

Intimate Partner Violence during Public Health Emergencies:

STAYING SAFE DURING STAY-AT-HOME RESTRICTIONS

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Key Findings

- This research brief presents experience-informed recommendations based on a systematic literature review and surveys with more than 100 women to help your clients who are experiencing partner violence plan for safety during a public health emergency.
- Strategies women use to maximize their safety have changed in light of COVID-19 restrictions.
- Safety strategies to add to at-home safety plans, including connecting with others, and promoting online safety are the most recommended strategies by more than 100 survivors of intimate partner violence (IPV) and IPV service providers surveyed from May-June, 2020.
- These findings will inform the creation of PROMiSE (Promoting Safety in Emergencies), an app women can use to help them find safety planning tools and supports that are relevant and accessible during the COVID-19 pandemic.

What is the current situation?

At the height of COVID-19 stay-at-home orders, community services, healthcare providers, and schools had reduced capabilities to provide in-person support for women and children. Additionally, increased time spent at home and in close proximity with perpetrators has resulted in increased violence against women and their children. As Ontario contends with a second wave of the virus, it is important to understand the long-term consequences the pandemic will have on IPV services and the safety of women living with IPV. Solutions are urgently needed to support safety planning and better connect women with services during public health emergencies.

What safety strategies are most and least recommended for women experiencing violence during a public health emergency?

Similar to what has been documented in the literature, survey findings showed women and service providers highly recommended reaching out to trusted confidants for help such as neighbours, friends or agencies that have the capacity to support those living with IPV. Specific strategies around increasing cyber security and staying safe online during public health emergencies were both highly recommended by the literature and survey respondents.

Safety strategies which were mostly highly recommended by survey respondents related to specific actions around creating a safety plan. Of the 34 safety strategies asked about in the survey, the most recommended strategies by both service providers and women with lived experience include: duplicating or putting aside important papers, consciously keeping your phone close by, creating a safety plan with children who live in the home, working out an escape plan, and packing an emergency kit. Related to packing an emergency kit, respondents commented that

this should be packed beforehand and be hidden in a car or some other place that affords quick and easy access. Respondents further commented that it is useful to include bus or rail tickets, an extra set of keys, money, clothes, important phone numbers, and copies of identification, while recommending to avoid packing items which may provoke violence such as weapons, or items that may be missed by the perpetrator in an emergency kit.

One key difference between recommendations in the literature on safety strategies and our survey results is the use of placating behaviours. The literature advocated for the use of diffusion tactics including going for a walk, keeping silent, not responding to insults, using distracting behaviours, and meeting household demands. Some sources from the literature, but not asked about in the survey, went further, noting that if limiting the amount of violence experienced is not possible, then physical strategies should be employed to try and minimize harm: make yourself a small target, dive into a corner, protect your face, and avoid wearing jewelry or scarves. Survivors of IPV and IPV service providers, on the other hand, did not recommend all placating behaviours- suggesting that some could actually increase violence. Respondents commented that a strategy such as trying to “keep the peace” is not possible to maintain for extended periods of time, though it can be helpful while putting a more extensive plan for safety in place. Further, when presenting an initial draft of Table 1 to our partner network, there was concern about the wording initially used in two of the safety strategies, “Promote calm in the home” and “Avoid or predict your partner’s triggers”. Partners felt that this wording could be interpreted as victim blaming and, upon consultation with partners, the wording was changed to “Do things that you know promote calm in the home” and “Manage the environment to minimize known triggers and reduce risk”, respectively.

Other strategies which respondents thought might increase violence during the COVID-19 pandemic included using others in the household to diffuse potentially violent situations, as multiple women noted there are likely to be fewer people in the home during sheltering at home orders, and those likely to be in the home are children. Respondents noted that delaying plans to end the relationship is dependent on factors such as the severity of the danger faced at home and whether a woman is leaving with children, noting it is easier to leave the relationship when there are no children involved. Filing for a restraining order and hiding alcohol or other substances was not recommended, with respondents commenting this may increase tension. Finally, respondents cautioned against switching to texting/emailing instead of phoning people as this is dependent on a woman having access to a private and secure email and phone, and more time spent on her phone may provoke suspicion from the abusive partner. Two safety strategies (talking to clergy/religious leaders and calling the police) were included in data collection but were not included in the table below as respondents indicated these were especially situation-specific and require more contextual information before being recommended or not.

How was the research conducted?

Two research methods were used to identify safety strategies appropriate for public emergencies: systematic literature reviews and surveys with service providers and women with lived expertise.

Systematic Review

We conducted systematic reviews of both the peer-reviewed and grey literature for safety strategies implemented during previous public health emergencies. Seventy-five peer reviewed and gray literature articles were identified via rigorous search strategies

developed by a health sciences librarian. All articles were reviewed by two members of the research team for relevance to safety planning during COVID-19. Thirty-three articles met inclusion criteria. Articles were included if they met both inclusion items: 1) safety planning during a time of service restriction or home confinement and 2) safety strategies women can implement independently. While a limited number of articles discussed safety strategies for women and their children during public health emergencies (e.g., during natural disasters or conflict/humanitarian disasters), we extracted several overarching themes and identified safety strategies to explore in the survey portion of this study. These were then discussed with IPV service agencies operating throughout Ontario, which suggested additional strategies to ask about in the survey portion.

Surveys with providers and women with lived experience:

The purpose of the survey was to gather feedback on the safety planning strategies from individuals with current or past experience with IPV, as well as with service providers who work with IPV survivors.

Respondents were recruited from existing networks of 25 collaborating organizations, including violence against women service providers and peer-based agencies across the Greater Toronto- Hamilton Area, although some organizations serve women across Ontario.

The survey included demographic questions and a list of 34 strategies that had the potential to increase women's and children's safety during public health emergencies. Respondents were asked whether they would recommend this strategy to someone experiencing IPV while sheltering-at-home using a four-point Likert scale: 4)

highly recommended, 3) recommended, 2) somewhat recommended, and 1) not recommended - it may make the violence worse. The final item, on the Likert scale was worded in this way so that we could identify any strategies that might lead to unintended harmful consequences. Surveys were either completed by respondents as an online survey or via an encrypted video call with a member of the research team. Once all surveys were completed, we grouped the strategies into those that were highly recommended (e.g., average scores were between 3-4), strategies that were only somewhat recommended (e.g., average score around 2), and then finally those not recommended (i.e., 10% or more of respondents scored the item a “1” and average score was 2 or lower). Strategies which were highly recommended were further categorized into three thematic groups: planning for safety, connecting with others, and staying safe online.

With strong support from our community partners, we surveyed a diverse sample of women and service providers. Over a two month period, 111 surveys were completed; 30% (n=33) were completed by women with lived experience of IPV, 50% by service providers, and 20 percent by women who both had lived experience and were service providers. Eleven (10%) were under the age of 26, 65% (n=72) were between 26 and 55 years of age, and a quarter (n=28) of the sample was older than 55. Just over one-third (n=38, 34%) of our sample was born outside of Canada, with 20% (n=23) of those women coming to Canada as children and 14% (n=15) coming to Canada as adults. Respondents were generous with their input into the survey, with a greater than 95% survey completion rate enabling us to have high levels of confidence in the recommendations below. All respondents were compensated for their time via a \$10 electronic gift card.

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Table 1 Safety Strategies as Recommended by Survey Respondents

HIGHLY RECOMMENDED <i>Very helpful for promoting safety</i>			RECOMMENDED <i>Somewhat helpful for promoting safety</i>	NOT RECOMMENDED <i>May make violence worse</i>
<p>PLAN FOR SAFETY</p> <ul style="list-style-type: none"> • Duplicate or put aside important papers • Keep your phone & keys close by • Create a safety plan with children • Pack an emergency kit • Keep important numbers handy • Create mental list of potential safe havens • Use distancing techniques in the home • Keep a record of incidents of abuse • Consider strategies for keeping pets safe • Work out an escape plan 	<p>CONNECT WITH OTHERS</p> <ul style="list-style-type: none"> • Talk to a doctor or nurse about the violence • Alert a neighbour to the situation • Talk to friends and/or family members • Reach out to others who have experienced violence (in person or online) • Access online, virtual or app-based counseling • Have someone call to check in on you regularly • Seek out legal advice 	<p>INCREASE SAFETY ONLINE</p> <ul style="list-style-type: none"> • Delete text, web-browser, and other online records more frequently • Change passwords to phone, email, accounts, etc. more often 	<ul style="list-style-type: none"> • Receive cash or electronic payments from friends or relatives • Remove or hide knives, utensils, and/or tools to avoid partner’s easy access • Manage the environment to minimize known triggers and reduce risk • Do things that you know will promote calm in the home 	<ul style="list-style-type: none"> • Try to “keep the peace” in tense situations • Switch to texting or emailing instead of phone calls • File for a restraining order • Hide alcohol or other substances that may make the abuse worse • Use anyone else in the house to defuse a potentially violent situation • Delay plans to end the relationship