The Shadow Pandemic

Supporting Survivors During COVID-19: Insights from the Frontline

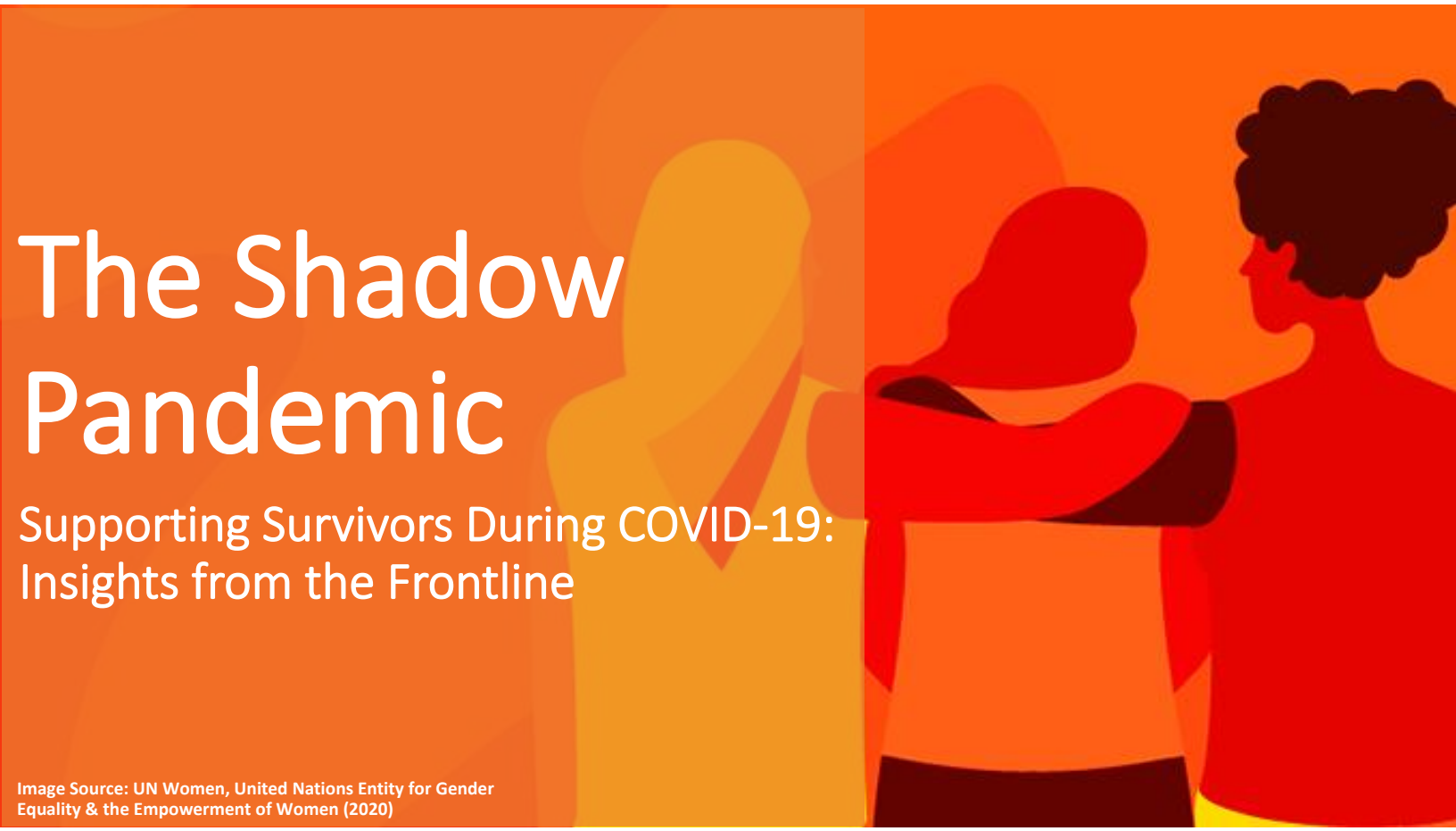

Image Source: UN Women, United Nations Entity for Gender Equality & the Empowerment of Women (2020)

WORKING TOGETHER TO END VIOLENCE AGAINST WOMEN

a PCAWA Publication

TABLE OF CONTENTS

Acknowledgements 2

Introduction 3

Observations from the Frontline: 5
Summary of Findings

Recommendations 16

- Supporting Frontline Workers 16
- Organizational Recommendations 18
- Systems-Level Recommendations, Funding, Advocacy 21

Conclusion 24

Works Cited 25

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This report would also not have been possible without the innumerable contributions of frontline workers who are navigating the unprecedented challenges of the COVID-19 pandemic and their impacts on survivors of gender-based violence.

The System Integration Working Group of the PCAWA have web-published this report under a Creative Commons license. This report presents critical insights and perspectives from the frontline and includes recommendations for organizations, funders, feminist researchers, and advocates to improve outcomes for service users and survivors in the Region of Peel.

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A Pandemic with No Vaccine

Supporting Survivors During COVID-19: Insights from the Frontline

INTRODUCTION

During natural disasters, wars, and periods of great upheaval, evidence indicates that Gender-Based Violence (GBV) increases significantly[1].

Since March 2020, governments have mandated social distancing and stay-at-home measures to prevent the spread of COVID-19, resulting in sudden and drastic lifestyle changes that have put families under significant stress. A Statistics Canada Report (2019)[2] indicated that most police-reported intimate partner violence (IPV) occurred in a dwelling occupied by both the victim and the accused. Stay-at-home orders, service closures, lack of access to public space, and restrictions against socializing have left survivors isolated from support networks and vulnerable to increased violence.

Using an online survey tool, we collected data to evaluate the impacts of COVID-19 from the perspective of frontline workers who provide services to survivors of GBV (at a minimum of 20% of their daily caseloads). We approached staff from a broad landscape of community organizations in the Region of Peel including services in emergency shelter and transitional housing, healthcare, settlement, legal aid & advocacy, employment, and food justice & security.

To ensure a representative sample of the Region's ethnic and racial diversity, we also approached faith-based organizations and networks, ethnocultural and ethnolinguistic community organizations, and agencies serving First Nations, Métis and Inuit communities. The survey also targeted frontline workers who provide services to 2SLGBTQ+ individuals, people who use substances, and people who have experienced incarceration.

A total of 73 frontline workers responded to the survey (68 in English and 5 in French) between June 12 and July 15, 2020. The survey explored the following:

- Changes in types of requests for services shared by women/survivors with frontline workers since the Emergency Order (mid-March 2020 to present)
- Types of challenges shared by women/survivors with frontline workers
- Types of risks or threats related to COVID-19 shared by women/survivors with frontline workers

[1] Virginie Le Masson et al., "Disasters and Violence against Women and Girls," *Overseas Development Institute*, November 2016, pp. 3-21, https://doi.org/10.1163/1872-9037_afco_asc_1285.

[2] Conroy, Shana, et al. "Family Violence in Canada: a Statistical Profile." *Statistics Canada* , 12 Dec. 2019, pp. 1–21., doi:10.5198/jtlu.2017.890.s320.

- Barriers to accessing services shared by women/survivors with frontline workers since the Emergency Order
- Changes to service delivery since the COVID-19 Emergency Order
- Challenges experienced by frontline workers and their recommendations for improving services during the pandemic and beyond

The report uses the term Violence Against Women (VAW) to maintain consistency with the Peel Committee Against Woman Abuse (PCAWA). This definition encompasses domestic, intimate-partner, and various forms of state and systemic gender-based violence. The PCAWA recognizes the diversity of clients who are served by its member agencies and the larger VAW sector; the report's usage of the term "survivor" includes the experiences of trans, non-binary, and gender-diverse service users and individuals who may not identify as women but experience gender-based violence[3].

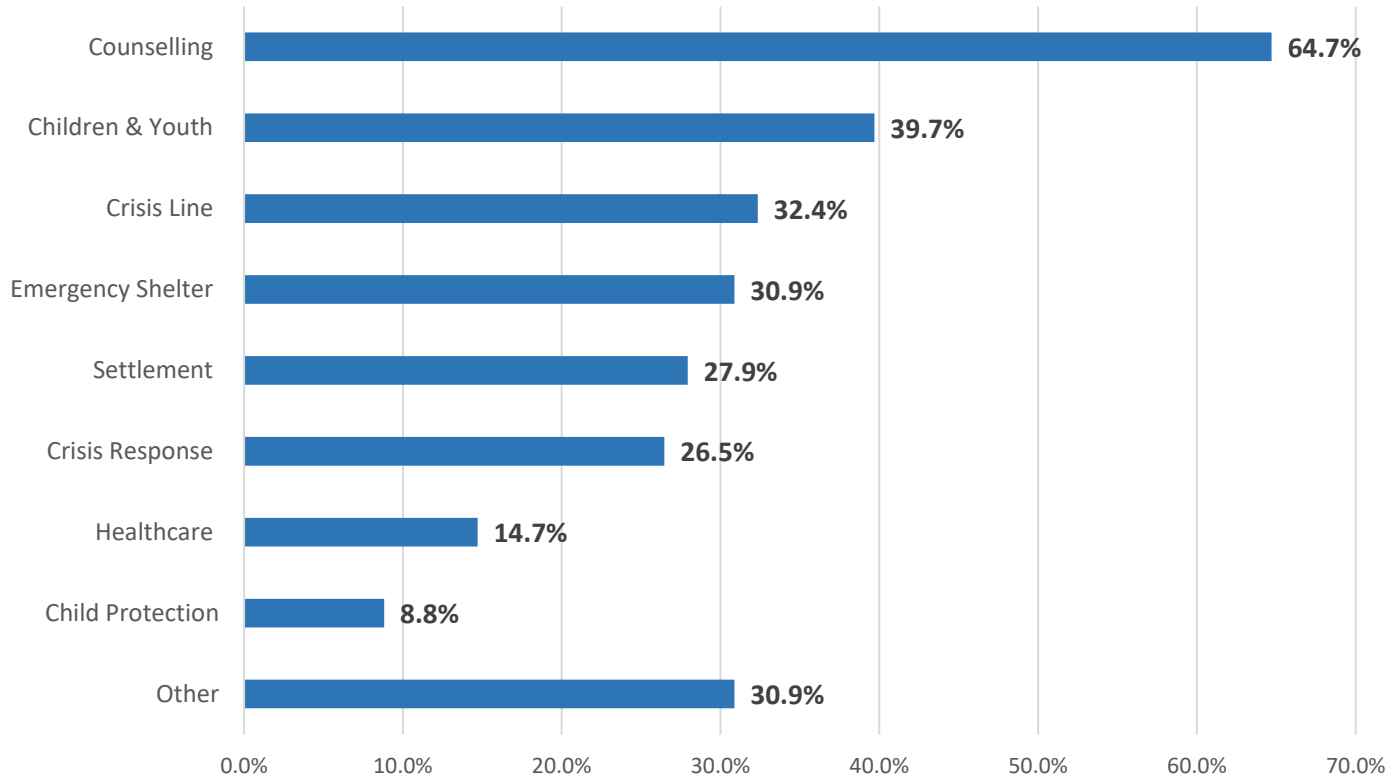
This report captures data from a broad range of social service agencies and community organizations indicating possible overlap between clients served by multiple frontline workers. While confidentiality clauses preclude the sharing of inter-agency client data, there is nevertheless no risk of double counting clients between frontline workers as the data depicts changes in the number and type of service requests during the pandemic, not the number of individuals served. Clients may be accessing a wide variety of services concurrently while pandemic-related disruptions and closures have created ongoing and compounding challenges and requests for support.

The findings in this report capture challenges to service provision and information relayed to frontline workers by service users. As such, this report does not and cannot speak directly to survivors' experiences during the pandemic beyond contacts and interactions with workers. The insights in this report support future studies that reach survivors directly to better understand the relationship between COVID-19, gender-based violence, and the impacts on their day-to-day lives.

[3] See: http://www.pcawa.net/about-us.html

Observations from the Frontline: Summary of Results

We heard from frontline workers providing the following services:

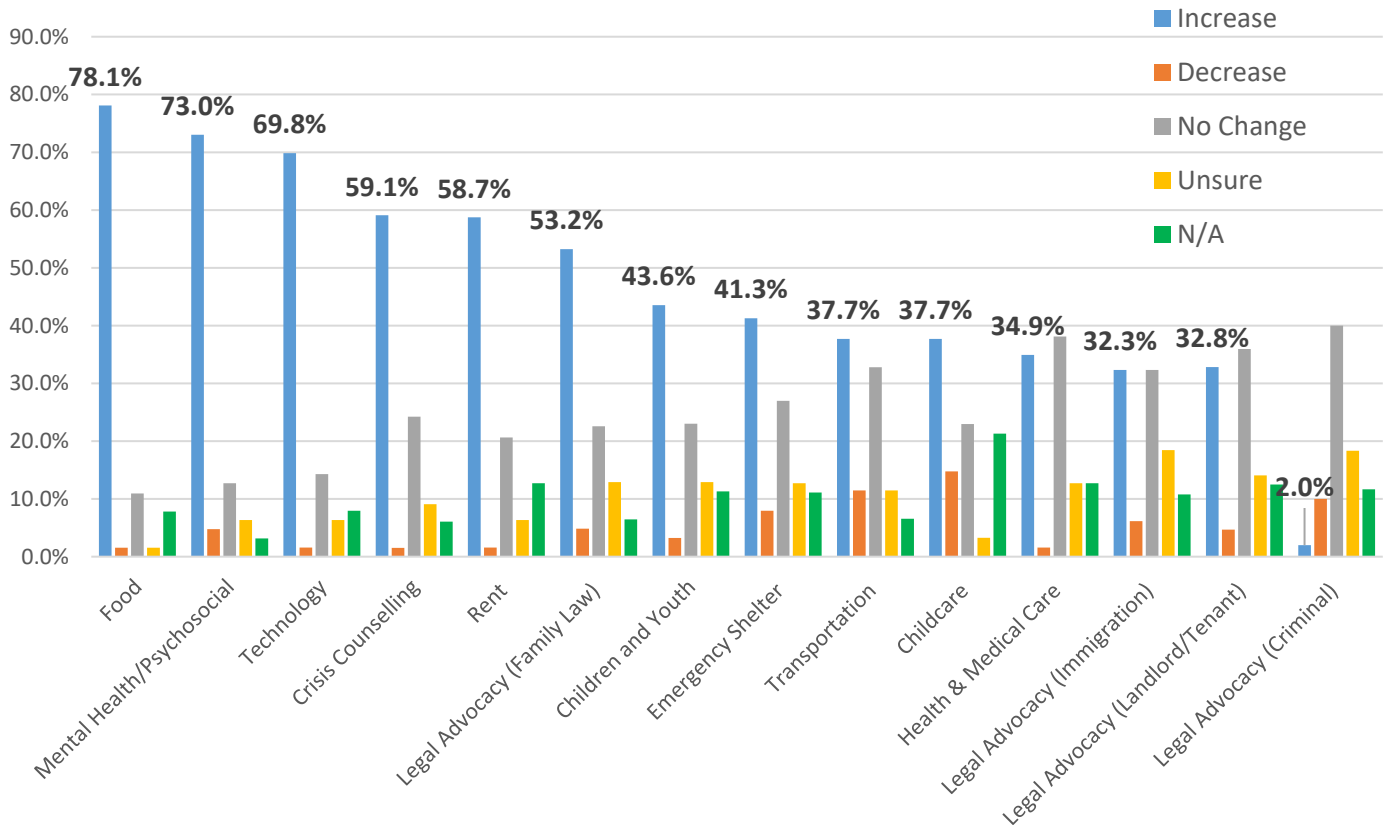


Other services noted by respondents include:

- Parenting Support
- Childcare
- Food Security
- Personal Care
- Seniors Programs
- Drop-In Services
- Case Management
- Support for Victims of Human Trafficking
- Group Support
- Early Psychosis Intervention
- Justice Services
- Immigration and Language Services
- Economic/Financial Services for Women
- Vocational Services
- Employment and Entrepreneurship Services

Service Demands and Challenges

Changes in the number and type of service requests since the beginning of the COVID-19 Pandemic:



Close to 4 out of 5 frontline workers noted increasing demands for support with food while over half received increased requests for assistance with rent, indicating the widespread financial impacts of the pandemic on survivors. The persistence of pandemic-related unemployment and job loss are likely to generate further growth in these categories, in addition to legal support and advocacy in landlord/tenant law as governments lift moratoria on evictions.

Requests for mental wellness and crisis counselling support illustrate the broader health impacts of the pandemic while the rising demand for tech support indicates access barriers to services delivered online and/or remotely. The *digital divide*[4] refers to the disparity between demographics and regions that face access barriers to modern information and communications technology, exacerbated by the shift to remote services under COVID-19. As day-to-day activities move online, individuals and communities without regular access to technology (e.g., lack of access to devices, unstable network connection, living in areas without coverage, reliance on public Wi-Fi etc.) may be

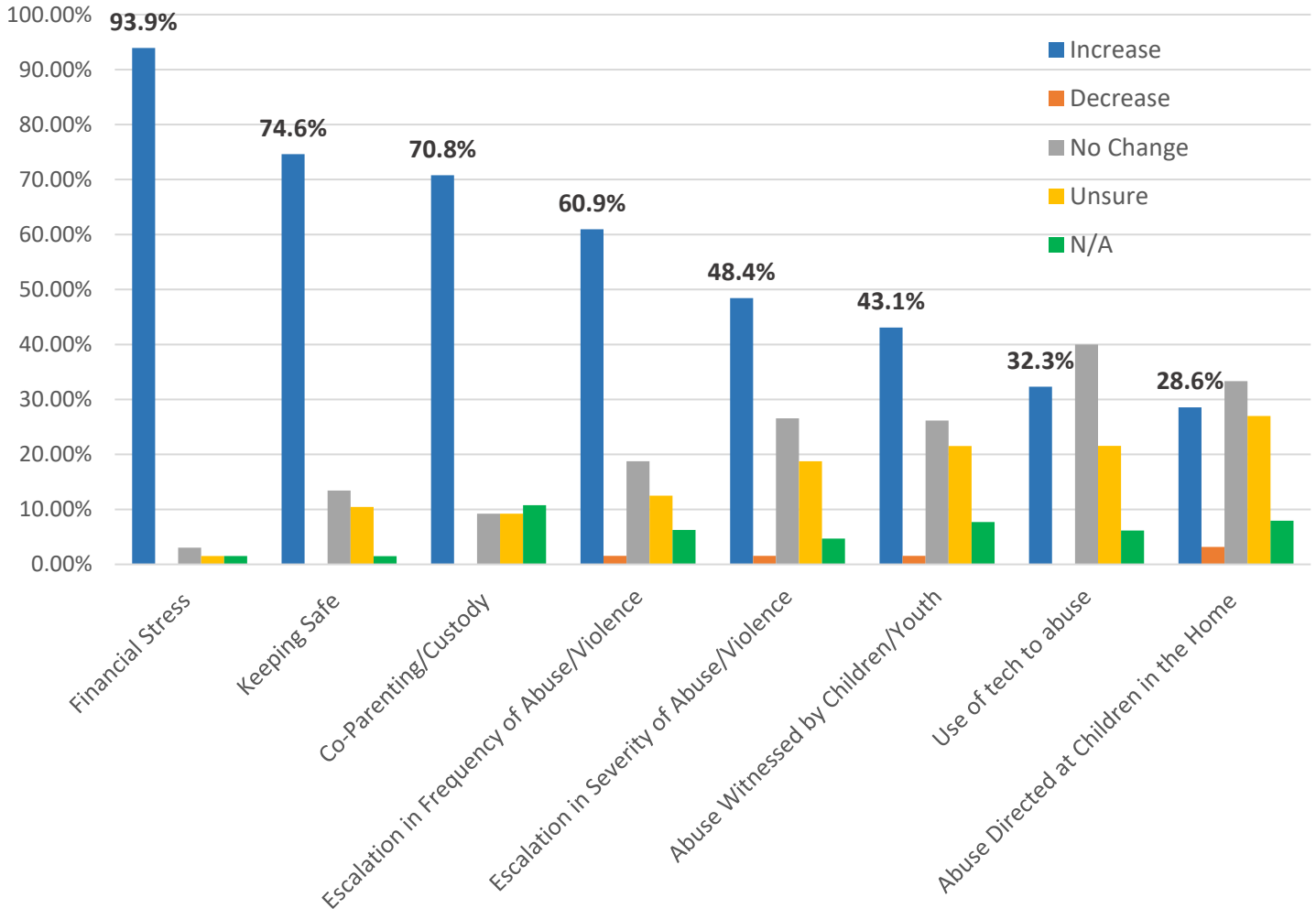
[4] See: "The Digital Divide," The Digital Divide (Stanford University), accessed February 2021, https://cs.stanford.edu/people/eroberts/cs181/projects/digital-divide/start.html.

left behind. The disparity is further compounded by language barriers in Peel, as 10% of residents do not speak English and 4% of the population has no knowledge of either official language[5].

[5] 2016 Census (Languages) Bulletin. Peel Data Centre, August 2017. https://www.peelregion.ca/planning-maps/censusbulletins/2016-languages-bulletin.pdf.

Changes in the types of challenges women/survivors have shared since the March 2020 Emergency Order

Changes in challenges reported to frontline workers by survivors:



93.9% of respondents reported increased financial stress (e.g., loss of employment, increased household expenses), while 74.6% reported that clients identified "just keeping safe" as significant challenges during the pandemic.

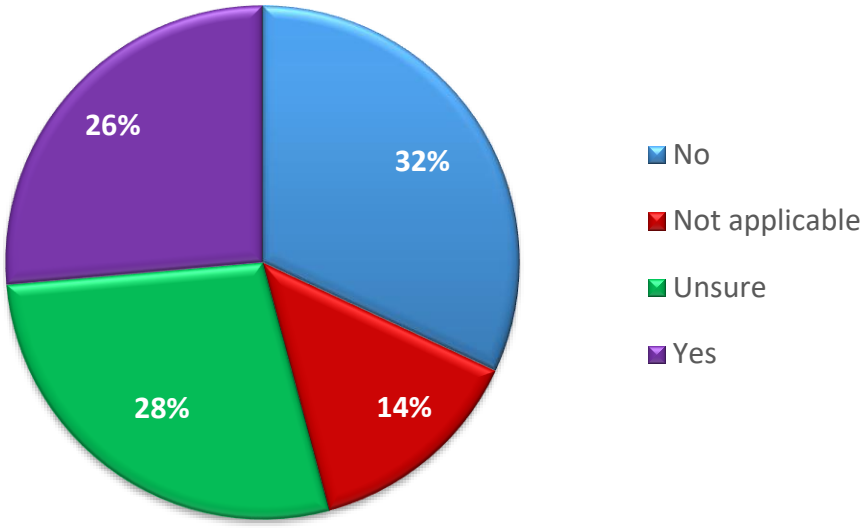
70.8% of the respondents indicated that COVID-19 measures significantly complicated custody arrangements and coordinating shared visits between co-parents. Closures of usual exchange locations and limited access to public and community spaces may have contributed to the increased challenges observed in this category.

60.9% of respondents indicated that service users had reported increases in the "escalation in frequency of abuse or violence," and 48.4% in "escalation of severity of abuse or violence." 43.1% of workers indicated that their clients shared increased incidents of abuse witnessed by and/or directed at children in the home due to closures of schools and extracurricular activities.

Early release of prisoners

In April 2020, the province announced the early release of some low-risk prisoners to reduce the spread of COVID-19 within provincial correctional facilities[6].

The graph below captures the proportion of respondents who received reports from clients of abusers/perpetrators released during the pandemic:

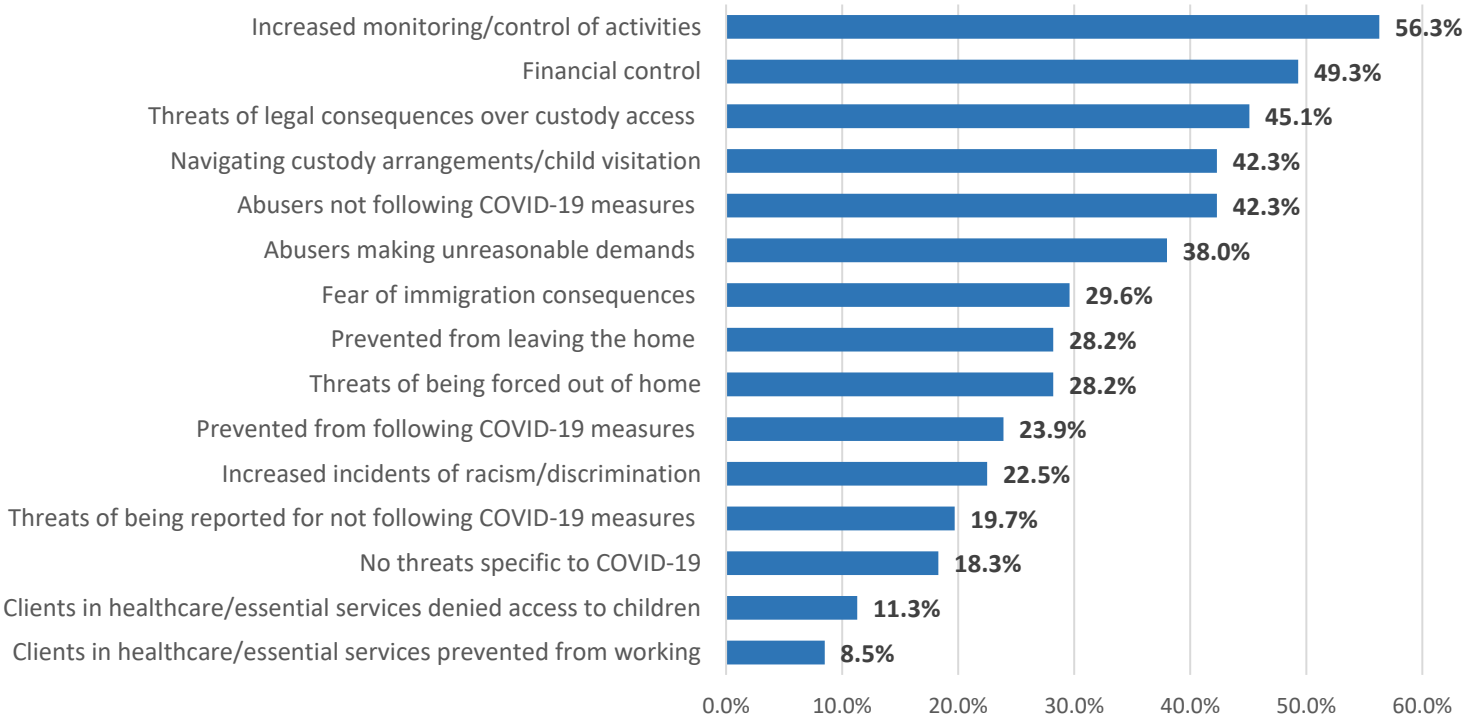


There is insufficient data on the number of survivors whose abusers and/or perpetrators of violence were incarcerated prior to the pandemic. However, 26% of frontline workers surveyed indicated that the province's early release measures posed challenges for their clients.

[6]"More than 2,000 Inmates Released, 6 COVID-19 Cases Confirmed inside Ontario Jails," *CBC News* , April 9, 2020, https://www.cbc.ca/news/canada/toronto/ontario-jails-coronavirus-1.5527677.

Risks or threats to survivors related to COVID-19

Risks and threats related to COVID-19 that were shared to frontline workers by service users and survivors:



Over half the respondents (56.3%) received reports of increased monitoring and control of activities and movements due to stay-at-home orders and public restrictions. 49.3% of frontline workers indicated that survivors shared experiences of financial control/withholding of finances by abusers/perpetrators.

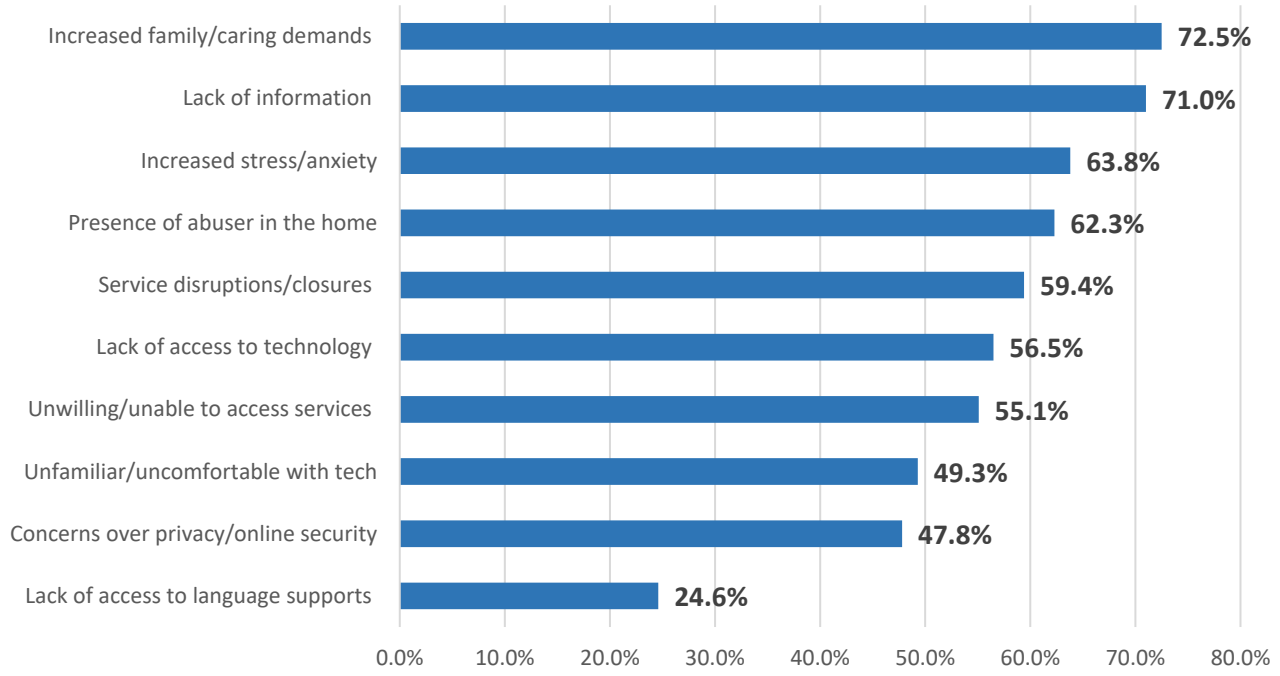
Respondents also identified navigating custody arrangements and child visitation as a significant risk due to closures of exchange locations and public spaces, social distancing guidelines, and restrictions against household mixing.

Multiple respondents indicated that clients expressed concerns regarding privacy and confidentiality and access barriers to remote services due to the prolonged presence of perpetrators in the home.

Unique challenges were noted among immigrant and migrant service users; 29.6% stated that clients with precarious immigration status expressed fears of leaving the home or seeking help due to possible immigration consequences. Other relevant considerations were delays in federal immigration processes due to pandemic-related service closures (e.g., expired visas or work permits, delays in immigration applications).

Barriers to Accessing Help

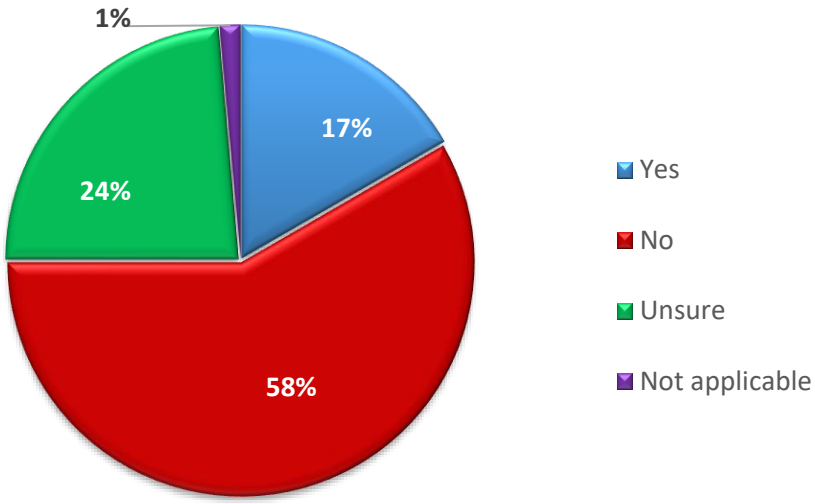
Barriers to service access shared by clients and observed by frontline workers:



Most respondents (72.5%) indicated that increased caring and parenting obligations (e.g., distance learning support, eldercare) under stay-at-home orders created access barriers among survivors. 71% of respondents noted that clients lacked information about services due to ongoing and intermittent closures, changes, and service disruptions. 63.8% of frontline workers received reports of increased stress and anxiety that created obstacles to client engagement and follow-up. Lack of access and familiarity with remote platforms and limited availability of translators/interpreters were identified as significant logistical barriers to accessing support.

Access to adequate information about status and availability of services

Frontline workers' assessments of clients' knowledge and access to information about available services:

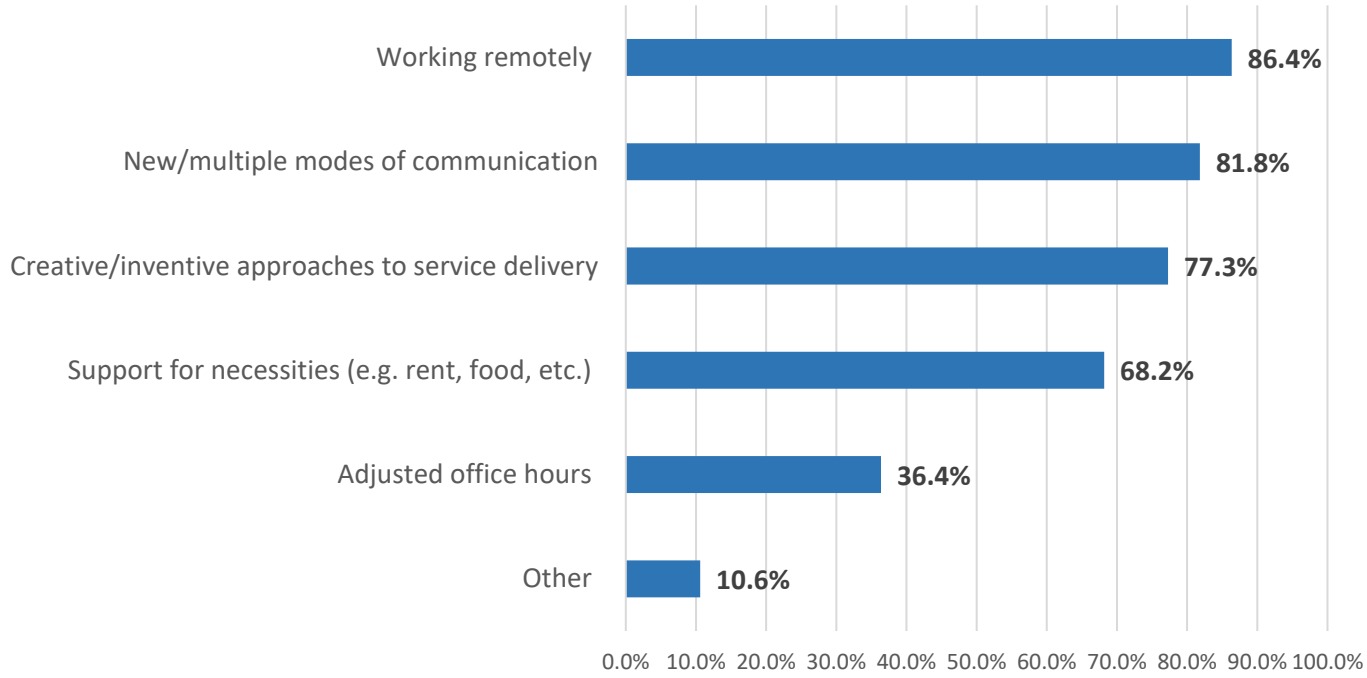


58% of the respondents indicated that service users did not have adequate information about what services were available or how to access them, and 24% were unsure about their clients' knowledge of available supports.

Some respondents cited service disruptions, sudden closures, government orders, and lack of capacity (e.g., shelters full, long waitlists for counselling) across sectors that significantly complicated access to information for both frontline workers and survivors. It is critical to note that COVID-19 related challenges follow historical service pressures and high demand for support within the VAW sector, that have only been exacerbated by the pandemic and response efforts.

Changes in Service Provision

Changes in service delivery due to COVID-19 measures:



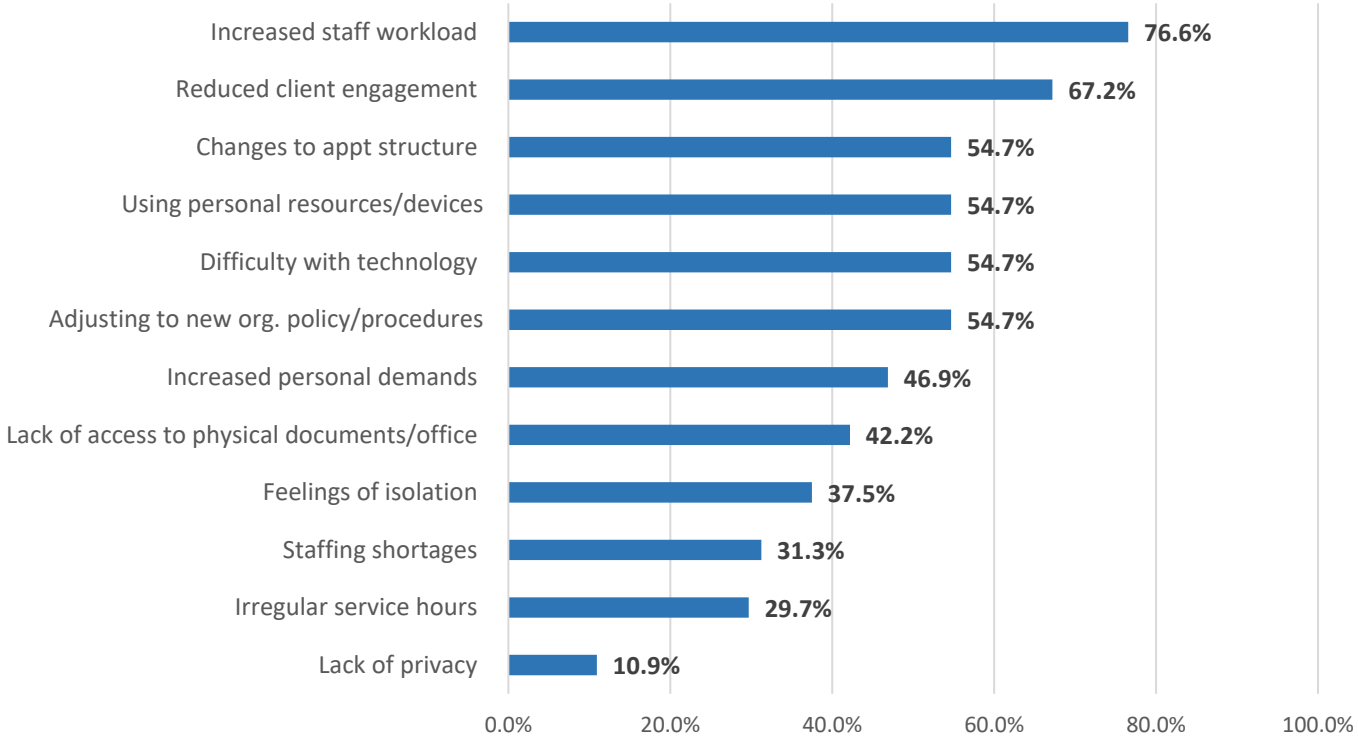
Most respondents reported a switch from in-person to remote service delivery (86.4%) due to stay-at-home orders. Work-life balance and setting boundaries were identified as significant concerns for frontline workers. Additional concerns included finding locations to safely conduct physical activities (e.g., dropping off supplies and essential items), lack of confidential space, and lack of secure storage for client files and documents, and delays in supervisory approval processes. Others reported that the elimination of commute times allowed for increased service delivery and more contact with clients but resulted in longer working hours for frontline staff.

82% indicated changes to communication modes and having to make services available on multiple platforms (e.g., Zoom, WhatsApp, Secure Web Portals, Skype). Inventing creative/adjusted methods of service delivery (particularly in safety planning for survivors) came up as an ongoing challenge among frontline workers. 68.2% of the respondents stated that their organizations had started providing necessities and supports that were not included in their pre-pandemic functions.

Other responses included “safe texting” initiatives to connect clients to services without being traced, flexible service hours, and providing personal phone numbers to survivors requiring additional or ongoing support. Some respondents identified proactive client engagement as a service change, such as emailing service users with public health guidelines and changes to COVID-19 measures, checking in between and outside scheduled appointments, and conducting wellness checks with survivors on waitlists.

Challenges to Service Provision During COVID-19

Challenges to service delivery identified by frontline workers:

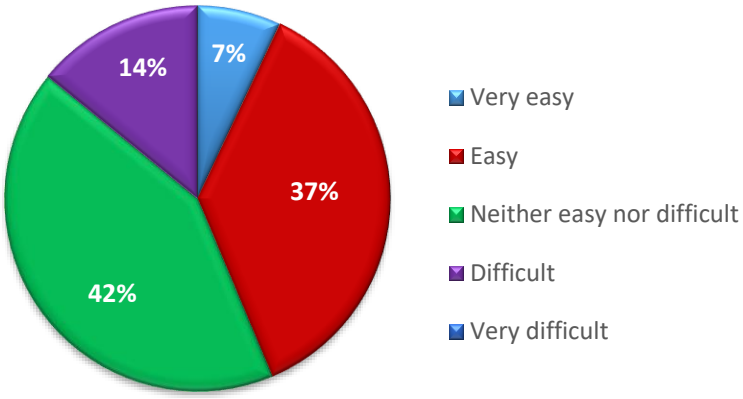


Over three quarters of respondents cited “increased workloads” as a significant pandemic-related challenge, corresponding with the widespread changes to service delivery identified in previous responses. 67.2% of respondents reported reduced client engagement citing scheduling constraints, shorter/less frequent appointments, barriers to following up, and difficulty engaging survivors due to the presence of abusers and family members in the home. 54.7% of respondents identified changes to appointment structure, such as having to provide system navigation support during counselling sessions, or disruptions to services such as home visits for clients facing barriers to transportation.

More than half of the respondents (54.7%) cited “having to use [their] own resources (personal devices, internet, printer etc.)” and navigating new technology (54.7%) as challenges to remote service delivery. Frontline workers also reported feeling overwhelmed by mounting personal and caring obligations alongside increased workloads (46.9%) and feelings of isolation and hopelessness (37.5%).

Adjusting to Organizational Changes

Navigating changes to organizational policies/procedures among frontline workers:



While COVID-19 policies vary between agencies, services, and sectors, responses indicate that contingency measures may have exacerbated pre-existing disparities between frontline workers. For instance, some workers found that working from home increased flexibility, eliminated commute times, and reduced exposure to the virus. For respondents with family obligations, limited access to confidential workspaces, technological barriers, and personal hardships, adjusting to procedural changes and remote service delivery was significantly harder.

Recommendations

Survey responses identified 3 broad categories of recommendations to improve supports for frontline workers, strengthen organizational procedures, and consequently, improve outcomes for survivors:

1) Supporting Frontline Workers
2) Organizational Enhancements, Policies, Procedures
3) Systems-Level Response, Funding, Advocacy

The COVID-19 pandemic saw a heightened need for innovative strategies and solutions to meet the increased demand for support, creating widespread challenges for frontline staff. Implementation of the following recommendations will not be possible without robust investment from funders and public authorities. The VAW sector has always navigated high demand for services alongside funding constraints, which have only been exacerbated by COVID-19 and response measures. UN reporting figures indicate that the effects of the pandemic will be felt for decades to come, generating ongoing and compounding pressures on agencies, frontline workers, and survivors[7]. GBV frameworks must inform immediate and long-term recovery measures and funding guidelines to serve survivors while protecting the health and wellbeing of staff.

Supporting Frontline Workers

1) **Resources/tools to support remote service delivery:**
   - Agency cellphones, laptops, and enhanced security measures to protect client confidentiality/professional boundaries and meet increased demand for flexible service hours.
   - Coverage or agency support for home office expenses (e.g., secure, reliable internet connection).
   - Rotating schedule to allow workers access to office space consistent with social distancing and maximum occupancy public health guidelines.
   - Provision of Personal Protective Equipment (PPE) and training on proper use for staff and service-users for non-remote activities.
   - Safe off-site storage for confidential files and documents or access to office facilities where possible.

2) **Training specific to remote service delivery:**
   - Training sessions or workshops to adapt face-to-face and in-person services and skills to remote platforms (e.g., training on de-escalation tactics and crisis response over the phone or online).

[7] "No End in Sight to COVID Crisis, and Its Impact Will Last for 'Decades to Come,'" *UN News: Global Perspectives on Human Stories* , August 1, 2020

- Workshops/training on new tech and communication platforms and troubleshooting.
- Training and resources to navigate boundary setting within remote service delivery and increased demand for frontline services.

3) Understanding/Compassion for frontline workers:

Survey responses indicated that workers felt overwhelmed by pandemic-related challenges in their work and personal lives.

- Respondents emphasized the importance of understanding, compassion, and flexibility from supervisors, recognizing that workers also face the financial, personal, and health and wellness impacts of the pandemic.
- Increase frequency of 1-on-1 check-ins with workers.
- Create an internal/secure database or space for workers to record challenges that come up in service delivery and solutions.
- Schedule wellness/peer support days to ease feelings of isolation and burnout.
- Sector-wide services for frontline workers, such as a virtual peer-support group for frontline workers providing supports for gender-based violence.

Organizational Enhancements, Policies, Procedures

Organizational recommendations to strengthen service delivery during COVID-19 response and recovery:

1) **Investment in IT/Tech services:**
   - Invest in secure web-portals/platforms for remote appointments and increased data protection and online security mechanisms.
   - Improve access to IT/tech support (e.g., expanding internal IT team, self-help troubleshooting guides, app training).
   - Extend service delivery to private and secure apps (e.g., Signal) to communicate with survivors who face access challenges due to presence of perpetrators in the home.
   - Centralize intake system and provide secure online access to client records to eliminate physical documents and files where possible.

2) **Navigating increased demand for services:**
   - Provide extended service hours corresponding to increased demand. Improve flexibility (e.g., shorter/more frequent appointments and check-ins) to navigate access barriers unique to survivors of GBV.
   - Create innovative alternatives to maintain client reach in periods of disrupted service.
   - Conduct check-ins with clients on waitlists and follow up on referrals to ensure survivors "don't fall through cracks."

3) **Reallocation of funds to support increased needs:**

The widespread financial impacts of the pandemic have generated significant increases in the demand for everyday supports (e.g., food, rent, essentials).

   - Create safe pickup locations for free groceries, gift cards, PPE, and other essential supplies.
   - Provide robust information to service users on financial assistance and relevant policy changes (e.g., navigating federal, provincial benefit programmes and services for pandemic-related job loss).

4) **Preserving Institutional Memory, Sector-Wide/Cross-Sectoral Emergency Response**
   - Ensure COVID-19 contingency measures/evaluation are integrated into emergency planning and institutional records for the future.
   - Respondents identified successes from pandemic-related changes to services, such as increased flexibility to better serve client needs. Ensure that positive developments and service improvements are integrated into agency procedures and practices.
   - Strengthen sector-wide communications and centralize updates about available services, disruptions, closures etc., to ensure clients receive accurate information and are not referred to sites/services without capacity.

- Coordinate emergency service delivery protocols (e.g., information sharing, best practices) and standardize across the sector where possible.
- While emergency and disaster measures are included in agencies' individual strategic plans, the pandemic highlights the urgent need for sectoral and systems-level planning such as backup service models, communication strategies, and measures to accommodate significant/long-term service disruptions.

5) **Collecting demographic data**
   - Collect demographic and service-related data where possible to accurately capture demand for supports and unique access barriers during the pandemic.
   - This data can inform COVID-19 recovery measures, allocation of funds, and development of new services and programmes.

Recommendations to improve outcomes for survivors and service users accessing supports:

6) **Improve promotion/access to information about available services:**
   - Design creative programme and service promotion mechanisms that take stay-at-home-orders into account. Ensure representation across a variety of online and social media platforms (Facebook, Instagram, Twitter, TikTok, Snapchat etc.) and provide information via email newsletters and listservs.
   - Advertise services and provide information on local television broadcasts and channels. Connect with regional/ethnic network channels to reach survivors who do not use English as their first language and/or have limited online access.
   - Promote supports for survivors at essential service locations and public sites**.** Include agency and programme flyers and materials on community boards, grocery stores, pharmacies, and other physical sites with clear information to survivors who are seeking help.
   - Ensure that supports for essential needs (food, housing, clothing & essential items) are included in the promotion of supports for gender-based violence.
   - Provide devices (cell phones, tablets etc.) and user training to improve engagement with clients facing technological barriers.

7) **Partner with non-VAW sectors to promote services:**
   - Provide materials on GBV supports for doctors, medical professionals, and outpatient services.
   - Connect with formal and informal religious organizations and groups (churches, temples, local Facebook groups etc.) to improve reach.
   - Create programme and service bulletins to be shared during online events (virtual faith services, Pride celebrations etc.)

8) **Liaison with legal services (clinics, pro-bono education):**
    - Provide support/streamlined referrals for survivors navigating immigration challenges and federal service suspensions and delays.
    - Provide “Know-Your-Rights” workshops and campaigns to support survivors navigating landlord/tenant law, custody agreements/family law, and criminal justice institutions during COVID-19 emergency measures.

9) **Engage Children & Youth Services to support survivors with caring obligations:**
    - Respondents indicated that stay-at-home orders, school closures, and online learning demands created significant barriers to accessing services. Connect with Children & Youth services to engage youth, alleviate caring responsibilities, and provide support with remote education.

System-Level Recommendations, Funding, Advocacy

The pandemic has not only created unprecedented challenges but exacerbated pre-existing inequalities and disparities. Gender-based violence does not exist in a vacuum and is inextricable from state violence, oppression, and precarity that go onto trap survivors in abusive conditions. The prevention and mitigation of GBV must be incorporated in strategy and policy design; the following recommendations are particularly relevant for funders, policymakers, and public administrators to *proactively* support survivors.

1) **Increase funding for the VAW sector:**
   - The lifting of emergency protocols and pandemic response measures will not automatically correct the challenges faced by survivors during and prior to the pandemic. The VAW sector will be crucial in the transition to post-pandemic functioning and must be empowered to meet the increased demand for flexible and remote service delivery.
   - The VAW sector is uniquely positioned for advocacy and education as survivors often navigate concurrent experiences of poverty, housing inaccessibility, immigration/refugee law, family law, and the carceral system. Survivors' needs are not included in the design of these services, as demonstrated by the increased challenges indicated by frontline workers. Future funding allocations must focus on survivor-centric research and data collection to improve system navigation and strengthen outcomes for survivors and their families.
   - Specific funding interventions are necessary in public education, as the insights from frontline workers unequivocally demonstrate that survivors of violence experience access barriers and challenges across systems. The response to gender-based violence must be supported by robust investment in advocacy and a commitment to systemic change to prevent violence and improve outcomes for survivors.
   - Ongoing engagement and funding must be directed towards survivors in hard-hit communities where access barriers are particularly severe. The provincial COVID-19 strategy has identified 15 such communities[8]. There is an urgent need for governments to collaborate with the VAW sector and partners to support and prevent further harm to groups historically disenfranchised by public institutions and policies (e.g., people who use substances, racialized communities, communities overrepresented in informal labour markets).

2) **Provide comprehensive GBV training to public service providers to ensure policies do not further marginalize survivors:**
   - The pandemic saw a marked increased in the demand for public housing, social and employment assistance, and legal support. Public assistance, housing, and employment programmes must be designed with the needs of survivors of GBV in mind, as current

[8] See: Ontario Supporting High Priority Communities: https://news.ontario.ca/en/backgrounder/59793/ontario-supporting-high-priority-communities

policies may exacerbate experiences of violence and precarity. For instance, social assistance programmes treat families as units and often calculate benefits without taking abusive dynamics into account. Similarly, child-support policies may inadvertently place survivors back in contact with perpetrators, forcing survivors to choose between personal safety and providing for their children.

3) **Streamline procedures and improve access to financial and housing support:**
   - Rampant job loss leaves Canada with 858,000 fewer jobs than February 2020, before the pandemic began[9]. Women are overrepresented in heavily affected sectors such as hospitality, education and childcare, retail, and informal employment sectors where opportunities for remote work are limited. Pandemic-related unemployment and job loss were further concentrated among racialized and ethnic minority women; official figures indicate disproportionate impacts on Black, Indigenous, and Chinese women in Canada[10].
   - COVID-specific and broader employment supports (e.g., extension of pandemic pay programme covering the duration of the crisis, enhanced benefits, paid sick days, protection for gig/temp workers) must be directed towards frontline and essential workers who maintained employment throughout the pandemic.
   - The completion of the federal Canada Emergency Response Benefit (CERB) programme and the lifting of moratoria on evictions imposes unique economic challenges on vulnerable groups. The COVID-19 recovery must include streamlined social assistance programmes, robust employment programmes, and increased investment in public housing to correct for the enormous financial burdens imposed on survivors and families during the pandemic.
   - Stay-at-home orders have exponentially complicated existing housing-related challenges and access barriers faced by survivors. COVID-19 recovery measures must include collaboration between municipalities and the VAW sector to create a housing strategy informed by survivors' experiences and needs.

4) **Robust investment in health and wellness services that take GBV, and survivors' needs into account:**
   - The pandemic and public health measures have created widespread challenges in mental/emotional health and wellness, generating rampant increases in feelings of anxiety, despair, isolation etc.
   - The COVID-19 recovery must include investment in a broad range of counselling, health, and wellness supports, and interventions for frontline and essential workers. These

[9] Evans, Pete. "Canada Lost 213,000 Jobs in January as Lockdowns Took a Giant Bite out of the Job Market." *CBC News*, February 5, 2021. https://www.cbc.ca/news/business/canada-jobs-january-1.5902308.

[10] Julie Gordon, "Black, Minority Women in Canada Left behind in COVID-19 Job Recovery," *CTV News*, December 15, 2020, https://www.ctvnews.ca/business/black-minority-women-in-canada-left-behind-in-covid-19-job-recovery-1.5232390.

services must be trauma-informed and survivor-centred, culturally competent, and work from harm-reduction principles to address the innumerable health impacts of the COVID-19 pandemic on survivors.

- Transitional services, community health centres, and community and grassroots organizations reach groups historically disenfranchised by psychiatric and primary healthcare institutions; addressing the mental health impacts of the pandemic must include ongoing funding and resource supports in these key sectors.

Conclusion:

"Most of the world's nations are not doing enough to protect women and girls from the economic and social fallout being caused by the COVID-19 crisis according to new data released by the UNDP and UN Women.[11]"

The stay-at-home orders issued by governments worldwide to curb the spread of COVID-19 have imposed undue hardships on survivors of gendered violence. While this survey collected data from frontline workers between June - July 2020, the following months have seen a lifting of federal assistance programmes and moratoria on evictions, further public closures and heightened stay-at-home orders, and persistent unemployment, job loss, and impoverishment. The economic, social, and health and wellness impacts of the pandemic on survivors and their families are only increasing as the crisis continues to unfold, suggesting that the demand for support and challenges faced by frontline workers and service users are currently more severe than depicted by the data.

Frontline workers have formed a keystone of the COVID-19 response, administering a variety of supports, providing referrals, and serving as a point of contact for hard-to-reach and disenfranchised communities. Additional funding and robust organizational and public support for frontline workers is necessary to maintain engagement and improve outcomes for survivors, preserve technological advances and flexibility in service delivery, and ease caseloads for overburdened workers. There is an urgent need for integrated GBV, survivor-centric, feminist, and anti-racist/anti-oppressive frameworks in non-VAW sectors and systems, as the data unequivocally affirms the linkages between racism, xenophobia, poverty, and the experiences of GBV in Peel. Directions for future research include survivor-centric studies that survey their experiences accessing services and the impacts of the pandemic on their day-to-day lives.

The heightened demand for support and the innumerable challenges identified by frontline workers indicates that more needs to be done to support survivors and prevent GBV in the remainder and aftermath of the pandemic. The persistent assertion by government officials to "just stay home" in the past 12 months fails to recognize that home is not a safe place for all. Survivors face unique and compounding challenges that are neglected by service providers and public authorities, which in turn exacerbates violence and precarity in periods of crisis and emergency. Experiences of GBV are inextricable from state and structural violence, oppression, and marginalization; there is an urgent need for these dynamics to proactively inform the ongoing response to COVID-19 and recovery measures to prevent GBV and improve outcomes for survivors and their families.

[11] "UNDP and UN Women Launch COVID-19 Global Gender Response Tracker," *News Centre*, September 28, 2020, https://www.undp.org/content/undp/en/home/news-centre/news/2020/undp-and-un-womens-newly-launch-covid-19-global-gender-response-.html.

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