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| **Supplemental Table 3: COVID-19 Implications on services and service providers supporting women survivors of IPV and TBI** |
| ***Reduced capacity, prolonged processes, and tension between control and safety***  |
| We, certainly, were not prepared to operate during a pandemic and had no knowledge of how to best operate during a pandemic, so immediately opened and went into scramble mode. We've implemented all sorts of very restrictive policies and like restricted movement policies, and “where are you going?” And “where are you going to be around?” And “when are you going to be back?” And “you have to submit a form to leave the shelter,” and it is re-traumatising. So, I feel like there’s been large-scale disempowerment of the women that we serve. **P9**The impacts are, for our shelter specifically, people are so afraid of COVID, coming into long-term – not long-term care, but a communal home setting, that we are mimicking abusive structures and we’re controlling movement in and out of the shelter, and that doesn’t feel good for women. **P7**We developed a very specific COVID response safety plan and tool. This safety plan was developed by survivors for survivors, by women who were at high risk – how did they manage to escape, what are the little secrets that they had. That’s one part of our response to the pandemic, we needed to respond to the enquiries that we were getting. **P6**I had a situation where a woman had left her abusive partner and he went to court and said that this shelter wasn’t safe because of Covid so she was forced to leave the shelter and go live with a family friend. So here we go, where the court is actually [allowing], because of the pandemic, her abusive partner who’s still abusive, [to] decide where she’s going to live and know where she’s going to live. **P12**So there's a climate where staff are carrying this collective burden of just living in a pandemic that we all carry. And the shit that happens in your own life and that can happen when you're under stress and then coming into work. And everything's different and I've changed their hours and I've changed the days that they work and every single day there's some new thing that we have to do and sign this and screen that and all the rest of it. And I just think we are at a point now as we're approaching Christmas that's going to look nothing like any Christmas we've had before, I think we're just at a real razor's edge moment where I'm a little bit fearful sometimes that people are just going to say, I can't do this, I'm done, in terms of staffing. **P8**But our shelters are still, although they say they’re open, they’re very hard to access, right? You have to have a negative COVID test. You have to, while you wait for that test, be confined in either a hotel room or room at the shelter with your children for up to two weeks, right, depending on how long the testing takes to come back. And so, our shelters who used to be full beyond capacity right now have maybe three families in them, you know, like less than half full. Women just don’t want to do that. Or that doesn’t feel safe for them. They feel safer with their abuser. **P3** |
| ***Impact on service providers***  |
| I think about like the long-term consequences of communicating this way. I don’t get the same energy back from my meetings. It’s not a positive interaction. And whereas before when I got to go and meet with my colleagues and brainstorm or do those meetings, you left kind of rejuvenated or, you got some sort of primal need met and you felt better. And you do like three of these back-to-back, it doesn’t matter who’s on the other end, you’re drained at the end of it, right? So, I wonder … if it has the same impact on services. **P3**I definitely think our workers have stayed very frontline and have been very exposed – for lack of a better term. All the elements, because they didn’t give up and didn’t stop. **P10**If you never have had a lot of your world be online or if the only thing you've ever really done is Facebook on your phone, that literacy around just being able to jump in and use Zoom or use whatever is lower. So, we've had to, off the side of our desk, [do] tech support and training for women to keep them connected. **P8**And I know that the trauma counsellors are in frequent arguments with management because of the policies. Management has the responsibility of keeping the overall organisation, staff, and women safe and free of exposure to the best of their ability, and we are the advocates for the women and feel that the policies put forth by the organisation are unethical. And there's just a lot of infighting, and residents are like “well the staff are fighting with each other, and this feels like a very uncomfortable environment.” **P9**The impact on me is really, really awful relationships with my colleagues, with management and with myself, because I can't figure out what’s ethical in the situation. I don’t know what to do. I have no idea. **P7**I’ve had lots of conversations with my partner about the fact that he and I work from two very different worlds, so when the world shut down, he got to stay home for three months. And I was like I’m knees deep in this every single day. I don’t get to hideaway in my house. I don’t get to not go to the store. I don’t get to not go to offices. And I definitely know that within that first three months or so after the big lockdown it was extremely mentally taxing and really having to learn how to kind of put aside my own anxieties and my own stress about COVID so that I could be present for those people that I’m working with. **PG1**I can’t help but feel like some of our policies are abusive and mimic the same dynamics that women experienced while in their relationships, and it’s very much framed in “this is for your own good and safety” which also makes me sick. **P9**I don’t get it. I just, and again the level of anxiety. I mean I’ve done this work since ’83. I was on call one weekend and the level of anxiety I got from women was so intense I actually started to cry afterwards because I was just like I don’t know what to do. **P12** |
| ***Adaptability and flexibility of services*** |
| We've been around as a registered incorporated non-profit for 12 years. And we are not in the business of service provision, we do advocacy. COVID hits and we are inundated with calls for safety planning. COVID hits and we're inundated with calls for peer support, peer counselling. COVID hits and we're inundated with calls from women survivors on how do I manage all that I'm juggling. **P6**It hasn’t been good. I mean, they haven’t had rehab for months. I think one of the disturbing trends that I’ve seen with Covid is that health practitioners are very hands-off, even though they’re coming to the house, it’s been a very “let’s meet at the park, let’s talk about stuff,” and we can’t do that just because of Covid. **P15**COVID [has] impacted ability for people to have support or accompaniment that often need it. So, when I think about brain injury, we can’t even go to the hospital with her to help communicate or explain symptoms or what’s going on, right? Because you can’t have visitors or that support person. And that’s both the hospital rules, but also as an [executive director], I’m considering how best to keep my staff safe, but also how to keep victims safe. **P3**I think one of the big challenges that I’m noticing that is more COVID related, is that the consistency of support is crucial. That relationship that gets built between a support worker and a client is crucial. What happens now though is that the health protocols are really stringent and so now a sniffle or a couple of things and all of a sudden, you need a COVID test or we’re doing virtual – you’re sick, so I have to stay away for a day or two, I’m sick, I can’t come and see you. It’s hard to keep a consistent schedule with the Health and Safety protocols around that now. Client … structure and trust and dependability, is super important. So, that’s been hard. **P10** You know so now they’re stuck in a home with their partner who’s abusive and they can’t even use the phone, they [can’t go to services]. Some places have virtual programming, some places don’t. You know so maybe people don’t even have a table to access those type of programming. You know they have a phone that they might have to share with their family, it might be a family plan, somebody knows what number they’re calling. **P12**And that I think we need to be thinking a lot more about the barriers that are in place when we all of a sudden go oh, everything's online, your kid's school, that's online, your work that's online, your addictions program, that's online. And go OK, what does that actually look like for a woman who maybe all she has is her cell phone and … most of our women are doing like a month-to-month thing where they're paying 50 bucks at a time or whatever. So, we've had to do a lot and we've used a lot of our COVID funding that's come in federally and provincially for getting women internet, getting women computers. **P8**[E]specially like the women that are older, that are in their 60s or 70s, they – the way that they had been isolated in the past and now, you know, they're not as connected on like for things with Zoom, they might [not] even have a computer where they can do that sort of thing. **P2** |