

# VAW Organizational Adaptions and Funding During the Pandemic

## Adapting the Violence Against Women Systems Response to the COVID-19 Pandemic: An Overview of Results from the MARCO VAW Study

### Services Offered During the Pandemic

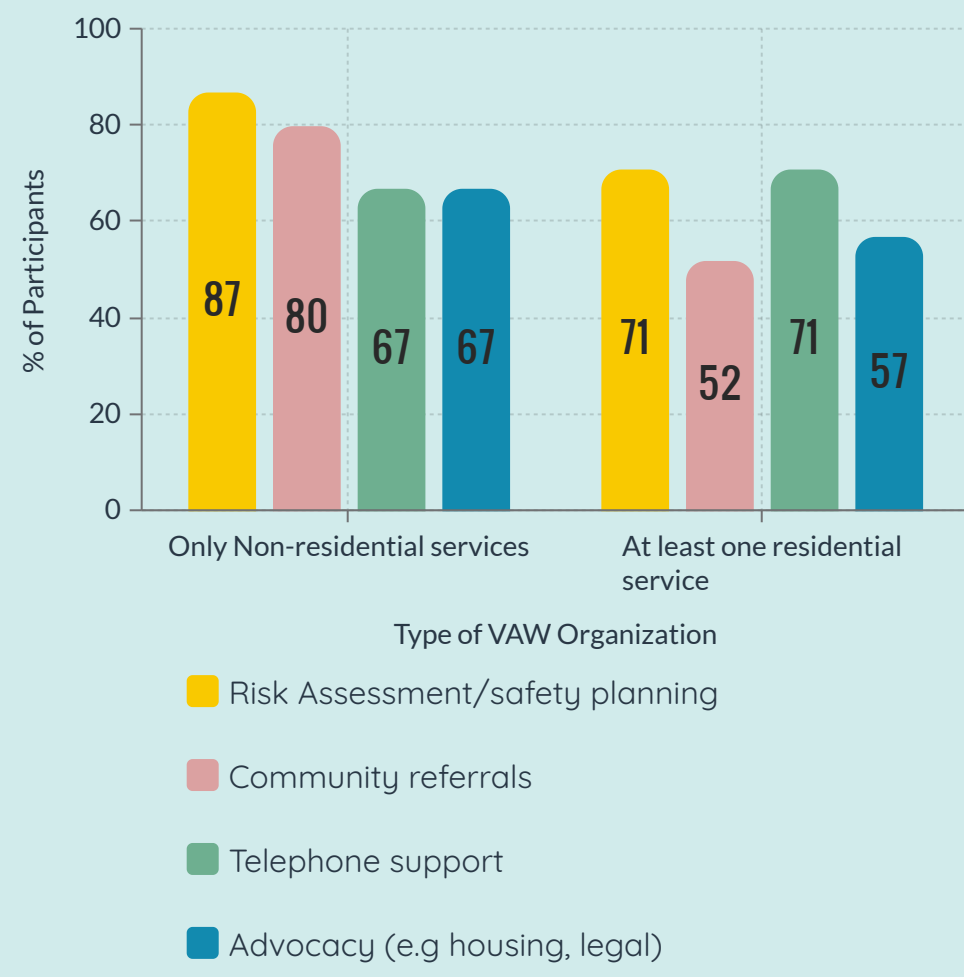
VAW organizations were able to continue offering many of the same services during the COVID-19 pandemic. Most leadership reported that:

Risk assessment and safety planning, telephone crisis support, advocacy, and service referrals continued operating during the pandemic.

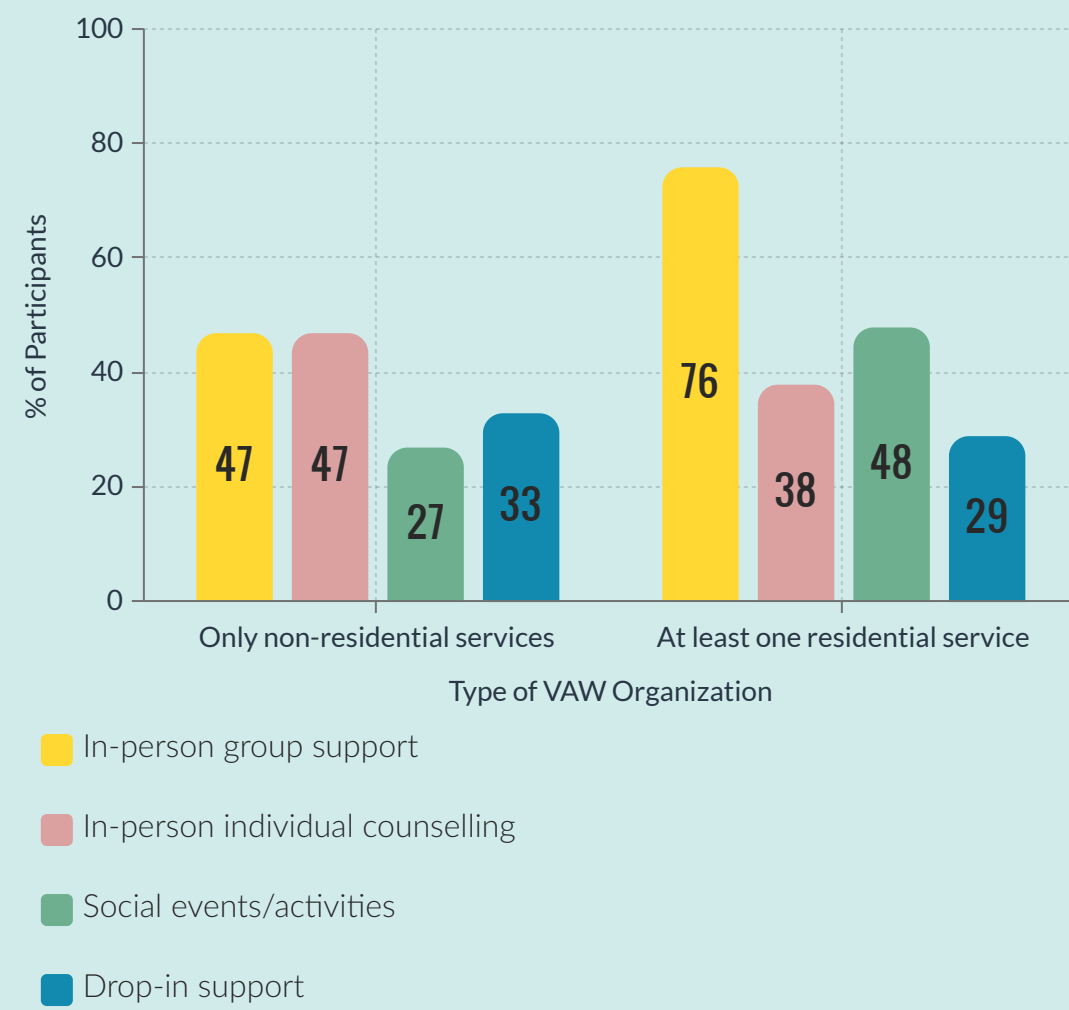
In-person programming (ex. group support, individual counselling, drop-in support, and social events)

were paused during in the pandemic.

Services that were reported to have continued running during the pandemic



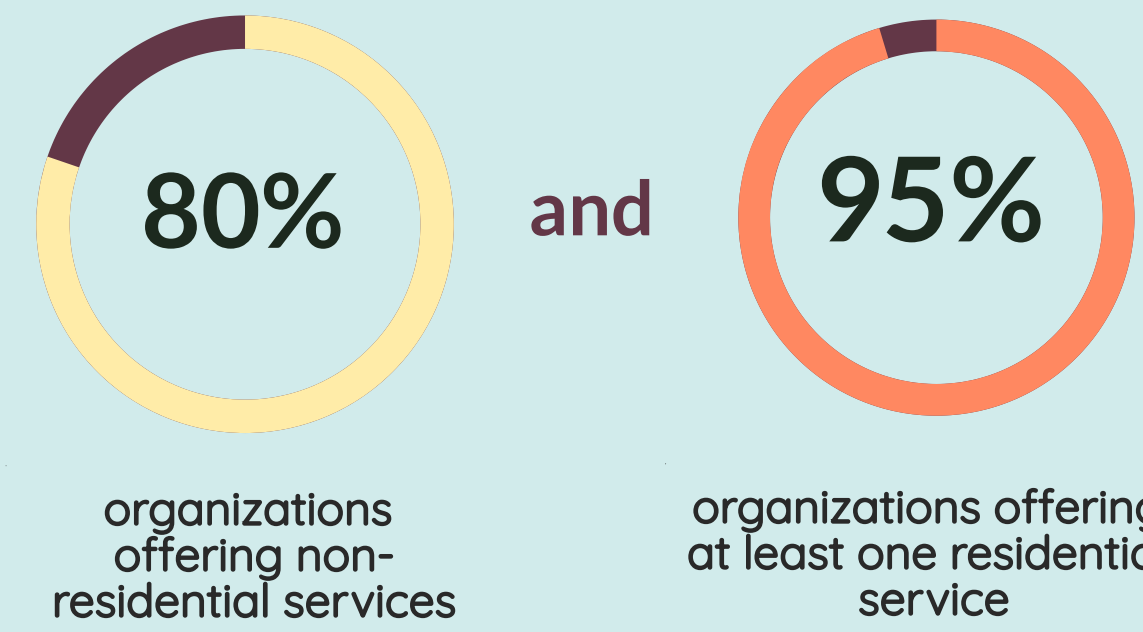
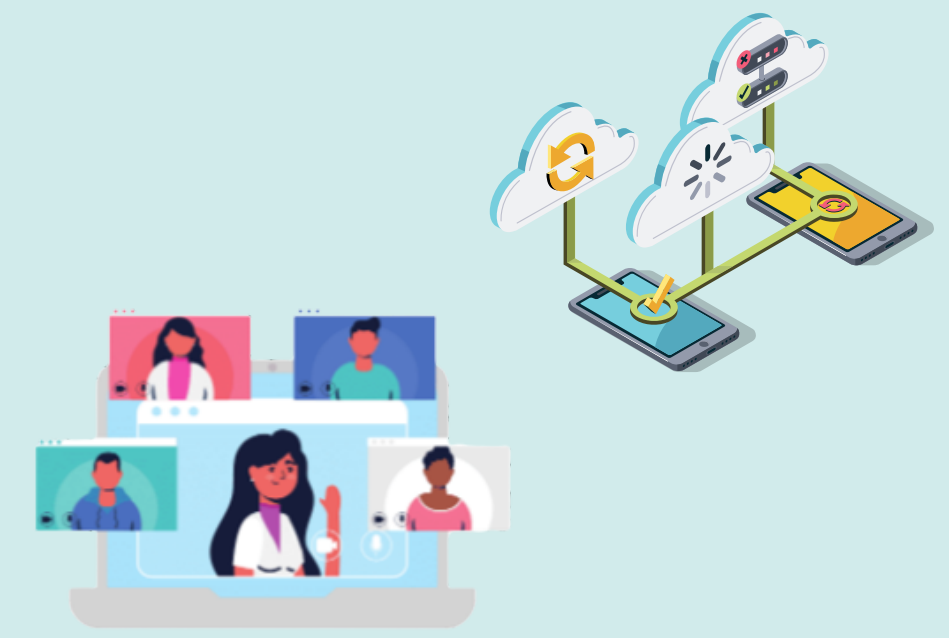
Services that were reported to have been paused during the pandemic



### Adaptions Made to VAW Services In the Pandemic

The most common form of adaption made to VAW services according to leadership were

transitioning in-person service/programs to virtual or phone format.



adapted an in-person service or program to virtual or telephone format

### Opportunities and Challenges to Virtual Programming



3 out of 4 frontline and leadership staff expressed that increased learning and capacity around technology use was the greatest opportunity they experienced during the pandemic.

Staff described innovative ways in which they created intimate environments for their clients, despite the physical distance of virtual service delivery. Participants often recognized peer connection as a crucial element to the effectiveness of group-based VAW support.

"It gave us the opportunity to know more [...] Who is this person? What was her life experience? It was empowering to the women to talk about herself, to present an aspect that was, after six months, that nobody knew about her. It was liberating for us. And we knew we learned a lot about each other, about traditions, about the feminine condition around the world. And those are things that were created." [Residential leader participant, P109]



Even still, it was hard for staff not to mourn what has been lost. This was particularly felt by those who had to rely on phone contact alone in their service delivery.

"I think the most challenging part is that I don't know, I cannot see the client. It's very challenging to build a rapport. I constantly have to check for, like, you know, signs, safety concerns. [...] It's very stressful on me as well, as a counselor." [Non-residential frontline participant, P23]



### Adaptations Specific to Residential and Non-Residential VAW Services

While all leadership participants reported making program adaptations during the pandemic, leaders on residential VAW services reported running and changing more VAW programming -- including putting in place rapidly changing infection prevention and control guidelines for congregate care settings.

"We had to move all our clients to a hotel setting. [...] There were so many things to adjust to making sure they have all their needs met. [...] We couldn't do the one-on-one counseling as much as we were able to do at the shelter because of the health and safety and all these new procedures that came with the pandemic and all the updates from Public Health. [...] It felt uncomfortable. One of our staff actually couldn't cope with it and she just took time off because it was just too much for her to handle." [Residential frontline participant, P103]

On the other hand, organizations with only non-residential VAW services, more often indicated that their VAW caseloads dramatically increased:



"Our waitlist went from 2, 3 weeks to now closer to 6 months, like 200 names. Before the pandemic, our agency was the size of 22, right? Now our agency is the size of 32. [...] But we're stuck with a very hefty waitlist -- but we can't, like, farm content out and have someone share our load because we're the only one in our community." [Non-residential leader participant, P136]

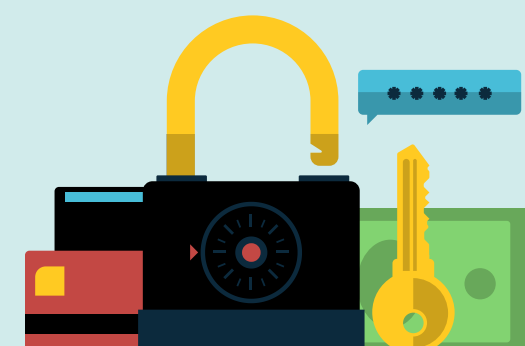
### Funding

48%

of leadership from residential organizations reported that they did not receive adequate additional funding for the adaptations they made to their services.

Staff across residential and non-residential services expressed how extra funding during the pandemic would have helped them to serve their clients:

"We also need extra support, like we need extra funds [...] to be able to provide that support. [...] I feel like we're just understaffed." [Non-residential frontline participant, P23]



Those who spoke positively about funding during the pandemic often highlighted the benefits of funders allowing flexibility for organizations to use their monies as they saw fit to respond to pandemic conditions



"That's probably the biggest help because [clients] don't have to be eating garbage [before we can help them]. And they could be, you know, 'too much money for that, but not enough money for this.' We can provide clothing. We can provide money for summer activities. We can provide computers. We can provide winter coats. We can provide upgrading. So, some very concrete support we can provide." [Non-residential leader participant, P137]