

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

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



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# EXECUTIVE SUMMARY

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

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

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

## What We Heard about Survivors:

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

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

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

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

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

## What We Heard about GBV Service Provision:

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

These included:

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

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

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

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

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

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

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

## What about the Future?

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

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

## What Is Needed

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

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

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

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

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

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

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

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

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

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

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

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



## What we did

*Understanding the Impacts of COVID-19 on Gender-Based Violence Service Provision* is a survey that was developed collaboratively by the Ending Violence Association of Canada and Anova.

From May 18 to July 20, 2020, anyone working or volunteering in the gender-based violence (GBV) sector, or anyone working or volunteering in workplaces that provide services related to GBV in Canada, was invited to complete the online survey in English or French. The purpose of the survey was to learn about the impact of the COVID-19 pandemic from service providers and advocates who are working with survivors of GBV and/or delivering GBV-focused services across Canada. This survey asked questions related to:

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

### What does the Gender-Based Violence (GBV) sector do?

- Provides specialized counselling to survivors of all forms of GBV
- Offers shelter and temporary housing to individuals fleeing violence, and provides assistance in securing safe, permanent housing
- Assists in safety planning to ensure that those experiencing or at risk of experiencing violence have a clear understanding of where they can go if they need help or support
- Provides education and training about violence, consent, healthy relationships, crisis intervention and much more to the public
- Undertakes advocacy on issues of importance to GBV survivors and the organizations that support them
- Offers assistance to individuals from a variety of backgrounds in navigating complex systems, including immigration, criminal justice, housing, social services, and many more



## Why we did the survey

When the COVID-19 pandemic began it became clear early on that its impacts would be deeply felt by those providing services to individuals who experience gender-based violence (GBV). The conditions created by the pandemic were ones that were widely recognized by advocates as likely to increase the risk of GBV while at the same time making it more difficult for those experiencing GBV to seek help. Staff and volunteers in sexual assault centres, shelters, transition houses, outreach programs, settlement services, victim services, hospitals, postsecondary campuses, Indigenous Friendship Centres, and other organizations across the country were faced with the daunting task of continuing to connect with and provide services to those experiencing GBV - services that are fundamentally driven by relationships, connection, safety, and predictability - in a climate that made it immeasurably more difficult to do so. This climate of “constant adjustments,” as one staff describes it, placed an added burden on an already overburdened sector.

Gender-based violence and violence against women has been referred to as a pandemic worldwide, and more recently, as the “shadow pandemic” of the COVID-19 pandemic.<sup>1</sup> In Canada, inadequate and unstable funding, long waiting lists, infrastructure in need of repair, and delays in the development and implementation of a National Action Plan to address violence against women and girls and GBV are just some of the ongoing challenges facing GBV service providers that have come into sharp focus in the context of the COVID-19 pandemic.<sup>2</sup> In addition, the already heightened risks for GBV faced by women with disabilities; Indigenous, Black and racialized women; non-status, immigrant, refugee, and newcomer women; trans, non-binary, and gender non-conforming people; and others who experience intersecting forms of inequality were further exacerbated by the social and economic impacts of the pandemic.<sup>3</sup>

Sparked by the need to deepen understanding of the impacts of the pandemic, equality-seeking organizations and advocates are producing essential information and analyses. Their collective call for an intersectional, gendered understanding, analysis, and response to the pandemic provides a powerful and growing body of information and recommendations that must guide Canada’s pandemic recovery.<sup>4</sup>

This report contributes to this conversation by foregrounding the voices and experiences of those on one of the many frontlines during this pandemic - those directly supporting survivors of GBV. It focuses on how the COVID-19 pandemic impacted GBV service providers and survivors, and provides additional statistics, accounts, and analyses that deepen the understanding of what happens when COVID-19 intersects with the already existing pandemic of GBV.

## A few things to keep in mind

- Throughout the report, we have incorporated word-for-word quotations from many of the individuals who completed the survey. These quotations offer a look at the experiences of GBV staff and volunteers in their own words. While we hope that these stories resonate with you, some of them may be difficult to read. We encourage you to take care of yourself or reach out to others to discuss further if you find this content difficult.
- In this first report on the survey findings we provide a national overview of how the COVID-19 pandemic impacted GBV service provision and survivors. We also recognize the value and importance of more nuanced pictures of what was happening in different parts of the sector, in different regions, and in different communities that may have been distinctly impacted, and we will be providing these more detailed findings in upcoming work.
- Although we tried to reach as many GBV service providers as possible, limitations in our survey design and recruitment process mean that we have not captured all voices and perspectives that have valuable information to offer about the impact of COVID-19 on GBV. Where possible, we have attempted to point you to additional resources that speak to some of the gaps in our data collection.

## Who we heard from



Gender-based violence (GBV) staff and volunteers who completed the survey came from:

- BC, Alberta, Saskatchewan, Manitoba: 21%
- Ontario & Quebec: 59%
- New Brunswick, PEI, Nova Scotia, Newfoundland: 17%
- Yukon, Northwest Territories, Nunavut: 3%
- Urban: 49%
- Rural: 39%
- Remote/Northern: 12%

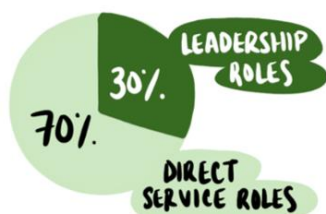
They worked or volunteered in:

- domestic violence shelters / transition houses (42%)
- sexual assault centres (25%)
- other organizations providing GBV services (33%) including:
  - multi-service organizations
  - advocacy, research, and policy
  - post-secondary campuses
  - police and community-based Victim Services
  - hospital-based domestic violence/sexual violence services
  - addictions and mental health services
  - Immigrant and settlement services
  - Indigenous organizations



In the following positions:

- Directors, Supervisors, or Managers (30%)
- Direct Service Roles (70%), including:
  - Counsellors, Social workers, and Outreach and Crisis Support (47%)
  - Systems navigation and specialized support, including nurses, settlement workers, legal advocates and others (8%)
  - Public Education, Research, Policy, and Fundraising (7%)
  - Volunteers (6%)
  - Administrators, Coordinators, and Facility Support (2%)



A total of 376 GBV staff and volunteers from across the country offered their perspectives on the impact of the pandemic on their work and the lives of the survivors they support. In addition to those who provide GBV services in sexual assault centres, shelters, and transition houses, staff and volunteers who work in a variety of other organizations and settings, including immigrant and settlement services, hospitals, Victim Services, post-secondary campuses, private counselling services, Indigenous Friendship Centres, and addictions and mental health took the time to share their experiences and stories about providing GBV services during the pandemic. Collectively, those involved in GBV service provision who completed this survey reveal a widespread need to address pandemic-related changes and challenges for a broad range of service providers working across jurisdictions, sectors, organizations, and occupational roles.

# CRISES, CHALLENGES and CHANGES (SURVIVORS)

Gender-based violence (GBV) staff and volunteers who are on the frontlines of shelters, sexual assault centres, and crisis lines, and those supporting survivors in other settings, offer a frontline perspective on how COVID-19 is shaping survivors' experiences of violence and their ability to seek help and support.

To better understand what violence in the lives of survivors looks like during the pandemic, we asked those who work closely with them to offer their perspectives about:

- changes in the experiences of violence, and/or the needs and challenges of survivors, and
- changes in survivors' experience of and use of GBV support services.



## CHANGES IN THE VIOLENCE EXPERIENCED by SURVIVORS

GBV staff and volunteers noted many changes related to the prevalence and nature of violence reported by survivors since the beginning of the pandemic. In describing these changes, GBV staff and volunteers made observations related to the following three areas:

### **Changes in prevalence and severity of violence (46%)**

46% of GBV staff and volunteers reported changes in the prevalence and severity of violence, with 82% of these workers noting increases in both prevalence and severity.

“Many more cases of strangulation and serious physical assaults leading to a higher risk of lethality.”

“I have seen an increase in violence and the gravity, to a new level that I have never seen before.”

“I have noticed that isolation during the pandemic has been a tipping point for some people causing the abuse people experience to go from bad to worse, causing women and children to seek immediate shelter from partners.”

“Because I am not really hearing from survivors it is very unsettling. I know that rates of domestic and intimate partner violence have likely increased, so the fact that we are seeing fewer clients is such an uneasy feeling. I can't help but worry about all of the families impacted by violence that feel as though they have nowhere to turn to.”

## Changes in mental health well-being of survivors (34%)

34% of GBV staff and volunteers noted changes in the mental health and well-being of survivors during the pandemic, including increased reports of depression, anxiety, suicidal ideation, and self-harm. Isolation, uncertainty, additional stress, and challenges in utilizing supports all contributed to additional mental health challenges experienced by survivors.



“With staff working reduced hours and partially from home, clients are missing the normal supports they receive. Many really miss us! Women are being triggered more frequently ... . The whole situation has been so stressful for them ... and us!”

“Survivors are experiencing an increase in triggers and stressors. Increased reports of anxiety and depression.”

## Changes in tactics used to commit violence (20%)<sup>5</sup>

GBV staff and volunteers consistently observed changes in survivors’ experience of violence related to the tactics used to commit violence. In particular, staff and volunteers noted that they were increasingly hearing about how abusers were taking advantage of the conditions created by the pandemic to escalate control and isolation and to commit violence, including

- using isolation at home as a tool for engaging in violence
- misusing information about the pandemic to exercise control
- monitoring and controlling access to technology to increase and isolation and limit help-seeking

“Women are describing increased control behaviours from their abusers.”

“The violence they experience is more frequent due to lay offs and men being in the home more often. Safety plans are more about how to stay than how to escape.”

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

## CHANGES in USING SERVICES and SEEKING SUPPORT

GBV service providers described how the pandemic shaped survivors' use and experiences of GBV support services. As many service providers noted, the pandemic created additional barriers for survivors seeking support. Those barriers most frequently identified by service providers included:

### **Fears about contracting COVID-19 by accessing shelter, hospital-based or other services**

“We have seen an increase in calls to our crisis line but at the last minute survivors are changing their mind about accessing the transition house. I think there is fear among survivors of living in this type of communal setting at this time.”



### **Fears or unwillingness to follow COVID-19 protocols that can be triggering or reminiscent of controlling and abusive situations**

“I also think it's a bit traumatizing for residents to be faced with strict isolation and PPE requirements, as strict regulation can often be a part of the abuse they faced, and the reason they came to us in the first place. We have had to make several changes to residents' ability to sign out, isolation upon intake, communal space restrictions, etc. that I feel could trigger past abusive experiences and cause extreme harm to our clients.”

### **Inability to participate in telephone or virtual supports due to lack of technology or internet access, lack of privacy or space to use the phone or computer, and/or discomfort with receiving services normally provided face-to-face over phone or video**

“Survivors are unable to come to the office for face-to-face counselling or other services. Survivors may be living with abusers and are 'trapped' at home with them. Survivors do not have access to the internet or devices to attend internet-based services. Survivors do not have a phone or minutes on their phone available to attend to each counselling session. Survivors do not have access to our office - their safe place for a little while where they can get a snack, some coffee, juice or tea and read or sit a while.”

## Preoccupation with other stressors and meeting basic needs

“Many are overwhelmed with job losses, children being at home with no daycare or school; for many it is just too difficult to focus on their own needs and attend to counselling. They are battling with day to day survival. It is unclear at this point if the numbers accessing services once things return to normal will increase or not.”

## Lack of availability or space, especially for women in shelters where the numbers of clients was limited due to pandemic protocols

“Many survivors have delayed seeking support until phase 2 has opened up. Many survivors continue to remain with their abusers as there are limited opportunities for safe housing to leave as shelters admission criteria is extremely limited.”

## Prevented from seeking or accessing services by abusive partners



“The challenges have definitely changed a lot, as many people have been unable to contact us or continue sessions because they couldn’t talk about it in the same house as the abuser. Or, for example, a client would come to receive services pretending to have an appointment with a specialist. Then with all services cancelled for more than two months, she no longer had an excuse to go out and seek help in a subtle way.” (translated from French)

### GBV, COVID-19 and the need for intersectional understandings

The pandemic has highlighted and exacerbated enduring systemic inequalities in Canadian society related to gender, ability, race, income, immigration and citizenship status, education, and employment. For women, girls, trans, and non-binary people, one of the many consequences of systemic inequality is the disproportionate rates at which they experience GBV. The deepening of these inequalities during the pandemic has thus also deepened the risk for GBV, particularly for women with disabilities; First Nations, Métis, and Inuit women; Black and racialized women; non-status, immigrant, and refugee women; trans, non-binary, and gender diverse people; sex workers; and women experiencing economic and housing precarity.

GBV staff and volunteers shared important stories about the ways in which the pandemic created additional challenges for those marginalized in multiple and intersecting ways. Their examples provide powerful illustrations that demonstrate why an intersectional, gendered understanding and response to the pandemic and its impacts on GBV service provision and survivors is necessary.

Staff working in immigration and settlement services and other programming that provides services to non-status, immigrant, refugee, and newcomer women spoke about some of the additional barriers created by the pandemic protocols<sup>6</sup>:

“In newcomer communities, using computer/ online platforms device skill is low and language is one of the barriers. It means virtual connections need more time and educational experiences.”

“Huge implications for clients who in the process of obtaining status, with the courts/Immigration & Tribunal Board still closed, this limits these Survivors from financial means of moving forward with their life, such as receiving Child Tax, completing their Taxes, applying for social assistance, accommodation and job searching etc. Also, trying to receive supports for their children, childcare, special needs supports etc.”

For staff and volunteers working with Indigenous women and girls experiencing or healing from violence, the pandemic created additional challenges for offering traditional and cultural supports to survivors.

“It [the pandemic] has interrupted our in-person meetings and gatherings. For an Indigenous organization a lot of what we do is in person, in groups and with our communities. Traditional practices and ceremonies have been paused which are key factors in our journey to healing. COVID 19 has not allowed us to do this.”

“Our Shelter service has a mandate to support Indigenous women and their children. Circles are a primary focus to our service delivery model when looking at mental, emotional, spiritual and physical well being. Ceremonies are a primary practice as well as meeting with Spiritual Healers and Elders. I am worried about what "return to normal" will look like for participants accessing cultural based care. We know that loss of identity is a root cause of intergenerational trauma and the women and families we support are looking for reconnection. ... I know regardless Indigenous peoples will rise and adapt to whatever measures are in place and continue to practice in ceremonies, land-based healing and circles with one and other.”

Many staff and volunteers drew attention to the distinct vulnerabilities women experiencing poverty, addictions, precarious housing, and homelessness are facing during the pandemic, especially when these factors intersect with experiences of GBV:

“Due to reductions in shelter spaces and limitations to safe spaces for women, we are unable to serve some populations i.e. those with very high acuity of mental health/addictions issues and those who are precariously housed. Many women are forced to stay with their abusers due to lack of spaces.”



“Safe, affordable housing which is always difficult to find ... becomes a more pressing concern as there are not places for Transitional clients to go. People are not moving in this climate. It is doubtful they will move for some time. The flow of housing turnover gets stopped up.”

Another service provider who works specifically with seniors described how the pandemic created added barriers and complications for senior women experiencing violence:

“[It] takes longer to get back to them, [as they are] more isolated. Some are extremely hard to reach. We serve seniors exclusively if they live with an abuser and have to have extra care as they are a population at risk. Harder to leave to begin with. Now its even harder as Covid-19 has placed an additional risk on them.”

In describing concerns held for women with disabilities who are survivors of or experiencing violence, a direct service provider working in an organization providing sexual and domestic violence supports drew attention to the economic impact of the pandemic on women with disabilities, and with it the potential for increased financial dependence on abusers. Speaking specifically of the need to ensure that disability and social assistance payments remain adequate to support women with disabilities and are not negatively impacted by new government payments, this service provider highlighted how disability intersects with economic and housing precarity that amongst other things can further increase the risk of violence for women with disabilities who already experience violence at a rate 2 times higher than women without a disability. Given that 24% of women in Canada have a disability, and that these women face higher rates of violence, poverty, unemployment and additional barriers in accessing GBV services that may overlook their unique needs, it is clear that in its efforts to address GBV the pandemic recovery must take into account the distinct and intersecting experiences and risks of gender-based violence in the lives of women with disabilities.<sup>7</sup>

Continuing to strengthen our understanding of the ways intersecting systems of inequality shape GBV service provision and experiences of violence is imperative in ensuring an intersectional response to the COVID-19 pandemic. As a direct service provider working in an organization servicing Indigenous communities emphasized, “for further pandemic planning, it is crucial to apply an intersectional, trauma and violence-informed approach.”

## ADAPTING to UNKNOWNNS (STAFF)

When the COVID-19 pandemic hit, gender-based violence (GBV) service providers - like many people living in Canada - were forced to make significant changes in their workplaces. Among the GBV staff and volunteers who shared their experiences of these changes:

**99%**

**REPORTED HAVING TO  
MAKE CHANGES TO  
RESPOND TO COVID-19**

- 99% of staff and volunteers found it necessary to make at least one significant change
- 84% of staff and volunteers reported at least some concern about health risks while performing their job or volunteering
- 90% of staff and volunteers reported at least some negative impacts on their ability to do their work or volunteer duties

In the following section we look more closely at what those changes entailed and why it is important for us to consider these changes in the unique context of GBV service provision.

### Directors, Supervisors, and Managers

- 91% of those in leadership identified supporting staff in adapting to new conditions as a change in their role
- 90% identified developing new workplace policies or protocols
- 89% identified securing additional materials and supplies (i.e. technology, PPE)
- 87% identified using new technology
- 51% reported having to hire new staff; 25% reported having to lay off or decrease staff hours
- 85% of the Directors, Supervisors, and Managers needed to make all these changes while also adapting to working from home.

### Direct Service Providers, Volunteers, and all other positions

- 71% identified working from home
- 66% identified adapting in-person services to virtual environments
- 60% identified using new technology
- 60% identified adjusting or cancelling project-based activities or deliverables
- nearly 25% reported having to work more hours than usual and/or overtime in order to meet these demands
- nearly 9% saw a decrease in hours, including 21% who reported having to stop working at multiple sites.

## DIRECTORS, SUPERVISORS, and MANAGERS

For Directors, Supervisors, and Managers working in the GBV sector, the pandemic created significant pressures and added responsibility. While individuals in these positions were themselves navigating the complexity the pandemic posed in their own lives and their organizations, they were also required to provide leadership and support to staff in a constantly changing environment. As one Director of a community-based sexual assault centre commented:

“My job is the care of our organization and with no replacement supports for my role these pandemic times and increased business contingency planning, recovery planning, grant writing, advocacy, supporting has made a busy job incredibly demanding and stressful in terms of managing to work to limits of work hours. I feel there has been not enough recognition from funders that every thing takes longer these days.”



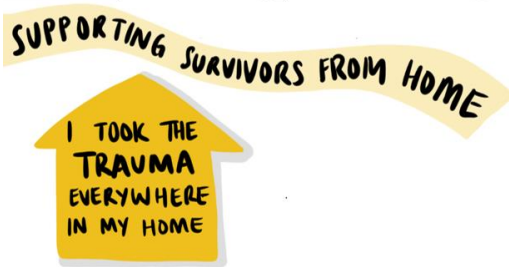
A Director of a domestic violence shelter/transition house echoed the overwhelming amount of work that was necessary:

“If I am awake, I am working. It doesn't feel like there is any down time. On top of regular work there is all these other changes we have to look at, implement, and ensure are being followed. An overwhelming amount of information is being thrown at us from the province, the federal government, our funders, the ministry, public health and other sources as well. No vacation at all or any days off, every day is a work day. Exhaustion. I work in an extremely supportive environment and have a supportive home life yet this is the most stressed I have felt in my 25-year career in this sector.”

## STAFF and VOLUNTEERS

While changes such as having to work from home or using new technology to do their work may sound familiar to those outside of the GBV sector, survey respondents made it clear that many of these changes take on unique flavours in the context of GBV work.

In speaking about the change in her role of having to work from home, one direct service provider working in a community-based sexual assault centre described it as follows:



“Working for survivors of sexual abuse, you hear a lot of horrible stories every day. Since Covid hit, I had to invite those stories into my home. My entire living space has been slimed with stories of sexual violence, making it hard to “leave work at work”. I think about work more often now. I feel like I can’t escape it.”

Others described what it is like to use online tools to deliver trauma counselling and build relationships with clients:

“In my role as a Counsellor, it is so important that Survivors have the one-on-one support in order to be able to work on their healing and creating a new life with their family without abuse. There could be mental health concerns for a client that was not disclosed and thus, creating additional health & safety concerns for that survivor and their family. ... Having that consistent communication face to face makes working with Survivors that much more important to their healing.”

For one service provider working in a domestic violence shelter, the changes required to ensure physical distancing meant a decrease in available spaces for women and children:

“An inability to properly serve the women and children currently experiencing an even higher level of abuse than normal. Our services have greatly decreased in availability (i.e. less shelter beds, less walk-in availability, no where to refer women, etc.) and this puts an immense strain on frontline workers having to turn away women who are finally reaching out for help.”

For GBV service providers who do important work in education, outreach, professional development, and training, the pandemic resulted in a loss of this important information being shared with widespread cancellations or adjustments:

“My project is 2 years. In that time we are meant to pilot several in person sexual violence prevention trainings. We cannot hold in person trainings and there are major challenges moving the material online. At this point we will not be able to meet the goals of the project.”

Respondents painted a picture of what their communities will lose by having to adjust or cancel this work. These included:

- Sexual violence prevention trainings
- Consent education to students
- Bringing affordable mental health resources to community
- Large knowledge sharing events to wrap up multi-year projects
- Community presentations to recruit for projects
- Fundraisers
- Traditional gatherings and ceremonies
- Trauma and support groups
- Professional development programs

# FIGHTING FIRES WITHOUT BURNING OUT

Gender-based violence (GBV) service providers witness daily the strength and resilience of survivors. Nonetheless, working in the GBV sector can be stressful, draining, crisis-based work. As a consequence of violence, survivors are often forced to seek support without much warning and often under very difficult conditions. For example, they might come to a shelter with children in tow after fleeing a violent home with no other options for housing; they may need immediate support during a mental health crisis triggered by an experience of violence; or they may reach out for guidance and support when reporting sexual violence to the police. It is tough work. When faced with the burden of figuring out how to do this work in the constantly changing environment of the pandemic, staff and volunteers were at times understandably overwhelmed.

IT JUST ADDED TO THE EXISTING  
**SYSTEMIC BURDEN**

- CHILD CARE
- SAFE HOUSING
- INTERNET ACCESS

When asked to compare their work-related stress during COVID-19 to their work-related stress prior to the pandemic, **81% of respondents reported their current work-related stress under COVID-19 to be somewhat (53%) or significantly more stressful (28%) than prior to the pandemic.** When asked to identify what concerns were adding to their work-related stress, participants identified many factors. Here are some of the factors most commonly identified:

- Challenges and consequences of working from home and/or online (44%)
- Impacts of the pandemic on survivors experiencing or healing from violence (22%)
- Fears about illness and the responsibility of protecting others (20%)
- Uncertain future and long-term consequences (14%)

## Challenges and consequences of providing GBV services and support while working from home and/or online

At the height of the COVID-19 pandemic, many people who continued to work were forced to negotiate and navigate working from home. While this transition was stressful for many individuals and families, GBV staff and volunteers painted a picture of the very unique ways that GBV service provision becomes complicated when it is necessary to do this work from home and on-line. This included:

- Disruption and blurring of boundaries between work and home and the unique challenges of this when that work involves providing specialized counselling to survivors of GBV
- Logistical and ethical challenges in providing specialized trauma counselling in spaces and/or through mediums (i.e. Zoom) not meant for this type of work
- Staying connected to colleagues in order to consult, collaborate, debrief, and receive clinical supervision
- Maintaining connection and contact with other service providers to make referrals for survivors
- Managing child care and other home responsibilities while providing counselling and performing other work tasks
- Technology-related challenges, including lack of equipment, internet connectivity, and learning how to use new technology
- Needing to delay indefinitely or cancel trainings, projects, or other initiatives, and the added stress of what these cancellations might mean for organizational sustainability

“Clients’ privacy when doing counselling calls in a room away from partners, roommates, family”

“I found it hard to work from home, as I view my home life as separate from work, and need to do this mentally when working with high risk clients. I have small children at home that are a distraction. I need to maintain this work/life boundary so that I can best take care of myself and my own mental health and prevent having vicarious trauma.”

“A lot of our work with survivors is about building a sense of connection and community and reducing isolation. It has been challenging to navigate how to do that online.”



## Impacts of the pandemic on survivors experiencing or healing from violence

Despite the difficulties that many GBV service providers were facing in their own lives, they focused on the concern they felt about how the pandemic and the isolation were impacting survivors. These included:

- Concern about how the pandemic protocols (including isolation, physical distancing) and the lack of connection are increasing the potential risk for violence
- Concerns about how pandemic protocols, such as having to wear a mask, not being able to leave shelter, or not being able to meet in person are triggering or traumatizing to survivors
- Delays, setbacks, and cancellations in providing therapeutic and other services to clients that depend on face-to-face interactions, and the impacts this has on the healing process and mental health
- Delays and setbacks for survivors engaged in family or criminal court proceedings and other institutional services or processes that are part of ensuring their safety from violence



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

“People need people ... not computers ... lack of human touch can kill as quickly as Covid... so many spirits have been crushed.”

“The most challenging aspect [...] is simply the inability to be in person and to organize or access ceremonies and traditional gatherings. These play a main role in healing and within our communities. For example, 15-30 women would gather each month for a full moon ceremony where they were able to share a meal, hear teachings, stories and sit together as they were able to pray, give thanks etc. They are be able to connect and heal together. This is only a tiny example but it has a huge impact.”

## Fears about illness and the responsibility of protecting others



Like many people living in Canada, those working in the GBV sector experienced concern, confusion, and fear about the potential for illness for themselves and their families. On top of this, many GBV workers talked about the weight and sense of responsibility they felt to ensure that those who used their services were also protected from illness. They described:

- Fears about contracting COVID-19 and spreading it to family members, colleagues, and service users
- Challenges in regulating or enforcing physical distancing measures among service users who for a variety of reasons (i.e. trauma, poverty, lack of access to housing, etc.) were not able to follow pandemic protocols
- Confusion and uncertainty about public health directives and the challenges of translating these into organizational spaces that are often lacking in resources for additional supplies or physical space to support physical distancing
- Substantial additional workloads created by the need to develop, implement, and monitor pandemic protocols, including the added emotional burden of being responsible for the health and well-being of others without clear guidelines or necessary knowledge

“The rewards I used to experience in this work are diminished by not being able to meet with people. The stress of feeling like I am struggling to write new policies and protocols alone in unprecedented times with little assurance that I am actually making the right/best evidence-based choices.”

“COVID-19 restrictions in shelter have meant adjusting our expectations of residents and asking any residents who are unable to follow these expectations to leave shelter...”

**84%**  
REPORTED HEALTH  
& SAFETY CONCERNS  
WITH DOING THEIR  
[ESSENTIAL] JOBS

...asking women to leave shelter is our worst-case scenario. She is already vulnerable. Making these decisions is mentally stressful.”

“Frequent changes due to directions from government & public health. At the beginning of the pandemic there was little to no support from government, funders, and public health - we had to find our own way. After 2 and half months we finally started getting the attention that we so desperately needed - even something as simple as PPE training was not provided to use at the beginning. It's better now but now we are exhausted.”



## Uncertain future and long-term consequences

GBV staff and volunteers highlighted how uncertainty and unpredictability of the future and the long-term consequences that the pandemic holds for GBV survivors and service provision contributed to their work-related stress. When speaking about the stress of uncertainty and unpredictability of the future, respondents focused on the following areas:

- Anticipation of funding cuts
- Unpredictable outcomes for projects that have been many years in the making
- Significant setbacks in policy and reform work
- The need to constantly adapt and change
- Uncertainty about access to resources and capacity of organizations to meet demand, especially with pandemic protocols in place



“People who have little control over their lives want to be able to have questions answered when trying to plan their next steps. It is difficult provide those answers when uncertainty about what the near future holds is the constant.”

“My role deals almost exclusively with youth within the school system via presentations and prevention efforts. COVID-19 has made my role challenging because I am unsure what the future holds and am unsure of future service delivery. Without a clear picture, it is challenging to know what prevention efforts will look like.”

“Fear of making the right decision for the whole organization is a theme in my work each and every day. Not knowing what the future holds is terrifying in terms of budget planning.”

### “Which fire do I put out?”

“Each one is manageable on their own, but combined everything all at once was incredibly overwhelming. Keeping up to date on all of the changes of COVID while ensuring connection is maintained with the clients. Caring for others when I was struggling to care for myself.”



## Success Stories and Strengths

GBV staff, volunteers, and survivors have faced - and will continue to face - many challenges throughout the pandemic. Nonetheless, staff and volunteers were also eager to highlight many of the creative and innovative solutions and responses the sector developed to manage these challenges. Here we provide a look at these stories of success, resilience, creativity, and strength shown by the staff and volunteers who remained deeply committed to providing the best care and support possible for survivors.

In describing the ways their organizations adapted to the pandemic, nearly 80% of staff and volunteers felt that their organizations had adapted in ways that met the health and safety needs and concerns they were confronting. This included:

- Developing strong policies and procedures, and ensuring adequate provision of PPE and technology
- Maintaining transparency, communication, and a sense of community despite the physical isolation
- Recognizing and normalizing the difficulties of providing GBV services from home, and being flexible about the challenges of parenting, sharing spaces, and other limitations for staff working from home
- Emphasizing and valuing self-care for staff and volunteers

More than that, a number of staff and volunteers noted how their organizations worked diligently to ensure commitment to organizational values:

“I credit our ongoing work to be a trauma-informed organization for this success; my experience of my workplace was as an anchor of safety, empowerment, collaboration, trust, and choice as Covid provoked fear and created chaos in seemingly every aspect of our lives.”

“Our organization has created a pandemic policy rooted in feminist theory which recognizes the gendered impacts a pandemic will have on women. Employees have been able to take sick time to care for children and leaves of absence with full support.”

“It was amazing to see my colleagues and the volunteer community mobilize to support each other in tangible, physical ways: people with cars took people without cars to do lockdown-sized grocery runs, we shifted to new technological ways of reaching out and supporting each other, folks reached out to check in on each other and delivered meals and baked goods and books to each others doorsteps. I can't fully express how meaningful it was to feel safe in my job and safe and cared for in our collective network of relationships in those early weeks.”

Other staff and volunteers highlighted how their organizations successfully adapted to meet the needs of survivors amidst these new conditions:

“We moved 120 survivors from face-to-face counselling to distance counselling in a period of two weeks. That is just a huge accomplishment and we have leveraged this success to further enhance our digital tools.”

“The fact that we’re still here makes all the difference, is what I’m hearing the most so an overall positive one. To have a place to talk about the trauma of Covid on top of the trauma that have experienced is helping many folx.”

“We’ve placed greater emphasis on social media and it’s been really useful for connecting folks to resources that we’re offering, as well as support offered by others in the sector.”

Given widespread identification of the need for additional funding and resources to support survivors, staff working in shelters, transition houses, and sexual assault centres acknowledged the positive impact of the pandemic funding provided by the federal government, and highlighted how ongoing and additional funding will be important to them in continuing to do their work:

“I appreciate the federal funds to the T[ransitional] H[ousing] and Second stage houses... we couldn't be able to operate these programs in Covid without the additional funding. I would like to see a similar level of response from the government for [all] the anti-violence programs [and] outreach.

“I feel they [government] have done a good job, giving the sector funds to adjust to this situation. We have found the Covid funds extremely helpful and their effect will help us to do our jobs better in the future.”

The findings from this survey echo existing research that emphasizes the negative impact of pandemics and other disasters on gender-based violence (GBV).<sup>8</sup> We know that without a doubt, the pandemic and its ongoing impacts have created a situation of increased vulnerability and harm for those at risk of or experiencing GBV and for the organizations that serve them. Over the course of the pandemic, the GBV sector has been dedicated to ensuring services continue to be available even as survivors' experiences of violence and their accompanying needs have become increasingly complex and multi-faceted. Unfolding against a pre-existing backdrop of inadequate funding, long waiting lists, space shortages, and many other challenges, it is clear that the pandemic in its impact on GBV workers and survivors has created a precarious situation that demands immediate attention and action.

#### FEARS and CONCERNS for WHAT IS NEXT

For many GBV service providers and organizations, the question of what comes next is a big one. In describing those issues that are most pressing to them in the future:

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

## Predicted increase in need will reach beyond the sector's capacity

GBV service providers indicated a widespread concern about the potential for an increase in demand for services as the pandemic protocols are relaxed or lifted and it becomes easier for those experiencing violence to access services. While an increase in demand for services is itself daunting, for many services providers this concern is exacerbated by a fear that it will not be possible for their organizations or programming to meet this demand. Citing the pre-pandemic overburdening of services, decreased space and availability as a result of ongoing need for physical distancing, and inadequate funding, GBV workers made clear that the struggle to provide services with limited or inadequate resources will mean that those experiencing violence may not have access to the supports they need.

“My biggest concern is that once people can go out to places again, more clients will come to our services and we will not have all the resources necessary to effectively help them. GBV services already operate on a limited budget, with not enough staff, and if we have a huge increase in clients we will struggle to maintain balance and well-being as workers, and to find resources and support for clients.”

“I worry that Violence Against Women services will be overwhelmed with the need for women and children to seek services as things open up. I worry that there will be a lack of resources for survivors and perpetrators of violence alike or a lengthy waiting period for services.”

“I think that there will be a significant increase in survivors accessing service once the restrictions are lifted, and there will not be additional funding provided to the organizations that support them in order to meet this need. These organizations are generally not in the practice of turning women away, so I am concerned about potential long wait-lists and over-worked staff trying to meet this increased demand for service.”

## Not enough money: either because the need increases or because of funding cuts

In identifying their concerns for the future, GBV service providers explicitly identified concerns related to financial sustainability and resources. Service providers acknowledged the positive impact of emergency government funding provided to shelters and sexual assault centres; nonetheless, they also stressed that this funding does not necessarily address the ongoing need for additional funding to adequately meet the needs of the sector and ensure survivors have reliable and timely access to services.



“Funding, funding, funding. We'll still need it but I'm worried that government spending priorities will change to our disadvantage.”

“I am concerned that the attention that has been paid by government to VAW issues during this crisis will fade away and funding opportunities along with it.”

“I worry that trauma support is seen as an "extra" that can be trimmed away as government budgets focus on funneling funds to pandemic-related programs.”

“I think that "return to normal" will require considerably more resources and I worry that we will need to respond with considerably fewer resources.”

## Health risks for workers and survivors

While GBV service providers are eager to begin increasing access to face-to-face services, fears and concerns related to health risks posed by COVID-19 as services re-open is a constant reality. In particular, fear of engaging in work supporting survivors in public places like court houses or police stations creates an added sense of concern and uncertainty about how COVID protocols are being followed. For others, fears and concerns about health risks are complicated by questions about their organization's capacity to provide services should a staff member become sick.

“I worry that there will be an increase in COVID numbers, as well as an increase in people accessing services which, puts more people at risk of contracting the virus, but that comes with any lifting of regulations.”

“My biggest concern is that our staff will have to be off if we have a positive test within one of our offices.”

“How we will manage in-person sessions. How will accompaniment for women and children accessing courts, hospitals, legal clinics etc. look?”

## Barriers for survivors with increasingly complex needs

While remaining deeply concerned about the potential for an increase in demand for services, GBV service providers also expressed concerns about barriers that survivors might face in accessing services. These include:

- continued reluctance to reach out for support out of fear of health risks
- discomfort or unwillingness to engage with services while pandemic protocols are in place
- inability to utilize services because of lack of access to technology, transportation, or other systemic barriers
- loss of connections and relationships with service providers
- backlogs and lengthy waitlists for services

For many service providers, these barriers - and their potential to prevent or delay survivors in seeking support - is concerning because of the increasingly complex needs and situations survivors are grappling with during this time.

“[I worry] that people have grown wary about reaching out for help, or may be thinking that the services are not there any longer or the backlog is so great that they'll never get in so why bother.”

“I worry that there will be a lack of resources for survivors and perpetrators of violence alike or a lengthy waiting period for services. I worry that survivors will experience the ongoing negative impacts of the pandemic i.e. unemployment, increased financial pressures, isolation, increased child care responsibilities, which could lead to an increase in substance use, mental health challenges as they cope with the ongoing crises resulting from the pandemic.”

As many of our respondents made clear, these concerns and fears are cumulative. Here, one Director from a domestic violence shelter / transition house offered a description of the intersecting stressors of the pandemic as she looks toward the future and what comes next:

“I have all the concerns! All of them. I am worried about capacity as women are becoming freer to leave abusive situations. I am worried about women who still have to stay in abusive situations and have not been able to reach out and have fallen through the cracks. I am worried about the financial viability of our organization as government tries to recoup their deficits. I am worried about not knowing what is coming and being unable to predict and plan. I am worried about my own plans to retire and now face the financial loss personally and the change happening in the organization. I am worried about all of it!”



## Why 'returning to normal' isn't good enough

One thing is clear: in telling the stories of their organizations, sharing their worries and concerns, and offering their observations about the experiences of survivors, GBV staff and volunteers emphasized that simply "returning to normal" is not enough to serve the needs of survivors or service providers.

As one direct service provider observed,

"I certainly think there will be issues in 'returning to normal' and this shift will occur slowly. However, I think framing it as a 'return to normal' is incredibly problematic, because our normal before the pandemic was not serving women who experience violence well. I think we ought to look at this pandemic as a learning lesson in the bigger picture of gender-based violence. To understand that we simply are not doing enough in reacting to the issue of violence against women, and more work needs to be done. I hope post-pandemic, more policies and government initiatives are directed at preventing violence in the first place, reducing the need for reactive services and ultimately eliminating my job altogether. It would create less stress and frustration in pandemic situations because the demand for these services would be low in the first place."

As another direct service provider working in the shelter and transition house sector explained, returning to the status quo is perhaps their biggest fear and concern for the future:

"We are all struggling. Survivors and advocates. Our children. Our families. We will remain under funded and under appreciated. DV (domestic violence) is not going to go away within this structure we live in. We can't go back to normal. We need to change the way we do things. This is not sustainable."

Echoing the observations of many GBV advocates who emphasized that despite the incredible challenges the pandemic poses, it is an opportunity to question and re-imagine approaches to GBV and GBV service provision, this GBV service provider working in an organization providing sexual and domestic violence support services made clear that the time for action is now:

"I feel the government is missing that gender-based violence was a HUGE problem BEFORE COVID-19 and it will not go away as things 'return to normal.' We will continue to need funding, we continue to need change in systems that create huge barriers for those fleeing or impacted by violence. Cutting funding to these vital services cannot and needs to stop happening. It's time the government takes gender-based violence seriously and funnel the appropriate collaboration, funds and attention to this issue."



## WHAT NOW?

The COVID-19 pandemic has exacerbated the pandemic of gender-based violence (GBV), creating the potential for increases in the prevalence of violence, demand for services, and the costs of providing services for an already overburdened and under-resourced sector. GBV advocates are clear that post-pandemic planning and recovery cannot simply 'return to normal' but must involve a fundamental reimagining of how GBV work is supported and connected to other large systems in ways that ensure an intersectional, systemic approach. In their responses and insights into how government can support the sector in ensuring that we move beyond a 'return to normal', GBV staff and volunteers centred on four areas of action.

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

- 1 in 4 Directors/Supervisors/Managers had to lay off staff
- Lack of financial resources and the capacity to meet the demand for service were among the most widely identified fears and concerns for the future

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



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

- Increases in the prevalence and severity of GBV was the most widely reported change in survivors' experiences of violence as observed by GBV staff and volunteers
- 60% of GBV staff and volunteers were required to adjust or cancel project-based activities or deliverables, many of which involved prevention-related initiatives, education, and community outreach

"My role deals almost exclusively with youth within the school system via presentations and prevention efforts. COVID-19 has made my role challenging because I am unsure what the future holds and am unsure of future service delivery. Without a clear picture, it is challenging to know what prevention efforts will look like."

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

INCREASINGLY COMPLEX SITUATIONS REQUIRE AN  
**INTERSECTIONAL RESPONSE**

- 34% of GBV staff and volunteers expressed concern about the impact of the pandemic on the mental health and well-being of survivors
- Barriers for survivors in seeking services, including meeting their basic needs, was one of the most widely reported fears and concerns following the pandemic

“I also believe that government officials need to acknowledge the connection between social factors, like socio-economic status, race, age, etc. - and domestic violence. How can we shift our services to online if we acknowledge that many women in these horrific circumstances are most likely in poverty? Most likely do not have access to a computer and cannot access these online services through any agency because most have closed their doors to limit the spread.”

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

- Despite the many challenges faced by those working in the sector, ensuring the health and safety of survivors was a priority. Amongst the most widely cited concerns held by GBV staff and volunteers were those related to survivors’ mental and physical health; ability to access to services; and comfort level in accessing services while pandemic measures remained in place.
- Overlooking the expertise held by GBV staff, volunteers, and survivors was amongst the top three things GBV staff and volunteers felt government is missing in its pandemic response.

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

“I credit our ongoing work to be a trauma-informed organization for [our] success; my experience of my workplace was as an anchor of safety, empowerment, collaboration, trust, and choice as COVID provoked fear and created chaos in seemingly every aspect of our lives.”

<sup>1</sup>Mlambo-Ngcuka, Phumzile. (April, 2020). Violence against women and girls: The shadow pandemic. UN Women. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>; World Health Organization. (2013). “Executive Summary” *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. [https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf)

<sup>2</sup>Maki, K. (May, 2019). More than a bed: A national profile of VAW shelters and transition houses. Ottawa, ON: Women’s Shelters Canada. <https://endvaw.ca/wp-content/uploads/2019/04/More-Than-a-Bed-Final-Report.pdf>; Mancini, M. & Roumeliotis, I. (10 Feb. 2020). Sexual assault centres struggle with limited funding as more women come forward to say #MeToo. *CBC News*. <https://www.cbc.ca/news/canada/sexual-assault-centres-funding-services-1.5450099>; Canadian Network of Shelters and Transition Houses. (2015). A Blueprint for Canada’s National Action Plan on Violence Against Women and Girls. <https://endvaw.ca/wp-content/uploads/2015/10/Blueprint-for-Canadas-NAP-on-VAW.pdf>

<sup>3</sup>Burlock, A. (2017). Women with disabilities: A gender-based statistical report. Ottawa, ON: Statistics Canada. <https://www150.statcan.gc.ca/n1/en/catalogue/89-503-X>; Egale & Innovative Research Group. (April, 2020). National survey results: The impact of COVID-19 on the LGBTQI2S community. <https://egale.ca/egale-in-action/covid19-impact-report/>; Ontario Council of Associations Serving Immigrants (OCASI). (2020). Brief summary: Gender-based violence against non-status, refugee and immigrant women across Canada in the context of COVID-19. <https://ocasi.org/gender-based-violence>; Starblanket, G. & Hunt, D. (March 27, 2020). Indigenous communities and COVID-19: The virus may not discriminate, but responses to it do. *The Globe and Mail*. <https://www.theglobeandmail.com/opinion/article-indigenous-communities-and-covid-19-the-virus-may-not-discriminate/>

<sup>4</sup>Canadian Women’s Foundation, Canadian Centre for Policy Alternatives, & Faraday, F. (July, 2020). *Resetting Normal: Women, Decent Work and Canada’s Fractured Care Economy*. Ottawa, ON: CWF. <https://canadianwomen.org/wp-content/uploads/2020/07/ResettingNormal-Women-Decent-Work-and-Care-EN.pdf>; Egale & Innovative Research Group. (April, 2020). National survey results: The impact of COVID-19 on the LGBTQI2S community. <https://egale.ca/egale-in-action/covid19-impact-report/>; OCASI. (2020). Brief summary: Gender-based violence against non-status, refugee and immigrant women across Canada in the context of COVID-19. <https://ocasi.org/gender-based-violence>; Sultana, A. & Ravanera, C. (July, 2020). A feminist economic recovery plan for Canada: Making the economy work for everyone. The institute for Gender and the Economy (GATE) and YWCA Canada. [www.feministrecovery.ca](http://www.feministrecovery.ca).

<sup>5</sup>For additional examples and information see: OCASI. (2020). Brief summary: Gender-based violence against non-status, refugee and immigrant women across Canada in the context of COVID-19. <https://ocasi.org/gender-based-violence>; WAVAW Rape Crisis Centre. (2 April 2020). Continuum of Sexual Harm During COVID-19. <https://www.wavaw.ca/we-are-here-for-you-during-covid-19/>.

<sup>6</sup>For additional information see: OCASI. (2020). Brief summary: Gender-based violence against non-status, refugee and immigrant women across Canada in the context of COVID-19. <https://ocasi.org/gender-based-violence>

<sup>7</sup>Burlock, A. (2017). Women with disabilities: A gender-based statistical report. Ottawa, ON: Statistics Canada. <https://www150.statcan.gc.ca/n1/en/catalogue/89-503-X>; Statistics Canada. (2018). Violent Victimization of Women with Disabilities, 2014. *Juristat*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54910-eng.htm>; Disabled Women’s Network of Canada (DAWN). (2019). More than a footnote: A research report on women and girls with disabilities in Canada. Montréal: DAWN. [https://dawncanada.net/media/uploads/page\\_data/page-64/more\\_than\\_a\\_footnote\\_research\\_report.pdf](https://dawncanada.net/media/uploads/page_data/page-64/more_than_a_footnote_research_report.pdf).

<sup>8</sup>International Federation of Red Cross and Red Cross Societies. Unseen, unheard: Gender-based violence in disasters. [https://www.ifrc.org/Global/Documents/Secretariat/201511/1297700\\_GBV\\_in\\_Disasters\\_EN\\_LR2.pdf](https://www.ifrc.org/Global/Documents/Secretariat/201511/1297700_GBV_in_Disasters_EN_LR2.pdf)