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# IT'S TIME FOR SOLUTIONS, HOW SCIENCE CAN HELP WOMEN AND CHILDREN AFFECTED BY PARTNER VIOLENCE

Patricia O'Campo | June 11, 2020

Partner violence affects one in three adult women and the statistics are worsening because of the COVID-19 pandemic. In the media we see daily reports of the heightened severity of intimate partner violence (IPV) due to home confinement, increases in the numbers of calls for help from children and women confined at home with abusive partners, and even an increase in the incidence of femicide. No country has been immune from COVID-19's impact on partner violence.

The COVID-19 pandemic has caused and exacerbated multiple health and social crises, such as the mismanagement of long term care, supports for physical distancing to those living on the streets, economic ruin for workers with precarious employment arrangements, as well as lack of health and social supports for Indigenous communities. The pandemic has also brought an abundance of new solutions. Policies and programs that were unthinkable just weeks ago are now appearing daily. While focused on cushioning the downfall of the economy, special measures are being rapidly conceived and implemented to mitigate myriad COVID induced harms for several groups. These include graduating students who will lose summer employment opportunities, those who might lose housing due to inability to pay rents or mortgages, those needing mental health services, families with children, and the farming sector.

Innovative solutions to address partner violence are also overdue. Whether we are re-imagining how to improve existing programs or supporting the design of brand-new policies rigorous evaluation of these initiatives must be adopted in partnership with those who have lived experiences. Involving those with lived expertise improves the quality of the research, relevance of solutions for the affected population, and impact of the research findings.

The COVID-19 pandemic could loosen the grip of the status quo on this sector and bring in the unimaginable. Drawing on the science of solutions, there is a growing list of programs and policies that we could implement immediately to support those whose lives are in harm's way while we are enforcing the practice of sheltering at home.

Women tell us repeatedly that they wished they had been able to see the patterns of abuse earlier in their relationships and accessed support for the violence before so much harm was inflicted on them or their children. By the time they realize they need help, they lack the necessary fortitude, knowledge and supports to effectively seek assistance. Giving women access to information about safety concerns in their own relationships is possible through a variety of mechanisms, including routine screening in visits to health and social service settings. However, decades of research has shown that creating a safe environment for women to disclose experiences of violence, rapidly mobilizing the resources for those who do disclose, or provider fears of asking about and responding to disclosure are extremely challenging to surmount. Technology and the evolution of web- and mobile-based applications can overcome many

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of these obstacles if used within health care settings. Better yet, when made safe and publicly available, web- and mobile-based applications allow a woman to control when and where she can access information about unsafe relationship patterns, and even safety planning strategies. Global data, before the COVID-19 epidemic, conservatively estimates >150 million downloads for apps concerning partner violence. This shows the promise of using internet-based technology for reaching women at risk of IPV and while few such apps have been rigorously evaluated several targeted to Canadian audiences can be counted among those that are evidence-based.

Most women fleeing from abusive relationships experience homelessness or precarious housing for months, if not years, while her partner does not. What if we upended the current model of providing temporary shelter for women and children running from partner violence by keeping them safely in their homes, supported by services and resources, and instead, removing the perpetrator of violence. These evaluated "safe at home" models have been in existence, or being put in place, and enhanced during the COVID-19 pandemic in countries such as the UK, Italy, Australia, and New Zealand. Before the pandemic discussions had begun to design made-in-Canada solutions of "safe at home" initiatives, but they are still in the adaptation phase. Given that demand for limited shelter space is way up, and that rented hotel rooms for women fleeing abuse may also reach capacity, this is the time to support the pilot programmes that allow women and children to safely stay in their homes and require the perpetrator to move.

Several initiatives created to respond to the crises caused by the COVID-19 pandemic serve as critical supports for women and children living with violence. The publicly funded expansions of online mental health services can be a source of validation, relief from psychological distress, and information on safety planning for women or children living with abuse. Short term income supports, which act much like a basic income, provided to individuals whose income has plummeted have been shown to alleviate distress and support the use of safety measures by women living with violence. Providing these income benefits to individuals, versus providing the benefit to households, is the only way to help women gain greater control of their lives. The expansion of monetary supports to the Violence Against Women sector is long overdue. In February 2020, just prior to the pandemic, journalists reported that 19,000 requests for shelter stays were denied each month in Canada. Greater support for shelters and other housing programs for women living with violence are issues that can no longer be neglected.

Canada has as newfound attitude of doing the unthinkable when it comes to responding to public health emergencies. Let us use this new attitude to shift our gaze away from sensational statistics around the growth of the problem of IPV toward the creation and implementation of evidence-based and feasible solutions around IPV to help the mothers, daughters, sisters, aunts, cousins, and friends that we care so much about.