We conducted a systematic review of IPV services and interventions for women that are delivered in a way that meets COVID-19 public health guidelines.

THE ISSUE:

- Violence against women/intimate partner violence (IPV) often increases during emergencies like the COVID-19 pandemic.
- Public health measures that aim to slow the spread of COVID-19 increases the time isolated at home with abusers.
- Physical distancing, gathering limits, and closures can create barriers for accessing and providing IPV support.

ABOUT THE IPV INTERVENTIONS INCLUDED IN THIS REVIEW:

- 21% Focused on preventing IPV from occurring.
- 23% Focused on identifying IPV, recognizing IPV, and tracking/sharing information about IPV incidents.
- 52% Focused on supporting women while living with and/or leaving an abusive partner.
- 4% Focused on supporting women after leaving an abusive partner.

A majority of studies described IPV interventions that were delivered using technology (i.e., mHealth, telehealth, online tools, forums, emails, apps, video or phone call, and radio).

EXAMPLES OF RELEVANT IPV INTERVENTIONS:

- A violence/abuse awareness and education program transmitted via radio (Tanzania).
- Identification and Referral to Improve Safety (IRIS), an internet-based IPV safety decision aid to flag abusive behaviours and assess safety options (USA).
- iCanPlan4Safety online support tool to aid in risk assessment of an IPV situation and learn about options (Canada).
- Marg’s Place: an innovative emergency shelter model for women and children using separate smaller residences (Australia).
TECHNOLOGY IS GREAT! BUT...

- **SAFETY**: Preventive initiatives focused on digital literacy, competence, safety, and security are essential for women to be able to confidently access online resources.
- **COST**: Digital/virtual devices and internet connectivity can be costly: Provide resources for women to access technology and devices.
- **ACCESS**: Advocacy is needed to ensure the stability of communication networks, especially in rural or remote areas and in low-income countries.
- **EFFECTIVENESS**: More research and evaluation is needed to measure outcomes and effects of current IPV services and supports.
- **DIVERSITY**: IPV intervention studies must include diverse participants and an intersectional lens. Missing crucial data on: older women; women with disabilities, immigrant/refugee women, women in the LGBTQ+ community, racialized women,...

INFORMATION SOURCES:

**Our search found 24 sources that described a total of 238 interventions:**

- 4 systematic reviews (n=218) from United States, Canada, and Germany
- 20 individual studies from United States (n=14), Canada (n=2), Australia (n=2), Hong Kong (n=1), and Tanzania (n=1)

A full description of our methods can be found in the forthcoming article or by contacting us.

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