

Health outcomes of survivors of violence against women during the COVID-19 pandemic: Findings from the Interprovincial Violence Against Women Project

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Background and objectives: Violence against women (VAW) has demonstrated detrimental impacts on the mental and physical health of survivors. The COVID-19 pandemic and its attendant restrictions have placed further strain on survivor health. We conducted the first formal analysis of its kind on the health of VAW survivors during the COVID-19 pandemic across three Canadian provinces and compared differences in outcomes between survivors living in rural versus urban areas.

Methods: In partnership with leaders, advocates, and service providers from the VAW and health systems as well as women with lived experience of violence across Nova Scotia, New Brunswick, and Ontario, we conducted a bilingual, online survey throughout 2022 and 2023 on the experiences of 191 VAW survivors accessing or attempting to access services during the COVID-19 pandemic. We descriptively analyzed quantitative survey data on health services survivors accessed or wanted to access, overall health and substance use, and anxiety and depressive symptoms.

Outcomes: Participants across regions reported moderately severe levels of anxiety and depressive symptoms, with those living in rural as compared to urban areas more commonly reporting that their current health was poor. However, fewer participants in rural as compared to urban areas reported pandemic-related impacts on their mental health, including alcohol and substance use and psychological distress. More than half of the sample accessed mental health and addictions services and over one-third accessed emergency services since March 2020. Participants across urban and rural areas reported similar outcomes, barriers, and facilitators to service access. Notable differences were that survivors in rural areas less commonly reported that they felt disempowered, their needs went unmet, or they were waitlisted and more commonly experienced increased availability of shelter or supportive housing spaces during the pandemic. In contrast, fewer participants in rural areas reported that their privacy was protected or experiencing increased availability of online, text, chat, or phone supports or flexible times to schedule meetings or appointments, and they more often reported difficulties with internet or phone access.

Conclusions: Our study evidences the significant negative health burden among VAW survivors across rural and urban areas in Canada. We identified a number of shared experiences across survivors' engagement with health and social care systems during and beyond the COVID-19 pandemic; however, our findings also demonstrate some key differences in the challenges and opportunities experienced by survivors accessing services in rural areas. Sustained investment in technological infrastructure of supportive services for VAW survivors and coordinated cross-organizational and -sectoral strategies is needed to ensure survivors receive timely and equitable access to services in rural areas, including during public health emergencies.