



COVID-19 & Violence Against Women and Children

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Background

In times of disaster the rates of violence against women and children typically increase¹. The response to the COVID-19 pandemic has intensified the conditions that contribute to violence against women and children. The [World Health Organization reports](#) “that while data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak”. Additionally, service provider organizations in Canada are reporting a dramatic increase in women’s efforts to access services. Tracy Porteous, the Executive Director of the [Ending Violence Association of BC](#) (EVA BC) reports that the domestic violence sector in BC is also experiencing such an increase.

The stress associated with the COVID-19 pandemic (e.g. potential economic or job loss), in addition to the disruption of social and safety networks coupled with decreased access to services may contribute to the risk of violence against women and children. Moreover, as distancing measures are put into place and as people stay home, risks of intimate partner violence, family violence and trafficking also increase. Social distancing can decrease access to familial and other networks that may be of benefit to women and children in abusive situations. While services, such as hotlines, crisis centres, sexual and reproductive health services, shelters, and other protection services are for the most part still available, they may be less accessible due to changes in operations such as providing telephone services only. It is important to note that violence against women and children can take many forms and may include physical, sexual and/or emotional abuse but may also include a lack of access to soap and hand sanitizers or exertion of control by stigmatizing COVID or spreading misinformation about the disease.

Human trafficking is also well known to proliferate in times of disaster. With increased screen time, an open portal into homes this can fuel the opportunity to groom and recruit in preparation for when COVID restrictions are lifted. Also because of the economic issues accompanying disasters this produces a series of factors that put women and girls at risk of being targeted (i.e. migration to a new town for work, quick cash to make ends meet). Other areas of risk to consider are an increase in sexting and exploitation of sexual images as people attempt to keep their distance but remain “sexually connected” using technology.

It is important to note that violence response services, including community-based services, domestic violence shelters, forensic nursing services, child abuse services and sexual assault services are working to make themselves accessible within the response to COVID. Some are providing enhanced telehealth options while others have adjusted their services to outpatient type settings and are making specific arrangements with police and other social services to ensure that all people experiencing interpersonal violence continue to have access to appropriate medical care and support services.

Nurses and nurse practitioners are ideally positioned to support women experiencing violence during COVID-19. Nurses are continuing to work in a variety of capacities and are ideally situated to be on high alert for potential signs of violence.

Key Messages

- Nurses are among the most trusted professions worldwide and as such are well positioned to effectively support people experiencing violence.
- NNPBC recognizes that the response to the pandemic has intensified the conditions that contribute to violence against women and children and severely limited their choices.
- NNPBC applauds and supports those domestic violence services and sexual assault services that remain open and available and have been adapted to accommodate responses to the pandemic.



Advice for Nurses

Given the seriousness of this issue and recognizing the need to support nurses who in turn provide care for women and children in precarious situations, nurses should remind themselves of the following:

- **Know** that the high level of prevalence of violence against women in Canada means that regardless of where you work, those to whom you provide care may have a history of experiencing violence. Disaster situations increase the risk of violence towards women and children.
- **Understand** that physical violence is not the main predictor of harm. For women in the US killed by their partners, the homicide was not the first act of physical violence in the relationship. Mental, emotional and financial abuse and stalking/harassment are forms of violence that threaten women's well-being and often precede severe physical violence.
- **Learn** about the risk factors that increase women's risk of violence. Some of the key risk factors for violence, increasing violence and more severe violence include:
 - Women trying to or planning to leave an abusive partner
 - Abusive partners being or becoming unemployed
 - Partner depression, threats of suicide, and/or substance use problems
 - Partner has access to lethal weapons
- **Think** about how the risk factors are being impacted during the COVID 19 response. Women and children are currently being isolated from their supports by the requirements of social distancing, and options, such as moving, getting support for safety planning from others, and working to get resources are curtailed at the same time. Children who may use school or neighbours as a respite from family violence have less access to these supports.
- **Practice** in a [trauma- and violence-informed way](#) in all your interactions. Act on your awareness of the prevalence of violence and the current increases in violence. Think that each person you are in contact with may be experiencing violence. Convey awareness and concern in a non-judgmental way, saying such things as "I am concerned about how this epidemic is impacting people's relationships" or "I think it is very difficult for women right now".
- **Support** people effectively using the [Top 10 things anyone can do](#). The most important responses are listening and non-judgmental responses, including affirming a person's value and worth.
- **Use** assessment guides, such as the [Danger Assessment](#) and safety planning tools such as the [EVA BC safety-planning guide](#). If you direct women to these resources, support them to use them safely. For example, do they know how to use incognito browsing? Consider taking additional training such as the [online Danger Assessment Training](#).
- **Know** your community resources and how to refer or access them.
- **Duty to report:** Nurses have a duty to report children who not only experience violence but also who are exposed to family violence. In practice, [reporting is often a complex matter](#).

Further Reading/Resources

- [VICTIMLINK BC](#)
- [WHO- COVID-19 and Violence Against Women](#)
- [Ending Violence Association of BC](#)



- [BC Women's Sexual Assault Services](#)
- [Forensic Nursing Service – Fraser Health](#)
 - [Embrace Clinic – outpatient clinic for survivors of recent violence](#)
- [Vancouver Island Forensic Nursing Services](#)
- [Interior Health Sexual Assault Care](#)

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Please feel free to direct questions and additional comments to info@nnpbc.com.

¹ https://www.ifrc.org/Global/Documents/Secretariat/201511/1297700_GBV_in_Disasters_EN_LR2.pdf