

# Nota bene



## Domestic abuse

### Researchers respond to gender-based violence, 'the pandemic within a pandemic'

*Rates of domestic violence and violence against women have been on the rise during the COVID-19 pandemic, and researchers are moving quickly to support survivors stuck at home*

ASK ANYONE WHO works in the field of gender-based violence (GBV) and you'll hear this oft-cited and horrifying statistic: a woman is killed by her intimate partner every six days in Canada. The numbers are equally alarming when looking at domestic violence, sexual assault, emotional abuse, coercive control, and other forms of violence against women and children. The

issue is compounded by the systemic discrimination faced by Indigenous, LGBTQI2+, rural, newcomer and other marginalized communities. And now, with the addition of COVID-19, we have what many in the GBV sector are calling "a pandemic within a pandemic"—one that researchers are now scrambling to address.

"There are big concerns that physical dis-

tancing restrictions, while important from a public health perspective, really play into the hands of abusers," explains Marilyn Ford-Gilboe, who holds the Women's Health Research Chair in Rural Health at Western University. This concern has proven to be well-founded, with several regions in Canada reporting a 20 to 30 percent increase in GBV and domestic violence rates by late April. In the first month of the pandemic alone, at least nine women and girls were killed in domestic homicides.

For shelter directors and frontline workers, "the severity of violence is like nothing they've ever seen before," says Nadine Wathen, who holds the Canada Research Chair in Mobilizing Knowledge on Gender-Based Violence at Western. "The lockdown gives women very →

little chance of seeking help, of getting relief from the perpetrator. It's this toxic stew of opportunity for escalation of pre-existing violence."

### Collecting real-time data

In an effort to support survivors of GBV during the pandemic, researchers across the country have been scrambling to quickly digest emerging research on COVID-19, collect real-time data and find new ways to disseminate crucial information to service providers as well as those at risk of violence.

At Western, Dr. Wathen and the team at the Gender, Trauma and Violence Knowledge Incubator are collecting surveys from women using outreach services in southwest Ontario. At York University, Nazilla Khanlou, who holds the Women's Health Research Chair in Mental Health, and her team recently received a grant from the Canadian Institutes for Health Research to assess the literature on the pandemic's mental-health impacts on racialized women – a group disproportionately affected by COVID-19 – who are at risk of violence.

Lana Wells, who holds the Brenda Strafford

Chair in the Prevention of Domestic Violence at the University of Calgary, has been scanning for best practices around the world. In Brazil, for example, Ms. Wells found cases where police were removing men from the home in situations of violence instead of women and children, and in France, women can send coded flags to their pharmacists when they need support.

In her leading role with Shift: The Project to End Domestic Violence, Ms. Wells has partnered with a tech company and a collective of 350 Alberta-based service providers to create a systems map of formal and informal GBV services across Alberta and a dashboard that consolidates data from organizations working in the sector in real-time. They also aim to eventually use open-source data and artificial intelligence to encourage help-seeking behaviour.

In a sector that works predominantly in silos, Ms. Wells' project, called Data2Action, attempts to share data widely to get a better picture of the realities on the ground. "We're going to be able to stay on top of what's happening, which is very exciting because then you can produce a response that is timely and meaningful."

### Online support and resources

Just two weeks before COVID-19 was declared a global pandemic, Dr. Ford-Gilboe released the results of a five-year study on the impact of *iCAN Plan 4 Safety* (iCAN), an online tool found to improve the outcomes of those facing intimate partner violence.

This fortuitous timing allowed Dr. Ford-Gilboe and her team (which includes Dr. Wathen) to quickly develop a free mobile and web app at a time when many survivors are struggling to access in-person help. The app, MyPlan Canada, leads users through a series of questions to provide a tailored list of resources that take into account factors such as whether they have children, live in a rural area, are Indigenous, or are part of the LGBTQI2+ community. The tool also features exercises to help women take care of their health and well-being, and is designed with a quick escape button and other safety features.

**"Colleagues are often the ones who notice that something's going on and can offer non-judgemental help, and the employers can also help make the workplace a safer place for women."**

Another team at Western – the Learning Network (part of the university's Centre for Research and Education on Violence Against Women and Children) – is also leveraging the wide reach and accessibility of the internet with a new hub for GBV resources tailored to the COVID-19 pandemic. The centre is also quickly translating emerging research on GBV and COVID-19 into easily digestible infographics and backgrounders.

Researchers are also going beyond traditional service providers to address GBV during the pandemic. Employers, for instance, play a more important role in protecting women from domestic violence than many would assume. According to Rachel Cox, a labour lawyer and legal studies professor at Université du Québec à Montréal, shelter-in-place orders are a "double whammy" for many survivors of GBV because women are simultaneously locked in the home with their abusers and lose out on the workplace as a pathway out of an abusive relationship.

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If you are in immediate danger, call 911.

For 24-hour support:

**Good2Talk line for postsecondary students**  
1-866-925-5454,  
good2talk.ca

**Assaulted Women's Helpline**  
1-866-863-0511

**Femaide for Francophone Services**  
1-877-femaide (336-2433),  
femaide.ca

Additional support lines are listed at [vawlearningnetwork.ca/need-help-now.html](http://vawlearningnetwork.ca/need-help-now.html)

For web-based help, download **myPlanCanada** on Android and Apple phones, or on your desktop.



help make the workplace a safer place for women,” says Dr. Cox. Due to COVID-19 restrictions, Dr. Cox’s community partners say women are now calling from their bathrooms and closets, often hanging up for fear of being overheard by their abuser.

Prompted by women’s shelters in Quebec’s North Shore, Dr. Cox has been advocating for employers to play a bigger role in the fight to end GBV, in part by pushing the province to explicitly legislate employers to take all reasonable measures to protect an employee. According to her research, Quebec’s occupational health and safety legislation lags behind six Canadian jurisdictions on the matter.

With COVID-19 impeding legislative reform, Dr. Cox’s team has pivoted to produce YouTube videos that educate and encourage employers to play a more active role in ensuring the safety of an employee experiencing violence at home, such as guaranteeing job security and referring them to women’s shelters and other specialized resources.

### **COVID-19 as a catalyst for change**

While many researchers are grateful for the renewed attention and funding to the sector due to COVID-19, years of public disinvestment in social services have laid bare the sector’s vulnerabilities and weakened its ability to respond to the pandemic.

One glaring gap, says Ms. Wells, is the absence of men in Canadian approaches to GBV. “Not one province has a comprehensive strategy in their gender-based violence prevention plans that’s targeted to men and boys,” she says. “Violence is gendered and we know that, so when you’re thinking about going upstream, where do you want to start? You want to start with men.”

The researchers ultimately agree that ending violence against women requires addressing all the structures that reinforce violence, from white supremacy, sexism and toxic masculinity to neoliberalism. If there is one silver lining to the renewed attention to violence against marginalized and vulnerable communities, it’s that the pandemic will lead to collective action on systemic discrimination.

“I think there’s an opportunity right now to dismantle the systems that aren’t working for those most in need,” says Ms. Wells. “I feel it’s a catalyzing time, if there are people willing to do the work.” – MELISSA FUNDIRA