations.

Your participation in this study is voluntary and you do not have to complete the survey if you do not want to. Your decision to participate or not will in no way affect your employment.

You are free to withdraw from the study at any time until you complete the survey. To withdraw, simply exit the browser at the top corner of your screen. Any responses you have provided up to that point will be destroyed. Once you submit your responses, we will not be able to withdraw your responses because the survey is anonymous and there is no way to determine which responses are yours.

You can exit the survey at any time by closing your web browser.

If you exit the survey prior to submission, your responses will not be recorded. If you have exited the survey accidentally and would like to restart the survey you can do so by accessing the link again.

Your ongoing participation in this survey should be as informed as your initial consent. This means that if any new questions or concerns come up during your participation, you should feel free to ask for clarification of new information. You may do this by contacting the lead researcher (information listed above). By clicking on the survey link, you are indicating that you are satisfied that you understand the information regarding participation in the survey and that you agree to participate in it. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. The University of Manitoba may look at your survey records to see that the research is being done in a safe and proper way. But again, your participation is anonymous, and no one will be able to identify you. This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus [Protocol #R1-2021:014]. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122, or by e-mail at humanethics@umanitoba.ca. You can download and print a copy of this consent form for your records and reference.

Principal Investigator: Dr. Kendra Nixon, RESOLVE, University of Manitoba (204) 474-9292, kendra.nixon@umanitoba.ca

For this survey, we use the language "intimate partner violence" to describe violence perpetrated against one's intimate partner or spouse (or ex-partner or ex-spouse). Other commonly used terms include domestic violence, partner violence, or spousal violence. Forms of violence can include physical, sexual, emotional, psychological, economic/financial, and spiritual.

When answering the following questions, please reflect on your experiences providing supports to IPV survivors within the context of COVID-19 (March 2020 – present).

Eligibility Questions

This study considers the experiences of IPV service providers in Manitoba within the context of COVID-19. As such, there are specific criteria associated with participating in the study. The next two questions will assess your eligibility to take part in the survey.

- 1. Have you provided supports to IPV survivors within the context of COVID-19 (March 2020 present)?
 - a. Yes
 - b. No
- 2. Do you work in Manitoba, Canada?
 - a. Yes
 - b. No

Demographic Information

- 1. Here is a list of terms to describe gender. Please check all terms that currently apply to you¹.
 - a. Agender
 - b. Man
 - c. Non-binary
 - d. Trans
 - e. Two Spirit
 - f. Woman
 - g. Another gender or additional gender identity (please specify):
 - h. Choose not to answer
- 2. What is your level of education?
 - a. Less than a high school diploma
 - b. High school diploma or equivalent
 - c. Technical or applied college diploma
 - d. University bachelor's degree
 - e. University graduate degree
 - f. Other (please specify)
- 3. What is your role/position title? [open-ended question]
- 4. What best describes your position? (select one)
 - a. I am in front-line staff position
 - b. I am in a management position
 - c. I am a student
 - d. Other (please specify)
- 5. How would you characterize your employment?
 - a. Full-time

¹ Gender refers to your own internal feeling of what your gender is and may not match what your birth certificate says or what other people assume your gender is. If you are unsure of what a term means, feel free to look it up in the glossary here: https://pflag.org/glossary. We acknowledge that identity is complex and definitions vary over time and between people. If you feel one of these terms fits you but our definition does not match what it means to you, you can check it anyway or use the "another option" to specify further.

- b. Part-time
- c. Casual
- d. Other (please specify)
- 6. How long have you worked in your current role?
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3-4 years
 - d. 5-10 years
 - e. Over 10 years
- 7. Which of the following populations do you primarily work with?
 - a. Victims/survivors of intimate partner violence
 - b. Children exposed to violence
 - c. Perpetrators of intimate partner violence
 - d. Other (please specify)
- 8. Would you say you primarily work: [check all that apply]
 - a. In an urban community/large city (population >100,000)
 - b. In a suburb near a large city
 - c. In a small city or town (population <100,000)
 - d. In a rural (non-northern) community
 - e. In a rural northern community
 - f. In a First Nations community (i.e., on-reserve)
 - g. Other (please specify)

Impacts on IPV Survivors

- 1. Preliminary research indicates that COVID-19 has impacted experiences of IPV in a number of ways. Please read the list below and select the trends in IPV that you have noted in your professional practice since the start of COVID-19 (March 2020 present). [select all that apply]
 - a. Increased frequency of abuse or violence
 - b. Increased severity of abuse or violence
 - c. Changes in tactics used to commit violence
 - d. Increased co-occurrence of IPV and substance use (i.e., alcohol and drugs) among IPV survivors
 - e. Increased co-occurrence of IPV and substance use (i.e., alcohol and drugs) among IPV perpetrators
 - f. Deterioration of mental health and well-being of survivors
 - g. Deterioration of mental health and well-being of perpetrators
 - h. Deterioration of mental health and well-being of children exposed to violence
 - i. Increase in relationship break-ups/separations/divorces
 - i. Other (please specify)
- 2. Have survivors been more hesitant to reach out for help/disclose violence to professionals since COVID-19?
 - a. Yes
 - b. No
 - c. Don't know

- 3. What are the most significant barriers for IPV survivors attempting to access support services? [select the top five barriers]
 - a. Limited access to technology to participate in virtual supports
 - b. Discomfort with the prospect of virtual service delivery
 - c. Less opportunity to reach out for help (i.e., because abusive partner is present in the home, privacy is more difficult)
 - d. Abusive partner preventing survivor from seeking/accessing services
 - e. Limited availability of support services
 - f. Province is in lockdown (IPV survivors limiting time spent outside the home)
 - g. False information regarding the availability of services during pandemic
 - h. Fear of contracting COVID-19 (either for themselves or children)
 - i. Mental health issues (i.e., depression, anxiety)
 - j. Feeling overwhelmed with additional family/child care responsibilities (i.e., more time spent caring for children and/or family)
 - k. Other (please specify)
- 4. Is there anything else you'd like to add regarding the impact of COVID-19 on IPV survivors? [open-ended question]

Service Provision within the Context of COVID-19

- 1. In what ways has your workplace had to alter its service delivery model within the context of COVID-19? [select all that apply]
 - a. Working from home
 - b. Cancelling non-priority programs and projects
 - c. Cancelling community outreach programs
 - d. Use of virtual means (i.e., phone, video conference) to deliver supports
 - e. Limit the use of communal spaces
 - f. Reduce agency/program capacity to maintain social distancing
 - g. Cleaning and sanitizing common spaces
 - h. Spend agency funds on personal protection equipment (PPE)
 - i. Spend agency funds on new technology to facilitate virtual service delivery
 - j. Discontinue volunteer programs
 - k. Discontinue donation programs (i.e., clothes, toiletries)
 - I. Work additional hours/overtime
 - m. Decrease in work hours
 - n. Cancel/amend fundraising activities
 - o. Other (please specify)
- 2. How have these changes impacted you and your ability to do your work? [select all that apply]
 - a. The changes at my workplace have left me more stressed and overwhelmed
 - b. The changes in my home/personal life have left me more stressed and overwhelmed
 - c. I am worried for my physical safety/health (i.e., contract COVID-19 at my workplace)
 - d. I have had to take time off work due to illness or mandatory self-isolation
 - e. I've been temporarily laid off and/or have had my hours reduced due to funding cuts
 - f. I am worried for our clients'/service users' physical safety/health
 - g. I have had to focus my attention to the changes required of our organization to

- deal with COVID-19 and have had less time to connect/work with my clients/service users
- h. Because I am working from home, it is difficult to separate my home and work obligations, leaving me feeling stressed and overwhelmed
- i. I have had to learn to use new technology, adding to my workplace stress
- j. Because I am working from home, I feel disconnected from my coworkers/colleagues
- k. I encounter difficulties connecting with other agencies
- I. I've had to provide services to clients/service users that are beyond my scope of practice/responsibility (e.g., completion of CERB applications)
- m. Other (please specify)
- 3. What are the biggest challenges you have encountered providing services within the context of COVID-19? [select the top 3 challenges]
 - a. Inability to meet the complex needs of survivors
 - b. Lack of personal connection due to service delivery by remote means (i.e., phone, video conference)
 - c. Confusion around public health orders/health directives and how this translates to the workplace
 - d. Technology related challenges (i.e., internet connectivity, lack of equipment)
 - e. Logistical challenges associated with working from home (i.e., inadequate workspace)
 - f. Lack of collaboration with other service providers
 - g. Adapting to new policies/procedures to manage COVID-19
 - h. Delays in the criminal justice system
 - i. Delays in the family court process
 - j. Decreases in staffing
 - k. Lack of financial resources
 - I. Uncertainty about the future of service provision
 - m. Other (please specify)
- 4. Has collaboration with other community agencies changed since the beginning of COVID-19 (March 2020)?
 - a. Yes, collaboration has increased
 - b. Yes, collaboration has decreased
 - c. No, there hasn't been any change in the level of collaboration
 - d. Don't know
 - e. Not applicable/I don't work with community agencies
- 5. Has collaboration with government changed since the beginning of COVID-19 (March 2020)?
 - a. Yes, collaboration has increased
 - b. Yes, collaboration has decreased
 - c. No, there hasn't been any change in the level of collaboration
 - d. Don't know
 - e. Not applicable/I don't work with government
- 6. Has your agency changed the way it advertises its services since the beginning of COVID-19 (March 2020)?
 - a. Yes
 - b. No

- c. Don't know
- 7. If yes, please describe the changes in advertising that have occurred. [open-ended question]
- 8. Have you been asked to provide support in areas not specifically related to IPV service provision? [select all that apply]
 - a. Dissemination of health-related information
 - b. Assistance completing CERB applications
 - c. Provision of referrals to health agencies
 - d. Other (please specify)
- 9. Please rate your agreement with the following statement: <u>At the beginning</u> of the pandemic (March 2020), my workplace was well equipped to provide support services to IPV survivors within the context of COVID-19.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
 - e. Don't know
- 10. Please rate your agreement with the following statement: my workplace is <u>currently</u> well equipped to provide support services to IPV survivors within the context of COVID-19.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
 - e. Don't know
- 11. Compared to your work-related stress levels prior to the pandemic, your currently work-related stress levels within the context of COVID-19 are:
 - a. Significantly less than prior to the pandemic
 - b. Less than prior to the pandemic
 - c. About the same
 - d. More than prior to the pandemic
 - e. Significantly more than prior to the pandemic
 - f. Don't know
- 12. How has COVID-19 impacted your personal life, and in turn, your ability to do your work? [select all that apply]
 - a. Working from home
 - b. Homeschool children/care for children
 - c. Caring for others (i.e., family, relatives, neighbors)
 - d. Health concerns for myself, children, and family
 - e. Increased financial concerns/burden
 - f. Blurred professional/personal boundaries
 - g. Uncertainty about the future
 - h. Increased stress
 - i. Burnout
 - j. Isolation from family, friends, co-workers
 - k. Mental health issues (i.e., anxiety, depression, etc.)
 - I. Other (please specify)

13. Is there anything else you'd like to share about your experience(s) providing supports to IPV survivors within the context of COVID-19? [open-ended question]

Next Steps & Moving Forward

- 1. In what areas do you require new or increased knowledge to enable you to undertake your role more effectively within the context of COVID-19? Select all that apply.
 - a. Cleaning/sanitizing protocols
 - b. Health-related/pandemic information
 - c. Safety planning
 - d. Case management
 - e. Risk assessment
 - f. Crisis response
 - g. Sharing personal information of clients/service users (i.e., health information)
 - h. Supporting clients through the legal system
 - i. Trauma-informed practice
 - j. Supporting staff in times of crisis/uncertainty
 - k. Self-care
 - I. Other (please specify)
 - m. Choose not to answer
- 2. What is needed to provide adequate supports to IPV survivors with the context of pandemics (such as COVID-19)? [select all that apply]
 - a. Additional funding
 - b. Training on service provision within the context of pandemics
 - c. Opportunities for knowledge sharing on the issue of IPV service provision within the context of pandemics (i.e., panel discussions, conferences)
 - d. More staff
 - e. Increased availability of personal protection equipment (PPE)
 - f. Updated software/technology
 - g. Policy, procedure, and protocol relating to service provision during pandemics
 - h. Increased collaboration with other community agencies
 - i. Other (please specify)
 - i. Choose not to answer
- 3. Do you have any other suggestions or recommendations for ways in which services for survivors who experience IPV during a pandemic, such as COVID-19, could be improved? [open-ended question]

Text for End of Survey [for participants who complete the survey]

We are also conducting follow-up focus groups with service providers. These one-time focus groups will be conducted over the telephone or video conference (i.e., Zoom). We will conduct the focus groups during the spring 2021. These focus groups will take approximately 1 - 2 hours to complete and will build upon the survey questions by asking more specifically about your experiences providing support to IPV victims/survivors within the context of COVID-19. If you choose to participate in the follow-up focus group, your responses will not be connected to your survey responses so the researchers will not know how you responded in the survey. More

information about the study, including informed consent procedures will be shared with you prior to beginning the focus group.

- 1. Would you be interested in participating in a follow-up focus group?
 - a. Yes
 - b. No

[If "Yes" to being interested in participating in a follow-up focus group] Please click on the following link to provide your contact information (phone or email). Your contact information will be safety stored on the Qualtrics server (located in Canada) and in a password protected computer and will only be available to the researchers or research assistants.

This marks the end of the survey. Thank you for your participation!

Please note that your responses will be anonymous. If you have any questions about the study or how your information will be used please contact the principal investigator, Dr. Kendra Nixon by phone (204-474-9292) or email (kendra.nixon@umanitoba.ca).

Study results will be available September 2021 and can be accessed on the RESOLVE website (www.umanitoba.ca/resolve).

Text for End of Survey [for participants who complete the survey and for those who are bumped out of the survey]

Thank you for your interest in the survey. If you have any questions about the study or how your information will be used, please contact the principal investigator, Dr. Kendra Nixon by phone (204-474-9292) or email (kendra.nixon@umanitoba.ca).

This research was funded by the Social Sciences and Humanities Research Council (SSHRC).

