



# COVID-19, INTIMATE PARTNER VIOLENCE AND SUBSTANCE USE

During COVID-19 and its aftermath, it is important to consider the impacts of the pandemic and social isolation on women’s health. This information sheet explores the linkages between COVID-19, intimate partner violence (IPV), substance use to inform training, practice and policy for service organizations and frontline workers. This sheet provides an overview of the connections and implications. Further information sheets will address strategies for action for knowledge users.

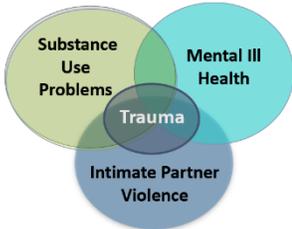
## COVID-19 and IPV

IPV is being described as a ‘shadow pandemic’ during COVID-19. Social isolation, economic insecurity, unemployment, ‘stay-at-home’ orders, and reduced access to health and social services or support networks make it challenging for women to escape abusive partners or access services that keep her safe.

Where women are able to access services or reduce social isolation, concerns for women’s health continue to persist. Women who experience IPV after a disaster are more likely to report mental health issues such as sleep problems, low self-esteem, suicidal ideation and PTSD. For example, women who reported IPV after Hurricane Katrina were 10 times more likely to report a major depressive disorder.

## IPV and substance use

Increases in substance use are also linked to periods when social stress and isolation are in place. The relationship between substance use and IPV is multidirectional and complex. Perpetrators’ use of substances may enhance aggression and coercive behaviours, while survivors of IPV may use substances to cope. Patterns of IPV vary by perpetrators, survivors, and substance but is often linked to other psychosocial factors, including current and historical trauma.



## Implications for service providers

- For first responders, anti-violence, and substance use service providers there are ways to increase women’s health and safety during COVID-19 and in the period following:
- IPV detection and awareness is essential in disasters and pandemics.
  - Training must be enhanced to understand the additional burdens of IPV and increased help seeking in the context of COVID-19 and other disasters.
  - While providing services for either IPV or SU, investigation into both issues is a must.
  - It is essential to integrate robust responses to linked health issues into ongoing help and service provision in order to fully respond to women’s health needs.
  - In the long term, reductions in gender inequity linked to power, control, and economic supports will assist with reducing IPV and responding more fully to both SU and IPV in pandemic contexts.

Prepared by the Centre of Excellence for Women’s Health for the Canadian Centre on Substance Use and Addiction, Women’s Shelters Canada, and the Justice Institute of BC.

For more information visit: <https://covid19mentalhealthresearch.ca/synthesis/substance-use-su-among-women-in-the-context-of-the-corollary-pandemics-of-covid-19-and-intimate-partner-violence-ipv/>