

VAW RESEARCH NEWSLETTER



Welcome to our spring newsletter!

We're excited to bring you the latest updates from the work of the VAW Research Team after a busy winter. This edition serves as a spring update, highlighting our recent accomplishments, progress, and what is coming next for our projects.

Any questions can be directed to vaw@dal.ca.

In this month's issue:

New publications

IPV project interviews

Health systems work updates

Indigenous Project update

VAW Research in the news

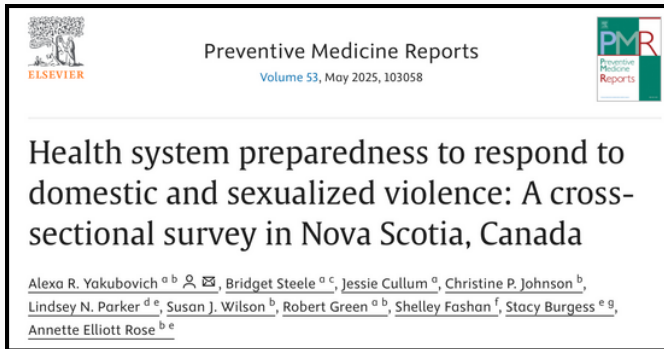
Infographic spotlight

New Publications

We are excited to share three new publications by our team.

Click below to read our first paper from the IPV Project which showcases the results from our health systems survey distributed to 1649 Health Professionals in Nova Scotia.

Click below to read a new analysis on food security for survivors of VAW based on findings from the MARCO-VAW study.



Preventive Medicine Reports
Volume 53, May 2025, 103058

Health system preparedness to respond to domestic and sexualized violence: A cross-sectional survey in Nova Scotia, Canada

Alexa R. Yakubovich ^{a,b} ✉, Bridget Steele ^{a,c}, Jessie Cullum ^a, Christine P. Johnson ^b, Lindsey N. Parker ^{d,e}, Susan J. Wilson ^b, Robert Green ^{a,b}, Shelley Fashan ^f, Stacy Burgess ^{e,g}, Annette Elliott Rose ^{b,e}



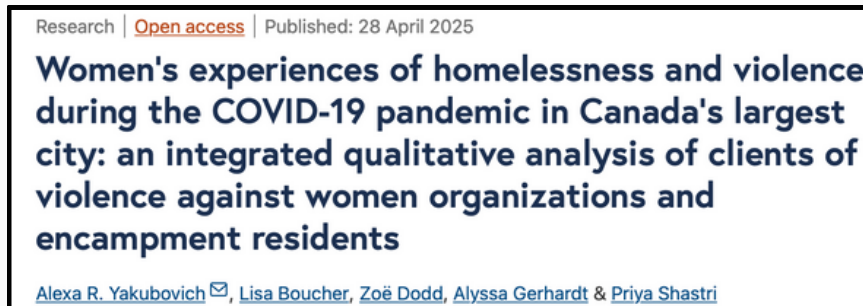
Women's Health
Volume 21, 2025
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<https://doi.org/10.1177/17455057251325986>

Exploring the Wholistic Impact of Intimate Partner Violence on Women's Health
- Research Article

Meanings of food and experiences of food insecurity among survivors accessing violence against women services during the COVID-19 pandemic

Julia Bonsu ¹, Bridget Steele ¹, Priya Shastri ², and Alexa R Yakubovich ^{1,3,4}

Click on the article below to read our paper on survivor experiences of homelessness, just published in BMC Public Health.



Research | [Open access](#) | Published: 28 April 2025

Women's experiences of homelessness and violence during the COVID-19 pandemic in Canada's largest city: an integrated qualitative analysis of clients of violence against women organizations and encampment residents

Alexa R. Yakubovich ✉, Lisa Boucher, Zoë Dodd, Alyssa Gerhardt & Priya Shastri

STAY TUNED FOR MORE PUBLICATIONS AS WE CONTINUE OUR ANALYSES ON DATA FROM THE IPV PROJECT!

IPV Project update

We have completed all of our interviews for the Interprovincial Violence Against Women Project! Thank you to all participants, advisory members, research team and community members that helped us complete 61 interviews with VAW staff, survivors, and healthcare providers in NS. Analyses on this data are ongoing.

Health systems work

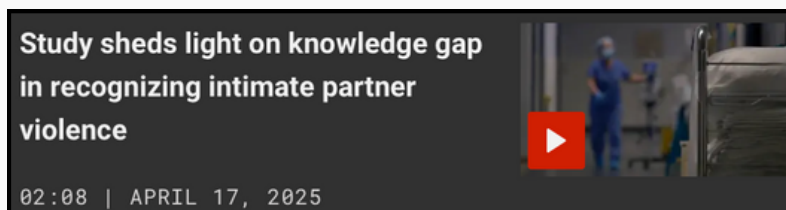
We will be implementing and evaluating intervention strategies in priority areas across Nova Scotia. A key aspect of this work is to understand ongoing or planned initiatives to respond to violence within different priority areas and identify further areas for collaboration. Our research ethics board application for this work is currently under review, with ongoing meetings with our partners.

Indigenous Project update

We aim to co-develop an understanding of the experiences of Indigenous women and Two-Spirit survivors of violence and the VAW staff who support them in Nova Scotia. Currently, we are working with an Indigenous advisory group in Nova Scotia with plans on expanding the work into New Brunswick and Ontario. Interviews with survivors and staff begin in May and June and will continue throughout the summer.

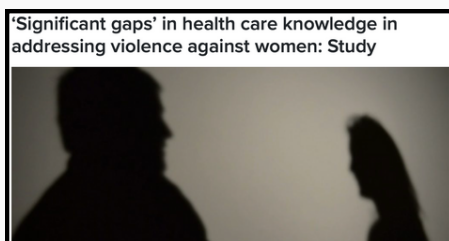
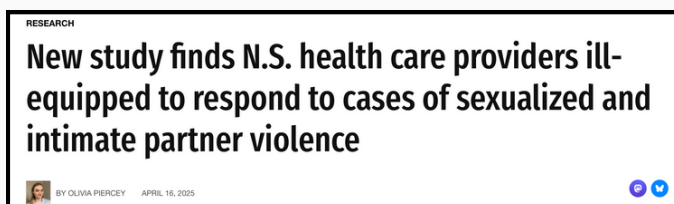
VAW Research in the News

Click below to watch Dr. Yakubovich's interview with Global News discussing the results of the Health Systems Preparedness paper:



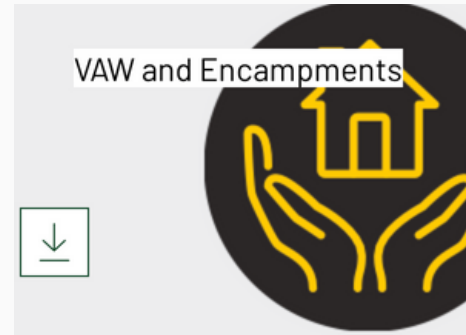
Click on either headline below to read more about the Health System Preparedness analysis from the IPV project in the Halifax Examiner and CityNews:

Click on the headline below to read more about survivor experiences of homelessness based on the analysis from the housing and encampments paper:



Infographic Summaries

We've prepared an infographic summary of each of our publications, which are included on the following pages and on our website. You can access the website by clicking on the icons below:



Health system preparedness to respond to domestic and sexualized violence

Results from a survey of 1,649 participants working in health services and policy in Nova Scotia, conducted from November 2023 to February 2024 in partnership with knowledge users across the health and anti-violence sectors as part of The Interprovincial Violence Against Women Project (The IPV Project)

Domestic and sexualized violence (the most common forms of violence against women, or VAW) have severe health consequences, making this violence a priority for health care and policy to prevent and address. We investigated knowledge and practices around domestic and sexualized violence among health professionals in Nova Scotia, which has the highest self-reported prevalence of intimate partner violence against women of all Canadian provinces. To our knowledge, this is the largest study of health system readiness to address domestic or sexualized violence in Canada to date.

Over 90% of participants worked in areas of high priority to addressing domestic and sexualized violence

Most commonly, mental health and addictions, primary healthcare, perinatal care, and emergency

Yet few reported that addressing this violence was part of their team's goals

Significant challenges to address related to sex and gender

Challenge engaging cis men to participate and nearly half the sample did not know female sex is the greatest risk factor for intimate partner homicide



Nearly 1 in 2 patient-facing participants reported seeing recent cases of domestic or sexualized violence in their work



Need for ongoing institutional support for large-scale, coordinated action to strengthen health system responses to violence in Nova Scotia, and across Canada

- Establish VAW and domestic and sexualized violence as a health system priority
- Develop and implement clear screening protocols appropriate to the clinical context and strong referral pathways to high-quality supportive services
- Provide appropriate time and resources
- Updated and continuing professional education on domestic and sexualized violence
- Interdisciplinary team collaboration



Participants reported major gaps in knowledge and systems supports related to violence

Most reported no training on domestic or sexualized violence since March 2020, inadequate referral resources or knowledge of community resources, and no access to or collection of data on violence



Source Yakubovich, A. R., Steele, B., Cullum, J., Johnson, C. P., Parker, L. N., Wilson, S. J., Green, R., Fashan, S., Burgess, S., & Rose, A. E. (2025). Health system preparedness to respond to domestic and sexualized violence: A cross-sectional survey in Nova Scotia, Canada. *Preventive Medicine Reports*, 103058.



Food Security and Violence Against Women

Meanings of food and experiences of food insecurity among survivors accessing violence against women services during the COVID-19 pandemic



Power dynamics as barriers to food and achieving a sense of independence

The restriction and monitoring of food is used to abuse women.

- During pregnancy and early childhood, food was used to control survivors, with mothers feeling solely responsible for feeding their children.
- Survivors with precarious immigration status reported abusers restricting access to food to control them.
- Survivors viewed food choices as a sign of their independence and autonomy.



"She [my mother-in-law] used to hide food. What [can I] eat this time? Because I couldn't eat specific things in my pregnancy so... daily, I was crying, crying, crying, and nobody was there to listen to me...He said that you have to ignore my mother and now you have to live because you—I invited you here so you should live on my conditions here." -Survivor

Food supply, access, and quality greatly impacted perceptions of stays in VAW and homelessness shelters.

Lack of culturally relevant food creates barriers to support and can deter survivors from seeking services.



"For the food, they were not helping me because I'm vegan. They are not thinking about my health and that how it will impact my health that for 40 years I'm eating something else in my life." -Survivor

The transition out of shelters was marked by economic insecurity, with survivors facing systemic barriers to food access that undermined their independence and autonomy.



"So I can see that with my friend. She now has her house. But she's receiving some money from the government for the house, to pay the house, [...] for her basic needs and [...] for the children. And I am not going to have that help, right? So, so like I'm not going to have food. Because, you know, in the shelter I have food. I'm not going to have food. I'm not going to have a, like, an income, right?" -Survivor

Intersection between motherhood and food insecurity

Survivor participants who were mothers described how food and food insecurity during the pandemic impacted their ability to take on the role of provider for their children.



"Lunch, I had to figure out what lunch is and then I'm like, oh my God. Like, my kids are picky eaters. Almost every other day we're eating pizza or pasta. And I'm like [...] I can't even cook a different food for them because I have no stove." -Survivor



Reclaiming food independence and power after abusive situations.

Food independence was closely tied to positive experiences of empowerment in the shelter and during the transition.



"My daughter and I took a program where they fed us [...] We would take home bags of groceries and we would get a hot meal. And that was such a turning point that I want to share for you, because that helped to normalize the situation that we were in, because we were meeting other families. And it was really helpful because my daughter felt safe, because for her, food and smiles and hugs and no men meant safety. So that was a big step in our healing journey." -Survivor

Food programming was expressed as a connection to the community by VAW survivors.



"Food is such a glue or a conductor. People come, and whenever there's programming, there's food, people come...Food programming within VAW organizations also facilitated opportunities for survivors to create community with each other." -Staff

Recommendations

- VAW organizations need adequate funding to offer clients more autonomy in food preparation and provide culturally appropriate options.
- Increase emergency preparedness funding for VAW and cross-sector organizations to offer diverse food options and allow client autonomy in food prep during public health emergencies.
- Adopt gender-transformative policies in education, labor, and childcare to prevent VAW and food insecurity, especially for survivors.
- Social services providing food, clothing, and shelter are crucial after survivors leave abusive situations, with a focus on food autonomy.
- Social protection should be accessible to survivors, regardless of residential status, to reduce VAW and food insecurity risks.
- Ensure sustainable funding for VAW organizations to offer ongoing food programs, like food banks and cooking classes, during emergencies.



Source: Bonsu, J., Steele, B., Shastri, P., & Yakubovich, A. R. (2025). Meanings of food and experiences of food insecurity among survivors accessing violence against women services during the COVID-19 pandemic. Women's Health, 21, 17455057251325986.



WomanACT



MAP



Centre for Urban Health Solutions



DALHOUSIE UNIVERSITY



Canadian Institutes of Health Research



Institut de recherche en santé du Canada

Women's experiences of homelessness and violence during the COVID-19 pandemic in Canada's largest city

An integrated qualitative analysis of clients of violence against women organizations and encampment residents

Inequities exacerbated: abuse of power and control as pathways into women's homelessness

Men (often with greater social and economic power) leveraged control over women in their lives—often through abuse—creating unsafe conditions that led to homelessness or staying in the abusive situation.

"Okay, so yeah, so I was in a bad relationship. I decided to run away from the relationship. Got a condo [...] My ex decided that he wanted to get me kicked out of the condo, because he wanted me to be where he was, which was on the street and being a loser [...] He went to the condo, beating on everything on the floor, on every floor. And then he went and sexually, like, not sexually assaulted, but like, made vulgar comments to the lady at the front desk [...] And yeah, so they put us both out. But he got arrested and I, yeah, had to leave, I guess..." (Encampment participant)

VAW and encampment participants often chose living options that best balanced safety and autonomy



Social control and physical barriers in emergency homeless shelters



Autonomy and safety in encampments

"We need to go to a women's shelter [...] because the emergency shelters are horrible, like, literally, like, I was feeling very depressed [...] It wasn't clean or anything [...] We were hearing other families. People could have brought alcohol, like, you would have heard people yelling, we felt very unsafe there. My kids would literally sleep right on my chest, both of them" (VAW survivor participant)

"I feel I should make a formal complaint to the city about that guy's behaviour. [...] You make a complaint, you get evicted, you make a complaint, you get kicked out [...] Every camper in every park is dealing with that all the time. We're the unwanted members of society. And at any given time, we can all be criminalized, you know, and kicked out of the park." (Encampment participant)



Promoting human dignity: when women preferred women's shelters, it usually involved considerations around enhancing human dignity

"They were feeling like home, that that shelter was not like prison, you can go in the kitchen, the cooks are good, they behaved good with you." (VAW survivor participant)

Gender stereotypes versus gender-transformative approaches



'Deserving' women: the belief that poverty and homelessness are personal failings, promoting individual solutions like working harder or staying abstinent.

"Well, they basically told me, yeah, you know, they didn't want me to stay there. Because this is for women who are trying to change their lives. And you know, trying to make it, structure, and to be out looking for a job, and, you know, to be out doing something with yourself. And that's not looking for drugs and then sleeping all the next day." (Encampment participant)



Intersections with motherhood: for VAW participants living with children, experiences of shelter life centred around whether they felt they had the agency to care for their children.

"They talked to you like a human. We make jokes, we laugh. If they have anything funny to share, they'll talk to us. They didn't make you feel broken and that was the best part. Like I have one of the staff who was amazingly great with me and she used to work with disability kids. And like, if I'm having a hard time with the girls. I will cry to her and I'm like, I can't do this right now. Like, they're having a huge meltdown and she'll tell me, she teach me some ways how to deal [...] I have so much love for them, for them who helped me grow as a single mother of two disability children, cause that I felt like at the beginning and never could've did it by myself." (VAW survivor participant)



Shelter experiences varied depending on the environment and available support, positive experiences were often linked to gender-specific programs.

"I think seriously looking and being so intentional in training people for those roles within the VAW and against gender-based violence is so critically important because [sigh] you know, you just, you have so many women, unfortunately, and female-identified individuals that are going through so much pain and they just need some, like something or some kind of compassion or empathy and to know there's a different way." (VAW survivor participant)

RECOMMENDATIONS



Define homelessness inclusively to reflect women's hidden homelessness.



Provide parenting and child support for women.



Invest in gender-specific, trauma-informed VAW and homeless services that use harm reduction approaches



Fund emergency preparedness in VAW and homeless sectors.



Ensure safe, accessible environments in service design.



Expand safe, affordable housing with wraparound VAW supports.



We look forward to keeping everyone updated on the project. In the meantime, if you have any questions please contact vaw@dal.ca

