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Investigating systems responses to violence against women across three Canadian provinces: Results from the Interprovincial Violence Against Women Project - *Alexa Yakubovich*

Introduction/background:

Violence against women (VAW), including domestic violence and sexual violence, increased during the COVID-19 pandemic with detrimental impacts on women's health. Social and healthcare providers who serve VAW survivors had to adapt their programming to address the rapidly changing conditions of the COVID-19 pandemic, while themselves facing unprecedented levels of stress and burnout. With the continued social and economic fallout from the COVID-19 pandemic, collaboration between the health and social care sectors is needed now more than ever to support VAW survivors. However, the capacity for this coordinated systems response and whether there are strategies that have worked well to date is unclear.

Methods:

We conducted a mixed-methods survey with 430 staff on supportive services for VAW survivors ('VAW staff') across Nova Scotia, New Brunswick, and Ontario and 150 people working on health services and policy ('health staff') in Nova Scotia between 2022 and 2023. This study was conducted in partnership with leaders, advocates, and service providers from the VAW and health systems as well as women with lived experience of violence across our three included provinces.

Results and analysis:

VAW staff faced significant strain at the onset of the COVID-19 pandemic, with rising caseloads, staffing shortages, and rapidly changing public health mandates they were required to implement (including as congregate care settings), without the necessary training and resourcing. The extent of collaboration between the VAW and health systems varied by province, however, in all cases there was little evidence of policy and funding support for health systems actors to work with VAW leaders to apply trauma-informed approaches to public health protocols -- a critical gap identified for meeting the needs of VAW survivors. Data from VAW and health staff illustrate that the workplace stresses created by the pandemic persist to present day, with health staff showing substantial variability in their knowledge of and readiness to respond to VAW among patients and communities.

Conclusions and implications for policy, practice or additional research:

There has been tremendous change in the health and social service sectors serving VAW survivors over the last three years. Greater investment is needed in strengthening coordination between the health and VAW systems in the provision of care to VAW survivors and development of policies that will promote public health without exacerbating the occurrence of VAW.

Health outcomes of survivors of violence against women during the COVID-19 pandemic: Findings from the Interprovincial Violence Against Women Project - *Bridget Steele***Introduction/background:**

Violence against women (VAW) has demonstrated detrimental impacts on the mental and physical health of survivors. The COVID-19 pandemic and its attendant restrictions have placed further strain on survivor health. We conducted the first formal analysis of its kind on the health of VAW survivors during the COVID-19 pandemic across three Canadian provinces.

Methods:

In partnership with with leaders, advocates, and service providers from the VAW and health systems as well as women with lived experience of violence across Nova Scotia, New Brunswick, and Ontario, we conducted a survey throughout 2022 and 2023 on the experiences of VAW survivors accessing or attempting to access services during the COVID-19 pandemic. We descriptively analysed quantitative survey data from 171 VAW survivors across our three included provinces who answered questions on the health services they accessed and wanted to access, their overall health and substance use, and their experiences of anxiety and depression (using the Patient Health Questionnaire-4).

Results and analysis:

In our sample, 32% of survivors reported their health as fair or poor and 51% reported that their health worsened during the pandemic. At the height of the pandemic survivors reported moderate to severe mean anxiety and depression scores. Further, 37% reported using more alcohol or substances. Over half of the sample accessed mental health and addictions services and saw their family physician, and over one third reported seeking emergency services. At the same time, respondents most commonly reported wanting to, but not being able to access a family physician, mental health and addictions services, and sexual assault after care.

Conclusions and implications for policy, practice or additional research:

Our study evidences the significant negative health burden among VAW survivors in Canada as well as the challenges they faced in accessing supports across health and social care systems. Sustained investment is needed to ensure survivors receive timely and equitable access to services during public health emergencies.

Existing inequalities and new vulnerabilities: Responding to sex trafficking during the Covid-19 pandemic - *Janice Du Mont***Introduction/background:**

Sex trafficking, which disproportionately affects society's most marginalized, is a widespread, pernicious public health problem with significant health and psychosocial sequelae. Community-based services are critical to meeting survivors' needs, however, the effect of the COVID-19 crisis on providers' ability to provide appropriate support and care is unknown.

Methods:

In this qualitative study, we conducted semi-structured interviews with 15 service providers to explore their perceptions on how the current pandemic affected the care provided to domestically sex-trafficked

persons in Ontario. Interviews, lasting approximately one hour, were recorded, transcribed, and analyzed using the analytic framework developed by Braun and Clarke.

Results and analysis:

There were significant impacts to the care that providers could offer sex trafficked persons due to restrictions implemented during the COVID-19 pandemic. Notably, these included individuals' increased vulnerability to sex trafficking, providers' diminished capacity to safely or effectively provide services, the persistent lack of safe housing options, and disruptions in sex trafficking education. Illustrating some of these challenges, one participant shared that the pandemic was "breeding crime . . . and victims" with those isolated and trapped at home more susceptible to "predators" and engaging in "desperate things."

Conclusions and implications for policy, practice or additional research:

New and difficult circumstances resulting from the pandemic created challenges for those delivering services to sex trafficked persons. The findings have implications for improving services for sex trafficked as well as other marginalized populations during public health crises.

Perceptions and capacity of professionals working within the health and social service sectors to respond to domestic sex trafficking in Canada: A national survey - *Janice Du Mont***Introduction/background:**

A national survey was undertaken to better understand social service and healthcare professionals' perceptions and practices related to domestically sex trafficked persons.

Methods:

The survey was informed by a scoping review of literature and findings from in-depth interviews with social service and healthcare providers in Ontario and Canada, with validated measures used to capture relevant training and expertise on sex trafficking, perceptions of and capacity to respond to sex trafficking. The survey was piloted among five front-line social service and healthcare professionals and revised based on feedback. The survey was disseminated via social media and professional associations and organizations between February–August 2023).

Results and analysis:

Descriptive statistics were used to calculate survey responses for sociodemographic characteristics, work experience, expertise on sex trafficking, and perceptions of and capacity to respond to sex trafficking. 553 respondents consented to participate and completed at least one question and indicated that their primary field of work was social/community services/supports (51.5%) or healthcare/health services/supports (48.5%). Preliminary findings indicate that the majority of respondents were women (87.5%). The level of expertise in responding to sex trafficking ranged from None (17.8%), Low (36.4%), Moderate (32.1%), High (10.5%), to Very high (3.3%). Almost two-thirds (65.1%) had worked with a person who has been, or is currently being, sex trafficked. The majority (74.1%) agreed that there are challenges that prevent them from providing the appropriate care/support/services to sex trafficked persons. While many had some formal or informal training on sex trafficking (86.8%), almost all (94.7%) indicated that they would benefit from further training.

Conclusions and implications for policy, practice or additional research:

Findings from this survey hold the potential to inform our next steps in improving the response to sex-trafficked adolescents and adults by, for example, developing training for diverse providers working across social service and healthcare sectors with possible application to other professional groups.

"When Other Doors Were Closed, Ours Were Open": The Impact of the COVID-19 Pandemic on Domestic Abuse Survivors and the Domestic Violence Shelters and Staff that Support Them - *Miranda Pilipchuk*

Introduction/background:

Important research has been done on the impact COVID-19 pandemic lockdowns had on domestic violence, but little research has been done on the long-term impacts of the pandemic on survivors and their advocates. This research fills that gap, studying the impact three years of the pandemic has had on survivors and the domestic violence shelters and shelter staff that serve them.

Methods:

This project combines three years of quantitative data about survivors who access domestic violence shelters and from surveys sent to shelters and staff, with qualitative data gathered from 15 focus groups held with survivors and shelter staff across Alberta.

Results and analysis:

For survivors and their children, the pandemic intensified their experiences of abuse, exposed them to greater violence, and decreased their access to the supports necessary to leave abusive relationships. Meanwhile, shelters and their staff worked overtime to respond to increasing need in communities and to fill in the service gaps created by other organizations closing in-person services. Three years into the pandemic, calls for help are increasing, violence is becoming more severe, children are struggling, and survivors are in need of greater help—while still facing increased barriers. Without additional supports and resources, the situation for survivors, their children, and the shelters that support them will only get worse.

Conclusions and implications for policy, practice or additional research:

Two important conclusions from this project are structural abandonment and structural invisibility. As governments raced to mitigate the consequences of the pandemic, they instituted policies that amplified the risk and impact of domestic violence, while leaving survivors and shelters to navigate alone. This response highlights how invisible domestic violence continues to be to public policies and health responses. This research demonstrates the urgent need for governments to not only provide adequate resources for shelters and survivors, but also to build considerations about domestic violence into future health and policy work.