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Evidence for Changing Intimate Partner Violence Safety Planning Needs as a Result of COVID-19: Results from Phase I of a Rapid Intervention

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Title: Evidence for Changing Intimate Partner Violence Safety Planning Needs as a Result of COVID-19: Results from Phase I of a Rapid Intervention

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Abstract:

Objectives: To examine the need for modified safety planning strategies in response to COVID-19-related increases in intimate partner violence (IPV) as the initial phase of adapting an IPV safety planning intervention in Toronto, Ontario.

Methods: A rapid, systematic review was conducted to elucidate existing safety planning strategies used during public health emergencies. These were supplemented with strategies from an expert panel. A survey of IPV survivors and service providers gauged the helpfulness of each strategy during COVID-19.

Results: Together, the systematic review and expert panel yielded 26 conceptually distinct strategies, which were evaluated by N=111 IPV survivors and providers. Of these, n=19 (69%) were "highly recommended", n=3 (12%) were "somewhat recommended", and n=6 (23%) were not recommended for use during the COVID-19 pandemic because they might make the violence worse.

Conclusions: Safety planning needs have changed due to the effect of COVID-19 on IPV incidence, service provision, and risk factors, as well as policies restricting freedom of movement. These results will be used to modify an existing IPV safety planning mobile application for use during COVID-19 and future public health emergencies.

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1 Reports suggest an alarming increase in intimate partner violence (IPV) globally
2 alongside the spread of SARS-COV-2 and the COVID-19 pandemic[1]. Emergency public health
3 measures put in place to reduce transmission, such as physical distancing, stay-at-home orders,
4 and travel restrictions have created significant barriers to essential health and social services for
5 people experiencing IPV[2].

6 Safety planning is a secondary prevention modality that allows those living with IPV to
7 take independent actions to maximize their safety, and is shown to reduce future physical and
8 psychological violence [3,4]. IPV and community service agencies usually provide safety planning
9 services, and several empirically tested app-based safety planning resource exist. However, the
10 combination of COVID-19 restrictions and the increase in IPV related to the pandemic meant
11 that these services could no longer provide the level of supports they did prior to the pandemic.
12 Coupled with increased time spent at home, in close proximity with perpetrators, creates
13 additional challenges for those living with IPV[1,5]. Most importantly, existing in-person and app-
14 based safety planning strategies are not tailored to reflect the realities of living with IPV during a
15 public health emergency, with accompanying changes to service provision, availability, and
16 freedom of movement. Thus, women urgently need up-to-date resources for safety planning that
17 are effective during COVID-19 and future public health emergencies.

18 This brief report presents the first phase of a three-phase rapid research effort in response
19 to IPV during COVID-19. Since existing information on safety planning during public health
20 emergencies is scarce, Phase 1 focused on identifying pandemic-relevant, modified safety
21 strategies for women who are in male-female relationships and living with IPV.

22 To understand the state of the science regarding IPV safety planning during public health
23 emergencies, we first conducted a rapid, systematic review of the literature. Medline, PsycINFO,

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1 CINAHL, Google Scholar, Scopus, and PubMed were searched by a Health Sciences Librarian
2 from database inception to March 2020 (full strategy available upon request). Relevant websites
3 and grey literature repositories such as OpenGrey were also searched using keywords strings for
4 IPV (e.g. "domestic violence", "gender-based violence"), disasters (e.g. "SARS", "shelter in
5 place"), and safety planning (e.g. "resource referral", "intervention"). Two team members (JK
6 and MH) screened titles and abstracts for relevance to IPV safety planning in natural or man-
7 made emergencies. Three additional reviewers (PB, NM, MP) screened remaining studies using
8 full text as needed for safety planning strategies that were specific to IPV and modified or
9 created in response to reduced service capacity and/or temporary home confinement regulations.
10 Concurrently, we convened an expert panel of IPV survivors and IPV service providers in the
11 Greater Toronto Area (GTA) to brainstorm new and modified strategies that women
12 experiencing IPV in the context of COVID-19 might find helpful.

13 IPV safety planning strategies gleaned from the rapid systematic review were combined
14 with those developed by the expert panel and an online survey using Zoho Survey was created.
15 We then leveraged our network of 25 community partner agencies representing diverse client
16 bases and individual experiences to recruit Ontario-based IPV service providers and survivors of
17 IPV to complete the survey online or via an encrypted video call. Agencies reached out to their
18 employees, volunteers, and clients and asked them to participate. Participants were reimbursed
19 CAD $10 for their time. In addition to answering demographic questions, respondents ranked
20 each strategy using a four-point Likert scale: 4) "highly recommend", 3) "recommend", 2)
21 "somewhat recommend", and, to identify strategies that might lead to unintended or harmful
22 consequences, 1) "do not recommend it- may make the violence worse". All study activities were
23 approved by the Research Ethics Board of St. Michael's Hospital (blinded for review).

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After all surveys were completed, the mean score for each strategy was calculated and strategies sorted into three categories: highly recommended ($\mu=3.01$-4.00), somewhat recommended ($\mu=2.01$-3.00) and not recommended - might make the violence worse ($\mu<2.00$ and $>10\%$ scored the item a 1). We then refined the final list of strategies based on discussion with our expert panel.

Thirty-three articles met inclusion criteria for the systematic review, but fewer than 10 strategies were extracted from these articles. These were combined with nearly 30 strategies generated by the expert panel. Thirty-four conceptually distinct IPV safety planning strategies remained after combining conceptually similar strategies. The strategies were then ranked by N=111 respondents (30% IPV survivors (n=33), 50% IPV service providers (55), 21% (n=23) both survivors and service providers) from April-June 2020. Twenty-six strategies remained after combining several conceptually similar strategies. Of these, 19 (69%) were "highly recommended", 3 (12%) were "somewhat recommended", and 6 (23%) were not recommended. Highly recommended strategies were further categorized by theme: planning for safety (n=9), connecting with others (n=7), and staying safe online (n=2) (see Table 1). Importantly, those believing their lives are in immediate danger or who fear for the lives of their children or others in the home are encouraged to bypass safety planning entirely and contact IPV or emergency services.

Nineteen safety planning strategies were determined by experts and survivors of IPV to be useful during times of reduced freedom-of-movement and stay-at-home restrictions. This represents the first attempt to synthesize safety planning strategies that are relevant during times

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when women may simultaneously be in closer proximity to their abuser and when IPV services may be restricted.

While some of the strategies are consistent with IPV mitigation literature, such as keeping important papers nearby and packing an emergency kit [6,7], our work found discrepancies as well. For example, while the use of placating behaviors and similar strategies has often been cited as effective[7,8], respondents said that these behaviors were not realistic to "keep the peace" for extended periods, such as a quarantine or lockdown. Similarly, reducing access to triggers for violence (such as alcohol) or weapons have been recommended[7], but were not seen as helpful for women spending long periods of time with abusers. Women routinely said strategies should be evaluated in light of a specific person's situation, highlighting the complexity of maximizing safety during the pandemic. Strengths of this work include a 95% survey completion rate, a diverse study population (more than one-third of respondents were born outside of Canada) and consistent feedback from community partners on the safety strategies. Limitations include the rapid nature of the research, which may limit the systematic review, the exclusion of same-sex relationships, and the potential for maturation effects given the quickly changing course of the COVID-19 pandemic.

A lay-language research brief was distributed to community partners and a one-page poster of helpful strategies is currently posted in Toronto-area hospitals. Results were used to adapt an existing safety planning app, Pathways, which borrows from the MyPlan[4] suite of apps, for the realities of COVID-19. Dubbed PROMoting Safety in Emergencies (PROMiSE), this new app is the only IPV safety planning tool developed for use during public health emergencies. It was launched in December, 2020 and is currently being promoted throughout the GTA. By equipping women experiencing IPV with tools to maximize their own safety during public health

emergencies, it may be possible to blunt the increase in violence that often accompanies public health emergencies. Pandemic-specific safety planning strategies - can also be integrated into municipal emergency response efforts to mitigate the unintended harms of actions needed to control the spread of the virus.

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Table 1 Safety Strategies as Recommended by Survey Respondents

HIGHLY RECOMMENDED ($\mu>3.0$) Very helpful for promoting safety			**RECOMMENDED ($\mu=2.01-3.00$) Somewhat helpful for promoting safety**	**NOT RECOMMENDED (<2.0 and $\geq 10\%$ rated 1) May make violence worse**
PLAN FOR SAFETY	**CONNECT WITH OTHERS**	**INCREASE SAFETY ONLINE**		
Duplicate or put aside important papers	Talk to a doctor or nurse about the abuse	Delete text, web-browser, and other online records more frequently	Receive cash or electronic payments from friends or relatives	Try to “keep the peace” in tense situations
Keep your phone & keys close by	Alert a neighbour to the situation	Change passwords to phone, email, accounts, etc. more often	Remove or hide knives, utensils, and/ or tools to avoid partner’s easy access	Switch to texting or emailing instead of phone calls
Create a safety plan with children	Talk to friends and/or family members		Manage the environment to minimize known triggers and reduce risk	File for a restraining order
Pack an emergency kit	Reach out to others who have experienced violence (in person or online)		Do things you know will promote calm in the home	Hide alcohol or other substances that may make the abuse worse
Create mental list of potential safe havens	Access online, virtual or app-based counselling			Use anyone else in the house to defuse a potentially violent situation
Use distancing techniques in the home	Have someone call to check in on you regularly			Delay plans to end the relationship
Keep a record of incidents of abuse	Seek out legal advice			
Consider strategies for keeping pets safe				
Work out an escape plan				

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Highlights:

- Incidence of intimate partner violence (IPV) has increased during the COVID-19 pandemic
- There is little existing evidence on IPV safety planning during public health emergencies
- Some strategies recommended before the pandemic may make IPV worse
- Safety planning strategies can be modified for use during public health emergencies

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