

Not all find comfort while 'safe at home': Protecting the vulnerable from COVID-19

March 30 2020, by Nadine Wathen



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Being safe at home isn't possible for everyone during this COVID-19 crisis.

It's important rethink what we mean by "home" and "safe"—from the comings-goings of essential workers potentially exposing loved ones every time they open the front door, to the many people in our community without a front door because they lack stable housing.

Women and children living in [violence](#) are especially at risk under [shelter](#)-in-place or #StayHome directives. As stresses mount, and with no place for anyone to go, violence can escalate.

A Red Cross report shows gender-based violence—including domestic and [sexual violence](#)—generally increases after disasters. More recent anecdotal evidence coming out of places further along in the pandemic, including China, reinforce this pattern for COVID-19.

In fact, shelters and other women-serving organizations in Canada are sounding the alarm, while also trying to shift their services to ensure worker and client safety. In high-touch, compassion-centered and often emergency-based work, this is not an easy task.

As Dr. AnnaLise Trudell, Manager of Education, Training and Research at ANOVA, London's women shelter and sexual assault [service](#) provider, says:

This is an incredibly scary time for those of us working in the violence sector. There is a feeling of impending doom. We know that we are going to see an increase in gender-based violence. We are trying to prepare for that, get our services ready, while also trying to move what services we can online and struggling with the technological adaptations.

But we also have a responsibility to employ known best practices of isolation and limiting [social contact](#) in order to keep the women and children residing our shelters as healthy and safe as possible. For many shelters, this means pausing intakes and limiting or stopping movement

in and out of shelter.

This is really hard on women and their children. We're promoting one form of safety—health—at the possible expense of another—freedom from violence. This work stress is on top of worrying about our loved ones, our finances, and our childcare while living through a pandemic."

On March 26, the World Health Organization released a [statement on violence against women and their children and COVID-19](#). Their key points include that many factors will interact to contribute to increased risk for women and their children, including:

- Disruption to services, including sexual and reproductive health services for sexual assault survivors, and access to formal and informal support networks;
- Safe shelter increasingly unavailable due to service restrictions and Canada's ongoing housing crisis;
- Increased proximity to the abuser, with no ability for respite or escape, including the potential for online activities to be closely monitored, conversations to be overheard, etc.;
- Sharp increases in financial and other material stresses through job loss and underemployment;
- Increased burden of child-care and other household tasks borne disproportionately by women; and
- More ways for abusers to exert control, including threats of turning victims out of the home, exposing them to illness, denying access to protective supplies and spreading misinformation or stigmatizing victims.

On the bright side, we're having these conversations.

Local, provincial and federal governments are specifically supporting domestic violence victims and others needing a safe place to stay

through enhanced funding for shelters and strategies like [re-purposing hotels to house those without homes](#).

Major media are paying attention and publishing both facts about domestic violence, and stories about what it looks and feels like for women and their children during this pandemic.

Organizations are rapidly publishing guidance for policy-makers, health and social service providers and the public about how to help, while also adapting their services to provide safety for women, children and staff.

In [the WHO document cited above](#), the following actions are recommended:

What can be done to address VAW during the COVID-19 response

While recognizing that COVID-19 has placed an immense burden on health systems including frontline health workers, there are things that can help mitigate the impacts of violence on women & children during this pandemic.



Governments and policy makers must include essential services to address VAW in preparedness and response plans for COVID-19, resource them, and identify ways to make them accessible in the context of social distancing measures.



Health facilities should identify information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and establish referral linkages.



Health providers need to be aware of the risks and health consequences of VAW. They can help women who disclose by offering first-line support and relevant medical treatment. First line support includes: listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to support.



Humanitarian response organizations need to include services for women subjected to violence and their children in their COVID-19 response plans and gather data on reported cases of VAW.



Community members should be made aware of the increased risk of violence against women during this pandemic and the need to keep in touch and support women subjected to violence, and to have information about where help for survivors is available. It is important to ensure that it is safe to connect with women when the abuser is present in the home.



Women who are experiencing violence may find it helpful to reach out to supportive family and friends, seek support from a hotline, or seek out local services for survivors. They may also find it useful to have a safety plan in case the violence escalates. This includes having a neighbor, friend or relative or shelter identified to go to in the event they need to leave the house immediately for safety.

From an information perspective, it's also important to consider ways technology can help, but also place women at risk.

Services moving to online or phone-based platforms must account for the increased proximity of the abuser and provide enhanced safety strategies for women to cover online tracks and otherwise use safe help-seeking strategies. Helping women find useful, local and consistent information and support is also key—services such as Shelter Safe provide links to local services and supports across Canada, along with strategies to hide pages and clear search histories.

As someone who has done research in this area for more than 20 years, I am concerned about what happens when this specific crisis is over. We know that domestic femicides in Canada weren't decreasing before COVID-19—in fact they were getting worse, as were all femicides.

Will we ensure sustained attention to addressing and preventing violence against [women](#), homelessness and other injustices, or will we go back to being okay with a woman or girl killed in Canada every 2.5 days?

Provided by University of Western Ontario

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