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REPORT ON THE ONGOING IMPACT OF COVID-19 ON THE DOMESTIC AND INTIMATE PARTNER VIOLENCE SECTOR IN NEW BRUNSWICK

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- PERMANENT AND STABLE FUNDING THROUGHOUT THE D/IPV SECTOR IN NEW BRUNSWICK IS RECOMMENDED IN ORDER TO BEST SUPPORT THE COMPLEX NEEDS OF THOSE WHO HAVE EXPERIENCED DOMESTIC & INTIMATE PARTNER VIOLENCE.

Introduction

In September 2022, the Domestic Violence Association of New Brunswick (formerly known as New Brunswick South Central Transition House and Second Stage Coalition) and Réseau des services pour victimes de violence du Nouveau-Brunswick contracted the Muriel McQueen Fergusson Centre for Family Violence Research to carry out a study of the impacts of the COVID-19 pandemic on the domestic and intimate partner violence (D/IPV) sector in New Brunswick. This research project has been funded by the federal department of Women and Gender Equality Canada and Women's Shelters Canada. The overall aim of the research project was to better understand how access to services and supports related to D/IPV throughout New Brunswick might be improved – with a particular focus on those with intersecting vulnerabilities and complex lived experiences. This research will likewise highlight the opportunities and challenges that were introduced or exacerbated during the ongoing COVID-19 pandemic.

Defining D/IPV

D/IPV is behaviour from a partner or ex-partner that causes physical, sexual, and psychological harm. Behaviours might include physical aggression, sexual coercion, psychological abuse (WHO, 2021). Incidents of D/IPV might occur as frequent or isolated events, yet they typically include patterns of controlling behaviour (Fogarty et al., 2021; WHO, 2021). There are several risk factors that increase the likelihood of D/IPV occurring. Risk factors include low levels of education, poverty, financial stress, substance misuse, and childhood exposure to family violence (Clare et al., 2021; Rousoon, 2021; Sijtsema et al., 2020; WHO, 2021).

Although D/IPV can be experienced by anyone, patterns of ongoing abuse and coercive relationships are more likely to be perpetuated by men than women (Neilson, 2017). Additionally, women are more likely to experience severe forms of violence and are more likely to experience violence frequently (Cotter, 2021). Severe forms of violence might include being threatened with a weapon, being choked, hit, or kicked (Cotter, 2021). Between 2014 and 2019 in Canada, 497 victims of homicide were killed by an intimate partner and 21% of those killed were Indigenous (Cotter, 2021). Lesbian, bisexual, trans, gender diverse, and Two Spirited people in Canada experience violence at disproportionately high rates (Cotter, 2021). Additionally, women with a disability are significantly more likely to experience violence than women without a disability (Savage, 2021). The 2018 Survey of Safety in Public and Private Spaces (SSPPS) conducted by the federal government indicates that 29% of visible minority women have experienced violence in their lifetime. One in four visible minority women under the age of 24 have experienced violence in the last year (Cotter, 2021).

Indigenous people are disproportionately more likely to experience violence and violent victimization than non-Indigenous peoples in Canada (Heidinger, 2021). Ongoing colonization and assimilation laws and policies in Canada, such as the *Indian Act,* residential schools, and the Sixties Scoop have marginalized Indigenous peoples and restricted self-determination (Heidinger, 2018; Hoffart & Jones, 2018). Such laws are rooted in racism and have resulted in cultural genocide and ongoing colonization (Hoffart & Jones, 2018). Violence from an intimate partner is the most common form of violence experienced by Indigenous women (Hoffart & Jones, 2018). Indigenous women in Canada are 2.5 times more likely to experience D/IPV than non-Indigenous women

and are 6.5 times more likely to be killed by an intimate partner (Heidinger, 2018; Hoffart and Jones, 2018).

COVID-19 and D/IPV

The World Health Organization (WHO) declared COVID-19 as a global pandemic on March 11, 2020. Around the world, public health organizations and agencies implemented shelter in place and lockdown policies intended to reduce the spread of COVID-19. Policies included the closure of schools and non-essential services, work-from-home mandates, and social distancing (McNeil et al., 2023). COVID-19 also contributed greatly to psychological stress and social isolation that exacerbated pre-existing risk factors for experiencing D/IPV (McNeil, 2022; Mineo, 2022; Moffitt et al., 2020). The restrictions and recommendations implemented caused a number of disruptions to the family unit. For those experiencing violence, public health mandates often made seeking help more difficult (Fraser, 2020; Michaelon et al., 2022). Increased time with abusive partners, financial stress, lack of social support, and alcohol consumption all contributed significantly to a rise in rates of reported D/IPV internationally (Mantel et al., 2022). The rate at which violence is occurring is a public health care crisis and has been called the *shadow pandemic* or a *pandemic within a pandemic* (Mantler et al, 2022; Mineo, 2022). Rates of violence increased internationally with stay-at-home orders and public health restrictions. In Canada, there was a 20 to 30 percent increase in rates of gender-based violence and domestic violence (Patel, 2020). Statistics Canada reported that 1 in 10 women in Canada were experiencing violence during isolation. The Fredericton Police Force saw a 12% increase in reported D/IPV in 2020 from 2019. Police also noted a dramatic increase in the severity and frequency of

violence (Cox, 2020). A survey conducted by the Native Women's Association of Canada determined that one in five Indigenous women in Canada experienced violence during the lockdown (Moffitt et al., 2020).

On March 19, 2020, the Province of New Brunswick declared a state of emergency in accordance with section 12 of the *Emergency Measures Act* (GNB, 2020). Public health measures and restrictions intended to provide protection from COVID-19 resulted in record rates of reported D/IPV (Dunatschek, 2020; Fraser, 2020; Mantler et al., 2022). Stay-at-home orders resulted in a lack of privacy for those experiencing D/IPV. As a result, many women both lived and worked with their abusive partner (Fraser, 2020; Mantler et al., 2022; McNeil et al., 2020). A lack of physical distance increased abusive partners' surveillance ability and contributed greatly to controlling and coercive behaviours. Isolation provided abusers with further opportunity to control their partners' contact with others (Mantler et al., 2022; Michaelson et al., 2022; McNeil et al., 2023). The physical layout of many transitions homes in Canada typically includes shared kitchens, bathrooms, and communal spaces (Moffitt et al., 2020). Therefore, to meet public health recommendations, many transition houses were not able to accommodate the same number of women and children as before the pandemic (Moffitt et al., 2020). Second stage and transition houses likewise experienced a significant financial strain due to an abrupt stop in fundraising activities and additional costs associated with the COVID-19 pandemic (MacKinnon, 2020).

Research Objectives

This research seeks to better understand the impacts of the COVID-19 pandemic on the D/IPV sector in New Brunswick. This research explores the multiple ongoing

impacts that have resulted from the COVID-19 pandemic on the transition houses, second-stage housing facilities and domestic violence outreach services throughout New Brunswick. More specifically, this research project seeks to provide insight to the broader discourses and contexts surrounding the unique impacts of the COVID-19 pandemic on the IPV sector in New Brunswick.

Methodology and Data Analysis

A combination of research methods was utilized to gain a more comprehensive understanding of the ongoing impact the COVID-19 pandemic has had on the D/IPV sector in New Brunswick. This study was approved by the Research and Ethics Board at the University of New Brunswick. Research was conducted using four methods of data collection – environmental scan, focus groups, surveys, and interviews. Research activities began in October 2022 with the submission to the Research and Ethics Board. The majority of research activities – focus groups, surveys, interviews - took place in spring and summer 2023.

The environmental scan is a review of grey literature (news media articles, policies, government/non-profit reports and non-academic research) with a specific focus on the New Brunswick context since March 2020. This scan provides a broad snapshot of the COVID-19 pandemic's impacts on the intimate partner violence sector.

Primary data collection included focus groups, interviews, and surveys. The surveys collected included both multiple choice and short answer responses from frontline workers to gain a broad understanding of how COVID-19 has impacted the D/IPV sector in New Brunswick. Surveys were conducted online between April and July 2023. The surveys collected responses from 5 francophone participants and 8

anglophone participants. Survey respondents worked as domestic violence outreach workers (15%), in transition houses (62%), or in second stage housing (23%). Quantitative data from anglophone and francophone surveys was combined into a spreadsheet. Data from the spreadsheet was then converted into charts. Qualitative responses were copied into a new document. They were then coded for initial themes and commonalities.

Semi-structured interviews were conducted between April and July 2023. Interviews provided an opportunity for frontline workers to express how COVID-19 has impacted their workplace and their clients in greater detail. There were eight interviews total, four of the interview participants were francophone and four were anglophone. Participants worked in a variety of regions and positions, including executive director, crisis intervener, and domestic violence outreach worker. Participants worked in a variety of rural and urban spaces. Including Fredericton (2), Saint John (1), Kent County (1), Tracadie (1), Moncton (1), Kings County (1), and South East New Brunswick (1). Interviews were conducted online through video calls.

Focus groups were held in conjunction with other meetings for ease of scheduling. Focus groups were designed to gain a better understanding how COVID-19 impacted the D/IPV sector from the perspective of the executive directors of transition and second stage houses in New Brunswick. Focus groups and interviews were recorded and transcribed. Transcriptions were initially read to gain a better sense of the data. Transcripts were then coded based on initial thematic findings, and ultimately organized based on broader themes. Themes include – working from home, online programming, fundraising and donations, federal funding, increase in calls,

operation guidelines and restrictions, additional roles and responsibilities, emotional support, isolation, mental health and substance misuse, newcomer and migrant women, and ongoing impacts.

Findings of Data Analysis

Working From Home

Frontline workers in the D/IPV sector throughout New Brunswick were able to continue meeting with clients over phone and via video calls during isolation mandates. However, for many, there was a delay in their capacity to work from home due to lack of technology – such as laptops and cellphones.

> "*We had to get that kind of tech up and running because we didn't have laptops"*
>
> *"We didn't have laptops, we didn't have cell phones, so we had to purchase all those. And then when you try and work from home, you're so isolated now, you didn't have access to printing or your files, so you have to take all your client confidential files home with you."*

There were also concerns over the safety of talking to clients over the phone who were isolating with an abusive partner.

> "*It's not the same if you're not meeting in person, because if you're just meeting with somebody over the phone or on Zoom, you don't know where they are."*
>
> *"You don't know if people are listening and you don't, you know, so it's not like that controlled environment."*

The majority of their clients preferred to talk over the phone, however, they were only able to make phone calls when their partner left the house. In other instances, clients did not want to talk on the phone and instead preferred to communicate via text or email. Domestic violence outreach workers noted that talking with clients over the phone was challenging.

> "*I thought it was OK, but then I thought sometimes you can't really see the client. There are nonverbal things or stuff like that that goes missed."*

> *“We could still make calls and we have a Zoom account, but it was more difficult to talk to people and it happened less just because of the isolation and the circumstances.”*

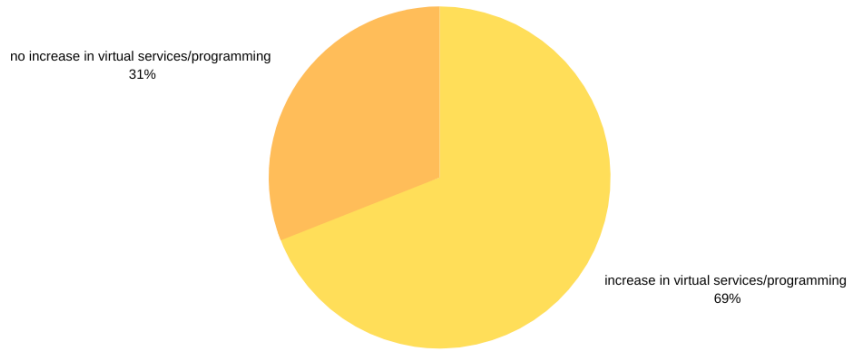
> *“As a service provider, sometimes that works really well, but a lot of this work wasn't meant to be done that way.”*

In many cases, outreach workers were isolating with their families and were providing full-time childcare while working from home, therefore, it was difficult to have private meetings, confidential conversations, and to work full time hours.

> *“We had children home full time. I really was only able to work every other day, so that also that has nothing to do with the clients, but it interfered with my ability to be working.*”

Online Programming

Survey Results – virtual services and programming



69% of survey participants indicated there was an increase in virtual programing. Staff throughout the sector noted that with an increase in clients, tasks, and challenges with working from home, it was difficult to develop online programming. Online programming

has since been developed or is in the process of being created. Domestic violence outreach workers indicated their experience through the COVID-19 pandemic demonstrated that programming needs to be adapted to online spaces in case a future lockdown was to occur.

> *"In case something like that happens again, we've put in a lot of infrastructure now, the tech part is there."*
> *"The idea is that if this ever happens again, we're not going to be shut down. We have the infrastructure in place. We're still working, because there's a lot of content that needed to kind of be switched over to on the Internet*"
> *"I think what we're realizing is that we need to have much more online. We're still working to get content online and I think we need to find some way to maybe move our second stage programming to an online content as well."*

Fundraising and Donations

In-person fundraising activities throughout the D/IPV sector stopped altogether during the COVID-19 pandemic. Second stage and transitions houses throughout NB rely heavily on fundraising to support the needs of their residents. Some fundraising resumed outside as restrictions were lifted in summer 2020 and some fundraising took place online through social media platforms.

> *"On social media, like asking for donations everyone was very generous during that period. I think social media is a huge aspect of it and like it really helped us through the pandemic for sure.*"

Transition and second stage houses were no longer able to accept donations like clothes and furniture unless they were new items or monetary. For some, monetary fundraising increased during lockdown and have since declined.

> *"As the pandemic has lessened in severity, you know and everything's returning to normal, people stopped questioning why they should continue to support or why they should continue to help."*

Federal Funding

The federal government provided emergency relief funding for the D/IPV sector to support new costs because of the COVID-19 pandemic – such as cleaning and sanitizing supplies and new technology. Federal funding was accessible for two years (2021-2023). Funding was also available for wage increases, for additional staff members to be hired, and to purchase the technology needed to work from home.

> "W*e were quite anxious as well at the start of the pandemic and thinking, oh my gosh, fundraisers are finishing and how are we going to manage? We now need cleaning, we need some sanitation stuff, all the different kinds of things, right. But then when the federal money did come through and it was relatively easy to apply for the grants that we end up having to write. But that was a godsend."*
> *"The federal government came up with funding, which was absolutely lifesaving."*

> "*Once that federal COVID fund money came into place, we were able to equip ourselves to work from home."*

> *"We employed extra staff, we added extra programs like the children's program, we bought cell phones, we bought the laptops. Without the federal funding, there wouldn't be any of that. We wouldn't have been able to remotely work.*"

> *"We were able to get all the safety equipment and cleaning equipment and get all the technology we needed, and we were able to help our clients out in ways there were never before possible."*

Federal funding likewise allowed renovations to take place to allow for social distancing mandates to be met.

> *"The place got renovated and it really needed to be done and it was done with COVID money. Our residents have a better space now because of that."*

Participants noted that the emergency relief funding allowed them to expand their service model and support residents in new ways.

> "*We used a lot of that COVID funding to be able to offer financial support to people, whether it was gift cards for gas or groceries., We would help with first month's rent, but we normally don't have the resources to do that, we're non-profit, we don't have the money. That was a huge thing to be able to help people."*

> *"I was paying damage deposits to process rent for people, giving them those grocery gift cards, NB Power gift cards, buy cell phones, moving costs, all different*

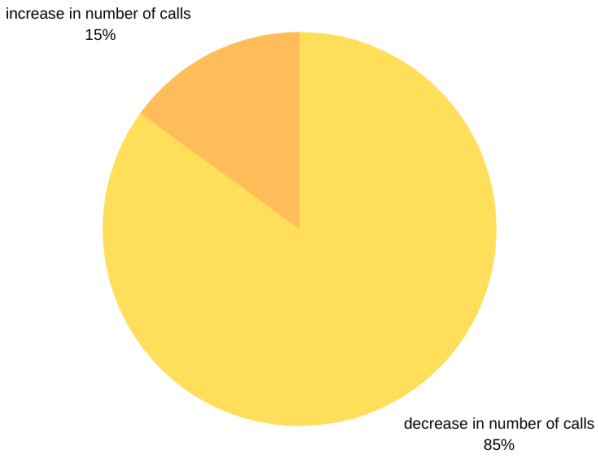
things that we've never been able to do before. And of course, when that funding is finite, we've got to spend it all by the end of September. And now we're going to have to drop back down and not be able to offer those kinds of things again."

"I found that the money that we received allowed for us to expand our service delivery, allowed for us to offer more programming to meet the needs that we had been struggling to meet before. Being able to offer virtual appointments, being able to have and helping clients to be able to access those as well during the pandemic and supplying them with electronics to be able to continue to access those services, which many are now. So, I found it changed and helped us to evolve and adapt our service delivery in a way that we wouldn't have done it before, and to be able to offer more services, more comprehensive services for women and children."

Despite the positive impacts on the lives of survivors of D/IPV, COVID-19 relief funding is no longer available from the federal government.

Increase in Calls

Survey Results – changes in number of calls received



The above figure showcases survey results. 85% of survey participants indicated that there was a reduction in the number of calls received. In the initial months (March, April, May 2020) of the COVID-19 pandemic, domestic violence outreach workers and

crisis interveners saw a significant decrease in the number of calls received from women seeking support. A decline in the number of calls received does not equate to a decline in violence but is likely as a result of women isolating with their abusive partner, and therefore having fewer opportunities to seek help. Calls were often received when partners went to the store and ended abruptly when they returned. Women might make a call when they would leave the house.

> *"When the lockdown first happened, numbers dropped significantly, and I don't think that's because domestic violence numbers drop significantly. I think it was just people were isolated and they were not able to reach us because many of the abusive partners were then around and it wasn't safe.*"

> "*Not all of the calls come in from home either. Often a woman calling from another location, but just having very limited conversations because it may not be safe."*

> *"I would have interrupted calls or broken calls where she would have to call back when it was safe. Calls were received when the abusive partner was out of the house and often ended abruptly when the partner returned home*."
> *"They would tell me at the beginning if ever I hang up it's just that my partner is arriving."*

When lockdown restrictions began to lift in summer 2020 there was an increase in the number of calls received. Domestic violence outreach workers throughout New Brunswick indicated that the volume of calls for help have continued to rise. Outreach workers also commented that there has been an increase in the severity of violence and the complexity of cases.

> *"At first they didn't go up, it was really quiet like, then it went up, and it went up significantly.*"

> *"When in lockdown, and I've seen this even now, post COVID, there was a significant increase. Reports were always high; the calls were always there and difficult to manage because we have a long waiting list for service. But the calls really spiked."*

“They were more complicated too, and in a lot of cases, the violence and the situation were more severe.”

“*We noticed that even though we were hearing less from people initially, when we did hear from people, it was like for most of them, they were in crisis. We noticed that cases were like more complex in terms of being able to assist people with their needs.”*

“*In my experience, the clients that came in during COVID almost had stronger abuse because of the limitations, but they also had stronger connections with the abusers*.”

Operational Guidelines and Restrictions

When COVID-19 restrictions were implemented in March 2020 executive directors of transition houses and second stages facilities created operational plans that detailed how public health guidelines were being maintained.

“*You had to write the policies, your COVID policies, and how you were responding. That had to be approved by public health.”*

Adhering to public health guidelines was challenging for both staff and residents.

“In a public house, it's hard, the house is not very big”.

“Our resident lived together, imagine social distancing 25 people under the same roof.”

Participants noted that adhering to and enforcing guidelines and following operational plans was challenging due to frequent changes and the nature of communal living.

“*It changed, the rules and the amount of people that we were intaking it was like every day you would check your email for the different rules because you were not sure what you were supposed to do.”*

“It was ridiculous the amount of change in, like maybe wait a little bit before you change so many rules. It was ridiculous.”

Those living in second stage housing have access to a private unit with a kitchen and bathroom – residents isolated in their apartments alone or with their children. In

transition houses, residents live communally with shared living spaces, including kitchen, bathroom, laundry room, and tv room. To maintain social distancing, transition houses through New Brunswick created schedules for using shared spaces.

> "*That was really hard to come up with a schedule so that one woman was in the kitchen at a time, and she would cook and eat and clean and go, and then the next one would come in behind to sanitize, the kitchen and the washrooms and even the television rooms. And in the laundry."*

> *"There's one family in the kitchen, the other one waiting to go into the kitchen, and there's only one bathroom for them. A lot of times, I know we kind of broke the law because very difficult, right. Like for five bedrooms, five families and of course the kids want play together.*"

> "*We had to run the house with full capacity because of spacing issues, one bathroom upstairs, but four bedrooms. Like, it could be eight people up there, all sharing one little bathroom.*"

46% of survey respondents indicated people were refused due to limited space. Social distancing recommendations also had a significant impact on the number of clients that were able to live in transition houses at one time.

> *"Before we could have three or four women in same one room, but during COVID-19 it was just one.*"

> *"We had to cut our clients in half."*

> "*We can house 24 normally, and then when COVID hit, we were told we were not allowed to have more than one per room, and we only have six rooms, so we were down to a quarter of what we can normally hold."*

In addition to challenges in maintaining social distancing in a communal living space, enforcing guidelines among residents was also difficult.

> "*One of the challenges was to enforce all of those rules and regulation*s."

> "*Staff were afraid, because you'd have to go out and kind of almost monitor to make sure nobody was out of the kitchen together.*"

> "*Residents couldn't understand while they were outside smoking with each other, and then they would come in and they want to carry on that conversation, and you tell them to get to their room and stop talking, right? It was just a fight*."

> "*Residents build a supportive relationship between them. A lot of them like to have their cigarettes out on their doorsteps and the kids are playing together, and we had to be the ones to say no the children can't play together. You know? It was very hard*."

Isolation of D/IPV victims from their support networks is a common tactic used by people who act abusively. The responsibility for enforcing social distancing rules among shelter residents is counter-intuitive in a women's shelter environment. Residents that refused to follow guidelines were asked to leave.

> "*If they couldn't follow the rules, we had to kick them out because especially when we were in the red zone."*

Asking survivors of D/IPV to leave a shelter because of government guidelines, means that front line workers may be responsible for increasing rather than reducing their clients' risk of being abused by an intimate partner.

Additional Roles and Responsibilities

Staff of transition houses and second stage housing facilities took on a number of new roles and responsibilities to ensure operational plans were being followed and that residents were social distancing. Additional tasks included sanitizing and cleaning, distributing food and medication, taking temperatures, and administering rapid tests.

> "*Every day we check temperatures, morning and night."*

> "*We usually disinfect high touch areas twice a day, and deep clean everything once a day.*"

Additional tasks, such as cleaning and sanitizing reduced the amount of time staff were able to spend interacting with residents. Staff noted that new roles and responsibilities impacted the care they were able to provide to their residents.

"*We were unable to do our job the way we did before."*

"*With the workload increase, it was it was hard to manage time and prioritize."*

"Following guidelines, cleaning and sanitizing, it had a big impact on the quality of the level of care I was able to provide for our residents."

Emotional Support

Social distancing mandates and following operational guidelines had an impact on the emotional support that staff were able to provide to residents. Wearing masks and PPE did not allow staff to engage in non-verbal communication with their residents and clients that is typically relied upon to build trust and connection. Maintaining social distancing also impacted how staff were able to meet with clients. For example, in some cases, crisis intervention workers were not able to meet clients in their office, instead they often met in the hallway to maintain social distancing and were not able to have private and intimate conversations.

"*They're very vulnerable and to put them in a situation where, like the interaction, the nonverbal aspect of an intervention is crucial, to be able create a connection, to build a relationship, to build trust*."

"Our crisis interveners, in the beginning, first they just kept the door to the office closed and we're texting with the clients because everybody was scared, especially in the beginning. We just didn't know what it was going to be like. And then we went to leaving the door to the office open and somebody would be sitting in the hallway and it's not very confidential, but at least you could make the eye contact."

Maintaining social distancing and operational guidelines also changed how staff were able to physically interact with residents and clients. Prior to COVID-19, staff might have sat next to a client or given clients and residents a hug if they were upset. Frontline workers in the D/IPV sector throughout New Brunswick noted that it was difficult to not provide physical touch to their clients and residents, and they felt as

though they were not able to provide clients with the emotional support that they needed.

> *"The emotional support services that we're offering that the transition has is an organic conversation just as you happen to cross paths. And with clients interacting with one another as well, that just stopped."*

Social distancing likewise had an impact on how residents were able to interact with and support each other. Frontline workers in transition and second stage houses throughout the province commented that social distancing was challenging for residents because it limited and changed their social interactions. As a result, residents were experiencing feelings of loneliness and isolation.

> "*The social part was really hard for a lot of them."*
>
> *"They were just hanging out with people who were living in the transition house for the most part, and like none of them were really allowed to leave except for, like maybe a walk."*
>
> *"It really impacted them because they felt very lonely you know; you're going through this really hard separation from an abusive relationship or relationships."*

<u>Isolation</u>

Social distancing intended to curb the spread of COVID-19 failed to consider the emotional needs of those experiencing D/IPV. Residents were isolated from each other and outside support. In many cases, frontline workers noted that social isolation was detrimental to the mental health of their clients and residents.

> *"It was hard on their mental health and to be isolating and not able to get out of the transition house was also really tough because when they came in, it's a brand-new place and they had to adapt."*
>
> *"When you're dealing with domestic violence and you have to go live in communal living, it's very tough to adapt and not to be able to see your family or to properly familiarize with the environment and the unknown to when you get out of the room after isolation."*

In some instances, residents created strong bonds and a sense of community during lockdown because of their shared experience. As restrictions changed, residents were able to begin socializing with each other as long as they were following social distancing rules and were wearing a mask.

> *"Because a lot of them didn't really go anywhere, they were able to hang out with each other as long as they were following protocols. A lot of them would be considered in each other bubbles."*

> *"Because there were so little people you could interact with like they would really bond with other clients and like be able to share like common, umm, experiences and like in a sense, I think it brought like some sort of like commonality and sisterhood."*

> "*It did some create some solidarity between resident and staff and also between resident themself or vice versa. Sometimes it would be like, OK, let's all work together to make the best out of this."*

New shelter and second stage residents were required to quarantine for 14 days. As a result, staff were not able to provide residents the support that they needed while they were in quarantine – particularly in the first few days after they arrived.

Mental Health and Substance Use

92% of survey participants indicated that the COVID-19 pandemic has an additional impact on those with mental health concerns. Frontline workers throughout the D/IPV sector in New Brunswick noted that there has been an increase in the severity and complexity of mental health challenges amongst residents throughout the COVID-19 pandemic. Both outreach workers and staff of second stage and transition houses indicated that they felt as though they could not support the complex mental health concerns of their clients.

> *"I think we're seeing a lot more mental health crises, which we're not really equipped to handle, but sometimes you know, you'll get the odd client where we're not even really sure if it's a mental health issue primarily or abuse."*

Domestic violence outreach workers and staff of transition and second stage houses indicated a rise in substance use to cope with the stressors of COVID-19.

> "*I think we see a lot more people having difficulty coping is kind of the biggest trend and whether that they just don't have coping mechanisms at all."*

Lockdown also meant that residents could no longer access the substances they had been using as coping mechanisms. 100% of survey participants indicated that the COVID-19 pandemic had an additional impact on those using substances as a coping mechanism. For some residents, no longer having access to substances meant they were going through detox without the appropriate support. Outreach workers and staff of transition and second stage housing indicated that they are inadequately trained to support those misusing substances and going through detox.

> *"There's no place for people who are using who are experiencing violence. So, we had to refuse people who probably needed our services and like it was really unfortunate and like it just showed the diaspora of what resources we still need*."

> *"People are having a harder time with addictions, so we're kind of in this position where we're trying to fill gaps, do the best we can, but that's not really our wheelhouse."*

Participants indicated that in the event of another pandemic, policies and regulations must also take into consideration the impact that isolation has on mental health and wellbeing.

> "*You have bunch of privileged people telling you that what you're gonna do for the best. But at the end of the day, they never had a conversation with someone that suffered with addiction or violence or anything. Let's consider more people like, you know, like come [visit a shelter]."*

> *"I understand that there was like some it was fast and quick and this and that, but it made all of those rules and enforcement, I think mental health should be always like always [prioritized] because like one can affect the other and it's all connected."*

<u>Newcomer and Migrant Women</u>

For newcomer and migrant women, the COVID-19 pandemic made accessing support and services increasingly difficult. This was largely due to not knowing what supports and services are available and not having an opportunity to build a community during isolation. It is difficult for newcomer and migrant women to navigate the system. In many cases, an interpreter is provided, but this was not a possibility during isolation.

> "*To navigate the system is not easy. We need to make it simple and offer good interpreters."*

Ongoing Impacts

Frontline workers throughout the D/IPV sector in New Brunswick indicate an ongoing increase in the severity and frequency of violence. Participants noted that they continue to see clients and residents with complex mental health challenges. Moreover, the cost of living and the ongoing housing crisis are contributing greatly to client and resident stress levels.

> *"We have a lot more people presenting to us and it's not they're not seeking help for the abuse directly, but they're having a really hard time surviving. So, the complexity, the severity like that trend seems to be continuing even though lockdown is no longer a thing."*

The housing crisis and rise in the cost of living might also be contributing to ongoing financial stressors that both increase severity of violence and make it more difficult to leave an abusive partner.

> *"I think there's probably more people staying, more people going back to abusive relationships because they can't afford to live like when it comes down to it."*

Discussion

Frontline workers in the D/IPV sector throughout New Brunswick indicated that public health recommendations intended to curb the spread of the COVID-19 virus resulted in a number of challenges and opportunities. When public health restrictions

were originally implemented in March 2020, the sector lacked the necessary infrastructure to create online programming or to offer services online. For many there was a delay in their ability to work from home due to a lack of technology – such as having laptops and smartphones. There were also safety concerns over meeting with clients virtually who were isolating at home with their abusive partner. Rather than video calls, many clients preferred to communicate through text messages or email. While some clients were comfortable to communicate through video, frontline workers noted that it was difficult to read body language and facial expressions during online sessions. Due to new challenges, safety concerns, and a lack of necessary infrastructure, online programming was generally not available in the initial months of lockdown. In some instances, online programming has since been developed. It is recommended that the D/IPV sector throughout New Brunswick continue developing online programming that is both safe and impactful.

During lockdown and isolation mandates, in-person fundraising activities for shelters and second stage housing facilities could no longer take place. Fundraising was able to resume in summer 2020. In some instances, monetary donations increased throughout lockdown and have since declined. It is recommended that alternative fundraising methods be explored. Establishing alternatives to in-person fundraising would be beneficial in the event of another lockdown or pandemic and might assist in reaching a new audience.

Emergency relief funding for the D/IPV sector was provided by the federal government beginning in 2021. Emergency funding was available for two years and was intended to offset additional costs acquired throughout the COVID-19 pandemic and

support the sector in lieu of in person fundraising. Funding was available for a variety of activities, including purchasing laptops and smartphones in order to work from home, cleaning and sanitizing supplies, and PPE. Funding also allowed for renovations to occur which supported adhering to operational guidelines and maintaining social distancing – such as additional kitchen space. Federal funding was likewise available to increase wages and hire new staff. Emergency federal funding allowed for the service model to expand. The funding was also available to financially support clients and residents in ways that were not previously feasible. For example, supporting residents with smartphone purchases, damage deposits, moving costs, and grocery store gift cards. Federal funding likewise supported new programming and online services. Despite the positive impact on the service model and the lives of survivors of D/IPV throughout New Brunswick, federal emergency funding was discontinued (Sept. 2023).

Isolation mandates created a significant barrier to accessing support services for those experiencing violence. Rates of violence have increased since the beginning of the COVID-19 pandemic. COVID-19 has contributed greatly to psychological and financial stress and has exasperated the risk factors for experiencing D/IPV. Isolation mandates increased time spent with abusive partners which resulted in greater surveillance of victims by abusive partners. During the first three months of lockdown, there was a significant decrease in the number of calls for help received by the D/IPV sector. A decline in the number of calls is likely due to a lack of privacy while in isolation with an abusive partner. Calls were often received when the abusive partner was out of the house and ended abruptly when their partner returned home. Calls began to increase as restrictions lifted in summer 2020 and continue to rise.

COVID-19 policies and regulations created significant barriers in accessing support for newcomer and migrant women experiencing violence. Newcomer and migrant women rely on interpreters to navigate the D/IPV sector and other government systems, however, interpreters were not available during lockdown.

When public health recommendations were first implemented in March 2020 the executive directors of transition houses and second stage housing facilities created operational plans. Plans detailed how public health mandates would be maintained – including social distancing, cleaning, and scheduling of communal spaces. Enforcing and adhering to guidelines presented challenges for both staff and residents. Following operational guidelines was difficult due to frequent changes in restrictions. Staff were continuously checking for updates to ensure they were enforcing and adhering to accurate and up-to-date guidelines.

In transition houses, it was challenging to follow guidelines due to the nature of communal living. Residents share living spaces, including kitchens, bathrooms, laundry rooms, and TV rooms. In some instances, residents were responsible to create schedules to use communal spaces and spaces were cleaned between each use. Maintaining social distancing in some cases limited the number of residents who could stay in a transition home at one time. Enforcing social distancing was difficult because the residents had created support networks with each other.

Staff took on a number of new tasks in order to meet operational guidelines - such as deep cleaning, enforcing social distancing, and administering rapid tests. Additional tasks reduced the amount of time staff were able to spend interacting with clients and residents. Social distancing mandates also limited social interactions among

residents and with outside sources of support. Staff noted that because of limited social interactions, residents experienced feelings of loneliness and isolation that were detrimental to their well-being. As social distancing mandates and operational plans changed, residents were able to interact with each other. Spending time together provided residents with the opportunity to create a sense of community during lockdown and develop strong bonds.

Social distancing dramatically impacted how staff interacted with residents and the emotional support they were able to provide. Wearing PPE and masks meant that staff and residents were not able to build trust through nonverbal communication. Maintaining social distancing also limited physical contact between staff and residents and presented challenges for having confidential conversations. Frontline workers throughout the D/IPV sector indicated that it was challenging to not provide physical touch to their clients, such as sitting next them or giving them a hug. In maintaining social distancing, staff felt as though they were not able to provide adequate emotional support to their clients. Isolation is a common tactic of abuse, therefore social distancing and isolation mandates may be detrimental to the well-being and mental health of those who have been or are experiencing violence. Should another lockdown occur, it is recommended that policies and regulations take in consideration the well-being of survivors of D/IPV. Feasibility of social distancing and isolation mandates should also be considered in communal living spaces and the importance of communal support, particularly in transition houses.

Since the beginning of the COVID-19 pandemic, there has been an increase in the severity and complexity of mental health concerns among those experiencing

violence. There has also been an increase in substance use as a coping mechanism. Lockdown restrictions meant some residents could no longer access the substances they had been using. In some cases, this meant that residents were undergoing detox without adequate support. Staff throughout the sector are not trained to support those with complex mental health concerns or going through detox.

Violence against women is a public health crisis that must be responded to. In the event of another lockdown or pandemic, provincial policies and regulations must take into consideration the impact that isolation has on those experiencing or who have experienced violence. Policies and regulations should also consider the manner in which they might be exacerbating risk factors for experiencing D/IPV. Rates and severity of violence are continuing to increase. Moreover, the COVID-19 pandemic had a dramatic impact on the cost of living and the housing crisis in New Brunswick. The ongoing economic impact of COVID-19 continues to aggravate risk factor for experiencing violence. The cost of living is a significant barrier to leaving an abusive partner for those experiencing D/IPV. Emergency funding provided by the federal government intended to offset the costs of COVID-19 allowed for an expansion of the D/IPV service model to support clients financially. It is recommended that emergency relief funding be extended as the impacts of COVID-19 are ongoing and continue to have a significant impact on the lives and wellbeing of those experiencing violence.

Limitations

Ideally, primary data collection would have taken place sequentially, beginning with surveys, followed by focus groups, and interviews. However, due to scheduling conflicts and low engagement, primary data collection overlapped. This research

likewise lacked engagement despite persistent recruitment. Participants noted they receive a multitude of requests for research participation and do not have the time to engage with them all. The scope of this research was broad and yielded a wide variety of themes. Each identified theme requires further research to gain a more comprehensive understanding of how the multiple impacts COVID-19 has had on the D/IPV sector in New Brunswick overlapped and exacerbated each other.

Recommendations for Further Research

Social distancing intended to curb the spread of COVID-19 failed to consider the emotional needs of the those experiencing D/IPV. Residents were isolated from each other and outside sources of support. In many cases, frontline workers noted that social isolation was detrimental to the mental health of their clients and residents. Further research is required to understand the impact the isolation had on the well-being of those living in transition houses and second stage housing facilities. Research should be explored from the perspective of clients and residents.

Research indicates that there has been an increase in the frequency and severity of violence since the beginning of COVID-I9 and as a result of isolation. The cost of living and the ongoing housing crisis are contributing greatly to client and resident stress levels and continue to exasperate risk factors for experiencing D/IPV. Further research is needed to better understand how an increase in cost of living and the housing crisis contribute to the risk factors for experiencing violence.

This research likewise provides a broad understanding of how federal funding intended to supplement the additional costs of COVID-19 was spent. Participants noted that with emergency relief funding they were able to offer additional supports to their

clients. Federal funding also allowed for the development of new programs, additional staff to be hired, and provided financial support to residents. Further research is required to better understand how federal funding was used to better support staff and clients. Further research might also explore changes that have taken place now that federal funding so no longer available.

Recommendations

- It is recommended that the D/IPV sector in New Brunswick continue to develop online programming that is both impactful and safe.
- In the event of another lockdown or pandemic, it is recommended that alternatives to in-person fundraising be explored. Alternatives to in-person fundraising, like fundraising online, might also reach new audiences.
- Should another lockdown or pandemic occur, it is recommended that policies and regulations take into consideration the negative impact that isolation and social distancing might have on the well-being of those experiencing or who have experienced D/IPV
- In the event of another lockdown or pandemic, it is recommended that public health policies and regulations take into consideration how isolation exacerbates the risk factors for experiencing violence.
- It is recommended that emergency relief funding be renewed as the impacts of COVID-19 are ongoing and continue to have a significant impact on the lives and wellbeing of those experiencing violence.
- Permanent and stable funding throughout the D/IPV sector in New Brunswick is recommended in order to best support the complex needs of those who have experienced domestic & Intimate Partner violence.

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