



Action on Intimate Partner Violence and Substance Use

IN THE COVID-19 CONTEXT

During COVID-19 and its aftermath it is important to consider the impacts of the pandemic and social and physical isolation on women’s health. This sheet explores adaptations to practice for service organizations and frontline workers, to respond to concerning trends in intimate partner violence (IPV) and substance use in the COVID-19 context.

Trends in IPV and Substance use in the COVID-19 context

 **3x** Calls to domestic violence support lines increased by up to 3x in some regions

An increase in violence against women

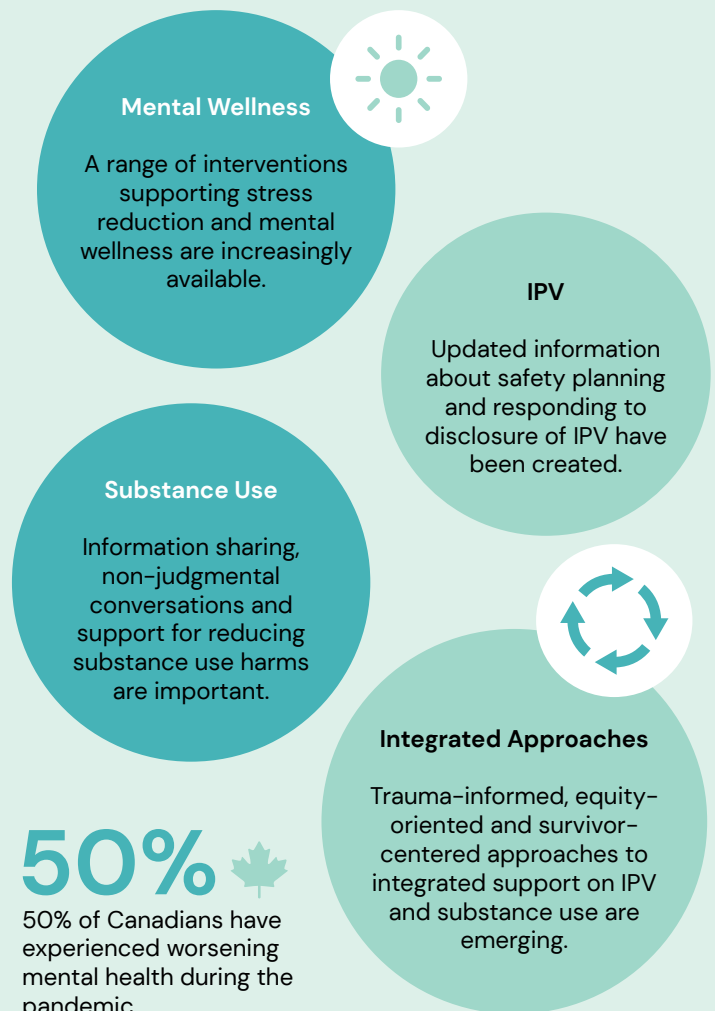
Increases in IPV have been documented globally during the COVID-19 pandemic with some [regions reporting increases up to 3x the rate of calls to domestic violence support lines](#). The stress of social and physical isolation measures, employment interruptions, and/or financial pressures can lead to increased conflict in households. [In a Canadian survey](#) about the impact of the pandemic on survivors, 46% of service providers and volunteers reported changes in the prevalence and severity of violence, with 82% of those workers describing this prevalence and severity increasing, and 20% noticed changes in the tactics used to commit violence and increase control ([see the VAW Learning Network info sheet on controlling behaviours](#)).

An increase in substance use

[Statistics Canada has reported](#) increases in alcohol and cannabis use and Angus Reid has reported worsening mental health among 50% of Canadians during the pandemic. [A backgrounder from the Canadian Centre on Substance Use and Addiction \(CCSA\) and Nanos Research](#) notes that in the face of additional stress and changes in life situations such as having to isolate, alcohol and cannabis use can increase, along with risk for developing substance use disorders. [Physical isolation and loneliness](#), as well as availability of alcohol are also risk factors for relapse.

Responses: Adapting and integrating intervention/support approaches

To respond to pandemic-related stressors and increases in IPV and substance use, specific approaches to support on IPV and substance use issues are needed. Brief support on both issues can be offered by service providers, first responders and peers, irrespective of their primary expertise. The following practice-oriented adaptations related to mental wellness, IPV, and substance use are emerging to support integrated action by substance use, anti-violence workers and first responders, and can be delivered both in local communities and virtually.



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Some promising examples of adaptations to support/treatment

1. IMMEDIATE SUPPORT FOR MENTAL WELLNESS

[Text4Hope](#) is an example of a free text messaging service developed in Alberta that has over fifty thousand people enrolled. It provides three months of daily text messages from mental health professionals to help people identify and adjust negative thoughts, feelings and behaviours that develop during the pandemic. Through a set of daily messages, people receive advice and encouragement for developing healthy personal coping skills and resiliency.

'[Wellness Together Canada](#)' is a mental health and substance use website, designed to provide Canadians with: free and immediate support on mental wellness and substance use; including programs that can be done alone or with coaching, monitored communities of support, and individual phone, video and text counselling.

2. SUPPORT RELATED TO INTIMATE PARTNER VIOLENCE

A range of online resources have been created to support service providers in adapting their practice in order to assist women experiencing IPV, during the COVID-19 pandemic, available at [Women's Shelters Canada](#) and [The Learning Network](#).

For example, the information sheet, [3 Considerations for Supporting Women Experiencing Intimate Partner Violence during the COVID-19 Pandemic](#), suggests:

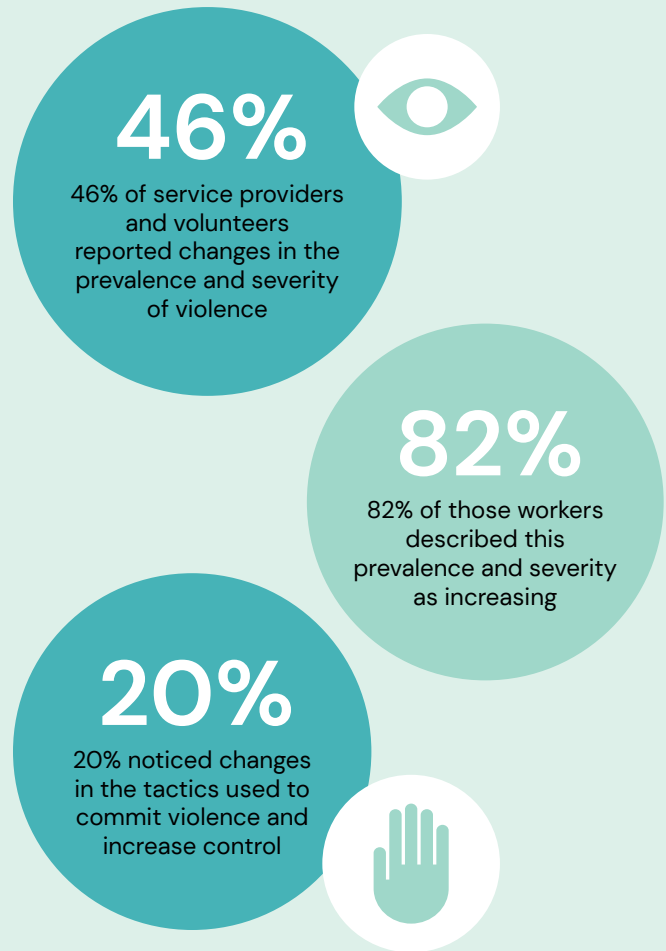
- ▶ **making individualized safety plans with women based on ideas from women about what safety options may work for them;**
- ▶ **ensuring safety for women including online supports; and**
- ▶ **working with communities to reduce barriers for women to health care and support services.**

Calgary Women's Emergency Shelter has prepared a tip sheet, [Supporting Victims of Family Violence & Abuse During COVID-19](#) with guidance for opening conversations and responding to disclosure of family violence and abuse during COVID-19. Social isolation increases the potential for coercive and controlling behaviour in a domestic setting. The information sheet, [COVID-19-Related Controlling Behaviours](#), provides a list of ways that control and intimidation tactics already in use by abusive partners can be compounded in the COVID-related context.

Virtual support options have been expanded by shelter organizations and networks across Canada, and the crisis has prompted [study](#) of online trauma focused treatment options.

3. BRIEF SUBSTANCE USE INTERVENTIONS

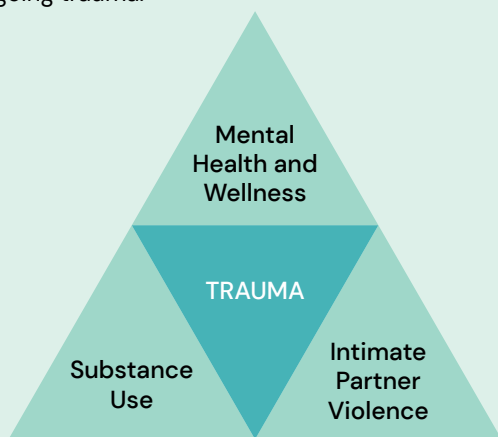
The substance field has developed informational materials and are making accessible online interventions. Infographics such as [Coping with Stress Anxiety and Substance Use during COVID-19](#) developed by the CCSA offer practical strategies for managing substance use. Helpful pre-existing materials are also available such as lower risk [drinking](#) and [cannabis](#) use guidelines and [booklets](#) that guide men and women in making changes. Seeing brief interventions as "[doorways to conversation](#)" with women, has benefits for both service providers and women, making it safe for women to access good information and discuss action, without fear of loss of custody, judgement or imposition of non-women-centred solutions. Virtual interventions on substance use such as [Break Free Online](#) are emerging, yet there remains much to be done to make gender-informed substance use support and treatment visible and accessible in Canada.



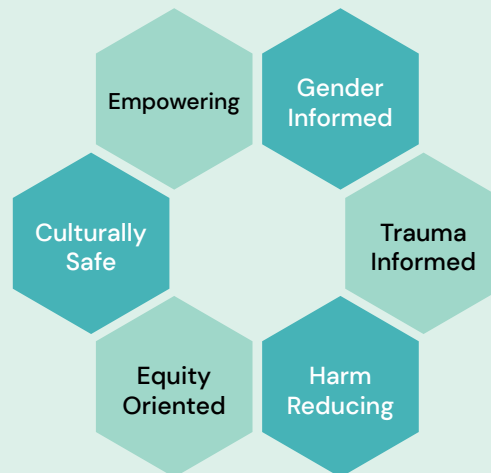


4. INTEGRATED APPROACHES TO IPV AND SUBSTANCE USE THAT ARE TRAUMA- EQUITY- AND GENDER-INFORMED

In the context of disasters, women report increased experiences of IPV and multiple related physical and mental health issues, including depression, PTSD, trauma, and sleep issues. The relationship between substance use and IPV is complex, with evidence of a bidirectional relationship, as well as multi-faceted contributing factors and numerous resulting health impacts. It is clear that alcohol, tobacco and poly-substance use are associated with IPV and their combined impact on women's health is significant, including mental and physical health repercussions, contributions to chronic diseases, and ongoing trauma.



For first responders, substance use, and IPV service providers the implications are clear. IPV detection and awareness is essential in disaster and pandemics. Training for all groups is crucial and must be enhanced to understand the additional burdens of IPV and increased help seeking in the context of COVID-19 and other disasters. For those providing services for either IPV or substance use, enhanced understanding and deliberate investigation of the other issue is a must. Integrating awareness of both issues into ongoing help, service provision, or health information is essential, in order to fully respond to women's health needs.



The advances in trauma-informed approaches developed in recent years provide a foundation for integrated responses. See for example: [Trauma- and Violence-Informed Interview Strategies in Work with Survivors of Gender-Based Violence](#), [New Terrain: Tools to Integrate Trauma and Gender Informed Responses into Substance Use Practice](#) and [Policy and Connecting with Culture: Growing our Wellness Facilitator's Guide](#). But we are a long way from integrating IPV and substance use responses in a trauma-, gender- and equity informed way.

The [Centre of Excellence for Women's Health](#) has gathered and examined research evidence as well as technical reports, toolkits and infographics that address IPV and substance use. Common principles for practice and established better practices can be identified such as: enhancing safety with women, noticing readiness for change, building on strengths of women, reducing stigma about substance use, addressing determinants of health, promoting mental wellness and preventing substance use harms, among others.

The associated evidence review for this project and further resources can be found [here](#).



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Click [here](#) for more information.

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