VIRTUAL VAW WORK IN THE TIME OF COVID-19

A REPORT BY THE ONTARIO ASSOCIATION OF INTERVAL & TRANSITION HOUSES

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BACKGROUND

This report was prepared by The Ontario Association of Interval and Transition Houses (OAITH) COVID-19 Working Group. OAITH is a member-based coalition made up of VAW women shelters, VAW second stage housing programs and VAW community-based women's organizations across Ontario. OAITH works towards ending all forms of gender-based violence and oppressions through advocacy, education, research and training.

In response to the pandemic, OAITH formed the COVID-19 Working Group in March 2020 to assist VAW services and the survivors they serve, in navigating challenges associated with the COVID-19 pandemic, state of emergency and related impacts. All members of OAITH were invited to participate and contribute their expertise and resources related to social media, resources, and gender-based violence within the COVID-19 crisis context. The first meeting of the Working Group was held virtually on March 26th 2020.

To gain a greater sense of the challenges and needs of VAW organizations and frontline workers during the pandemic, on April 14th, 2020 the Working Group distributed an electronic survey to all OAITH members focused on VAW Work in the Time of COVID-19. All OAITH members were asked to distribute the anonymous survey to all staff and management at all organizational levels. Questions were largely qualitative and a thematic analysis was completed.

A total of 77 agencies received the survey and we received a total of 160 responses. The electronic survey link was sent via email to the primary contacts for the organization who were then responsible for disseminating to their staff. We’re unable to determine a response rate as we’re unaware of the total number of staff working in our member organizations and the number of staff who received it.

The anonymous format of the survey responses limited the ability to capture certain data (including overall response rate and regional representation). Respondents were assured anonymity within the survey introduction to increase the likelihood of non-managerial staff feeling comfortable enough to share information within qualitative responses. The survey explored the following key areas:

- Their feelings of isolation at the time of completing the survey
- Specific challenges they are experiencing in the workplace/role/adaptation to virtual work
- If they are currently being provided with adequate supports/tools/resources within and outside of their workplace to cope with the challenges related to VAW work in the time of COVID-19
The survey was opened on April 14th and closed on April 22nd generating 160 total responses. The majority of respondents came from the VAW Sector 98.5% (158), while 3 respondents identified they were from Sexual Assault Centre (SAC), MCCSS and Addictions sectors. However, considering the role these participants identified within their responses, these are likely VAW Sector employees who may have multiple employers. For example, the respondent who noted SAC also noted their role as “Executive director of SAC and shelter” in reference to one agency which is both a VAW shelter and a SAC. The chart below shows the breakdown of survey respondents by role. The greatest number of responses came from Non-Residential staff, 32.5% (52), followed by shelter program Residential Staff 30% (48) and Shelter EDs 9.4% (15). “Other” depicted in the chart below includes housing maintenance and community donations, multi-service organization CEO and sexual assault centre IT.

**Respondent Roles- VAW Virtual Work Survey**

- **Non-Res. Staff**: 32.5%
- **Res. Staff**: 30%
- **Shelter EDs**: 9.4%
- **Shelter Managers/Supervisors**: 8.1%
- **Finance/Office Managers**: 5%
- **Other**: 11.9%
Survey respondents were asked to reflect on challenges they have experienced since the beginning of the pandemic in three related questions. A joint thematic analysis of the responses to all three questions revealed ten core themes as shown in the chart to the right.

Not all respondents answered all three questions related to challenges of VAW work; with one question eliciting 154 responses, the next 148 and the final challenge related question 144.

The most commonly mentioned challenge was “missing colleague emotional connection” with the theme identified by 51% (74). This theme included comments from respondents such as, “I realize how important the human interaction is, my team is like a family. I very much miss that support.”

“Technology infrastructure” was the second most common theme, mentioned by 32.5% (47). This theme included concerns such as, “technology issues, [and] ‘growing pains’ of transitioning”. The third most common challenge experienced by the respondents was “missing authenticity and boundaries” which appeared in 25.5% (37). Within this challenge, one respondent was concerned that,

“Virtual assistance seems very clinical in a sense that it is not an organic way of providing service delivery.”

The responses also included sub-themes that were not captured by the challenges depicted in the chart. These included enforcing rules and regulations, hopelessness, and geographic location, defined by comments such as “Getting clients to comply with physical distancing”, “Staff and myself feel hopeless”, and “Women are more likely to make personal connections and struggle with online supports, and may be hesitant to speak with someone in an urban setting who doesn’t know their community/geography, etc.”.
When asked to report on any positive elements of working virtually within the VAW sector during the pandemic, 90% (149) of 160 participants were able to provide a qualitative response. The themes of these responses are noted in the chart to the right.

Although the data shows significant challenges to VAW work within the context of COVID-19, it is notable that during the significant challenges and ongoing changes, the vast majority of those surveyed were able to identify one or more positive elements. Overall, survey results depicted a sector resilient to change and agencies committed to caring for each other and clients, despite overwhelming barriers, while maintaining a positive and hopeful outlook.

The most commonly highlighted element was "staying connected and supported by staff and management", which was identified in 13% (20) of the responses. This theme was defined by comments such as, "We are able to have virtual meetings with all the staff. Usually only staff on shift attend team meetings. So it is nice to see everyone. I feel closer to my colleagues even when I am absent".

The second most common theme identified in 12% (18) of responses was "increased convenience/comfort/flexibility" and included responses such as, "I don’t have to worry about traveling, traffic, parking…" and “It is nice to work from home at times and have a more flexible schedule in the morning/afternoon". “Increased accessibility in services" was identified in 11% (17) responses and was the third most common positive element discussed by respondents.
This theme was defined by comments such as, “some clients who felt anxious about attending the office for session felt less anxious Less cancellations” and “virtual support groups - we are able to meet more often than we typically do in person”.

Other significant responses that are not captured by the themes highlighted by the graphic include: “It took me over a week to adjust to a new routine but I am in the routine now”, “Getting Back to the Basics”, and “being able to work with people’s schedules and lives as well as accessibility needs”.

HELPFUL TIPS IN SETTING UP A VIRTUAL OFFICE

From 144 total qualitative responses reflecting on what they have found helpful in establishing a virtual/remote office, four key themes were identified.

As noted in the chart to the left, these include establishing a routine 6% (10), receiving regular communication and support from their executive director and management 7% (11), limiting distractions and creating a designated workspace 11% (15) and finally using technology to stay connected with the workplace and their colleagues 25% (36).

Some comments from respondents highlighting what has been the most helpful include, “The aid of all my management team and the constant support and providing of the tools needed to perform the job virtually.”

Subthemes identified by respondent comments include the ability to stay connected to family; “I can still feel like I’m participating in the lives of my children even while I’m working.” This increased connection to family was facilitated by flexible working conditions, but also the state of emergency/pandemic related changes such as provincial school closures and lack of childcare. Another subtheme identified was increased knowledge of virtual services, demonstrated by the comments including; “Knowing legal aid has temporarily halted the financial eligibility requirement meaning anyone can access free summary legal advice (was helpful)” and “Some community services are faster to access virtually since COVID-19.”
SAFETY CHALLENGES FOR VAW CLIENTS DURING COVID-19

Survey respondents were asked to identify challenges related to helping clients to increase their safety within a COVID-19 context from an open-ended format. The five core themes identified within analysis of 149 total responses are noted within the chart to the right.

These themes included concerns that women and children are isolated with the abuser 18% (27) as “the women still living with the abusers are more as risk as they are now both at home, so the safety of the woman is at a higher risk and we are not able to talk to the woman freely.” There were also concerns for changes in service delivery 16% (24), such as,

“Partners charged are not held for bail, are being released early, (and this is) not always communicated to the woman.”

12% (18) identified concerns related to encouraging social distancing protocols and protective equipment usage and increased limitations to services 10% (16) for example, “Given the understandable restrictions on intake, it is making access more challenging for women and I think this is promoting their lack of safety in community.” Mental health was also identified as a subtheme and mentioned by 5% (8); “clients are experiencing more stress and anxiety on top of normal stress they experience.”
There were also some subthemes and respondent quotes that were not captured above but may also be valuable to highlight. These subthemes include concerns related to **risk and increase in technology and use of social media;** “increased social media presence/accounts for at-risk clients that may already experience stalking.” Respondents also shared concerns related to the **impact of COVID-19 on the criminal justice sector** including: “Residents within the shelter having to stay in and not leave in the frame mind of a perception of the shelter working like an abuser - confining, verifying outings, etc.”

Respondents also questioned the **level of safety in alternative sheltering options** currently being utilized by shelters and transition houses during COVID, such as hotels, noting a “hotel has lack of security - no cameras to monitor, multiple entries and exits to come and go.” Concerns were also shared related to the **impact of COVID-19 public health measures** on the **dynamic between VAW services and clients;**

“Again, our concerns are about how to reach women who are living/self-isolating with their abusive partners and are not able to reach out for services for safety reasons. We are trying to connect with them in other ways, for example text, email, etc. but there are concerns about how this type of communication may increase their risk if not done safely.”

**SAFETY PLANNING**

Survey respondents were asked to identify any safety planning strategies they/their colleagues are/have utilized during the COVID-19 pandemic while working with clients who have experienced violence. From the 132 respondents, there were five themes from the analyzed data that came from the responses. These included the **use of technology** 20% (27), **increased safety planning techniques/approaches** 5% (7), **targeting increased risk of isolating with abusers** 9% (13), **social distancing education** 6% (9), and **wearing PPE** such as gloves, face masks, etc. 8% (11) (as shown in the following chart).
Specific strategies were noted by respondents related to the use of technology including:

- Asking clients to text with a “thumbs up or down” to let their service provider know if it is safe to call
- Texting using code words

Further strategies were aimed at targeting increased risk of isolation with abusers: “Encouraging women not to challenge their abusers or discuss separation or like topics due to their increased danger of being stuck at home with him”.

Respondents provided feedback which highlighted the importance of being sensitive and normalizing the impacts of self-isolation and physical distancing for both clients who are currently in abusive relationships or have experienced abuse as well as staff.

Subthemes not captured within main thematic coding include comments such as this one highlighting the use of advocacy/support in navigating COVID-19 barriers and restrictions that may impact safety which highlight the use of advocacy/support in relation to navigation of COVID-19 related barriers and restrictions which may impact safety; “As part of our safety planning we need to take into account that women may be stopped by police and asked where they are travelling so it’s important to incorporate that they can contact the shelter for us to advocate their travel is part of their safety plan”.

### Safety Planning Strategies- VAW in the Time of COVID-19

- Use of Technology
- Targeting Increased Risk of Isolating with Abuser
- Wearing PPE
- Increased Safety Planning Techniques/Approaches
- Social Distancing Education
HELPFUL STRATEGIES

Participants were asked to identify strategies they found helpful in assisting their colleagues and employees adjusting to changes related to COVID-19.

Eight core themes emerged out of 136 responses, with the top strategies identified as using virtual communication 30.8% (42), performing check-ins with staff/colleagues 25.7% (35) and supportive listening and communication 22.7% (31).

Furthermore, respondents identified using coping techniques and resources 12.5% (17/136) responses and finding “sharing ideas on how to cope with isolation and difficult times” a helpful strategy. 8.8% (12) noted social distancing and COVID-19 safety practices as helpful strategies as well as shared prioritizing of worker safety; “We are all practicing social distancing and that is a huge support all on its own as we all feel the importance of our actions and understand that this is another tool in how we do our job to keep residents safe, but as well as our families”.

“We are receiving literature to read and webinars to attend; since working from home, doing the reading and summarizing for my colleagues that are busy providing direct support.”

Some respondents mentioned that developing policy and organizational information 7.3% (10) has been helpful in adjusting to COVID-19 related changes including changes to protocols to increase staff and client safety.

Data also revealed regular debriefing as a helpful strategy for 3.6% (5) as well as increasing capacity and participating in opportunities for professional development for 3.6% (5); “Staying connected is key; we had a virtual staff meeting and didn’t talk business really, just brief updates. Seeing others, and the relief I saw in them for having connected again was really helpful.”

“A lot of regular meetings and consistently encouraged open communication. We are all navigating this together, and we’ve collectively never done this before, so connection is important - now more than ever.”
Survey respondents were asked to identify virtual resources they felt were working well for their organization, as well as virtual resources (applications, tools, platforms) that have not been helpful.

Of the 88 respondents, six platforms were identified as helpful including: Zoom 40% (36), Ontario Telemedicine Network (OTN) 4.5%/ (4), Microsoft Teams 3% (3), Blue Jeans 2% (2), Skype 2% (2), and WhatsApp 2% (2). In addition to these platforms, other respondents noted their use of Blackboard, Doxxy, Constant Contact, Slack, Zebu, Go To Meeting, Google Docs, Facetime, Adobe Document Cloud, WISH, web based communication, text, phone, and email (see below chart).

Of the 77 total responses to a question focused on technology platforms/applications that are not working well for them/their agency, the majority did not include specific platforms/applications. Of those responses which did name specific technology, 2 respondents noted issues with Microsoft Teams, 2 respondents noted although they/their colleagues have not had issues, they are concerned about potential security issues with Zoom, 1 respondent noted volume/video/connectivity issues in Zoom and a another respondent noted volume/video issues with GoTo Meeting. A final respondent shared safety and confidentiality concerns related to social media, while another noted issues with iCarol at another agency.

Others noted there are no platforms used by the agency and staff choose their own platforms and accounts, while others had ‘no complaints’;

“We work with what we have during this pandemic; I feel that we are all trying our best. No complaints.”

Several survey responses highlighted barriers in attempting to utilize technology to assist VAW work in particular roles, such as frontline shelter workers. Although some residential programs have reported successfully utilizing technology (for example, utilizing video conferencing and texting technology for no-contact check-ins between the residential counsellor and shelter residents), others expressed less success in creatively applying virtual work resources across programs.
RESOURCES & TOOLS NEEDED

Lastly, the survey included a question that asked respondents to reflect on the resources, tools, templates, and messaging that they think would be helpful for their organization or agency during Covid-19. Based on 85 responses, seven themes were identified which included:

- **Video conferencing** 12.9% (11)
- **Text and email communication** 11.7% (10)
- **Protocols for future pandemics** 9.4% (8)
- **Keeping clients updated, connected, and supported** 7% (6)
- **Laptops, tablets, and internet** 5.8% (5)
- **Access to the database and confidential information** 4.7% (4)
- **Raise funds from Donors** 3.5% (3)

Based on the themes identified above, respondents commented on why these resources, tools, templates, and messaging platforms were seen as helpful. For example, one respondent noted the use of video conferencing as “the professional Zoom or a similar platform, that can be used by all staff to contact clientele, as well as to be able to provide group settings virtually”. Whereas another respondent reflects on the theme of raising the funds from Donors as “Money we do not have to fundraise and apply for that is respectful to our costs and necessary funding”.

“There are no electronic/virtual office resources for staff to use that can be helpful for virtual interactions at this time with residents. Being front line staff is more face to face and does not really allow for any alternative options for staff to use at this time.”

Respondents also noted the need for additional planning and protocol development in preparation for future pandemics/states of emergency;

“Staff definitely need clear and straight forward defined protocol to be implemented for any potential future pandemics or similar nature. For the practices to become second nature staff need to have written resources that can be provided to residents in various languages in a virtual platform of information for persons with language barriers to have access to. For personal understanding of what is happening, why it is important to act accordingly, who can do this, where it needs to be practiced, what this means for self and family, when can they be expected to relax the practices and how will they know things are being done to the best of their ability. What are the consequences of not practicing mandated Public Health expectations and required procedures for all Shelter residents. I believe that understanding that there are informative virtual resources available to the most vulnerable especially VAW with language barriers who have young children they are responsible and caring for and or other dependents”.

VIRTUAL VAW WORK IN THE TIME OF COVID-19
OVERALL RECOMMENDATIONS & HIGHLIGHTS

In addition to the Virtual Work OAITH member survey, a literature review was completed to assist in the overall analysis and preparation of a webinar for OAITH members focused on Virtual VAW Work in the Time of COVID-19 on May 20th, 2020. The following highlights and recommendations are based on both the literature review and data within the Virtual Work OAITH member survey.

HIGHLIGHTS- WHAT WE’VE LEARNED

- The IT infrastructure needed to work in a virtual or hybrid work context is insufficient for many VAW agencies.
- Capacity for the use and application of technology is growing at a remarkable rate within the VAW sector due to COVID-19 related changes, however understanding across organizational levels of best practices in utilizing technology within VAW work is still evolving.
- COVID-19 has changed not only the way our sector provides service and support, but the way we communicate within organizations, teams, and committees. Many organizations have found project management tools to be a key step in maintaining efficient, meaningful communication.
- Resources and tools which were created for a pre-COVID context may no longer be useful or relevant for VAW workers, organizations and clients. Adapting resources and tools for virtual and hybrid models of service may be a worthwhile investment to ensure accessibility within and beyond COVID-19.
- Changes in staff schedules due to the pandemic may provide an increased opportunity for online training and overall service delivery capacity growth (for example cross agency completion and virtual discussion of the online training too herbrainchose.oaith.ca/)
- Further understanding and exploration is needed re: the application of trauma informed approaches within a COVID-19 context, for example the impact on vicarious trauma levels of VAW workers providing service virtually to women living with an abusive partner.
General recommendations for VAW agencies/staff working virtually:

- Acknowledge and mitigate the impacts of isolation and limitations of virtual service and support, both for clients and staff
- Create a detailed but flexible schedule that includes tasks, breaks, lunch and priorities
- Consider online safety implications for both clients and staff
- Expand your virtual comfort zone at a sustainable pace
- Ask management for what you need in relation to an ergonomic workspace

Recommendations for VAW Agency Management:

- Ongoing data collection re: staff and agency needs and expenses related to PPE, hardware, software, home office related technology and furniture can be beneficial in promoting efficiency and job-satisfaction within a virtual working environment.
- Informal protocols for sharing information regarding supervisory availability with staff can be helpful in ensuring timely access to avenues for feedback, support and supervision.
- In a virtual context, daily check-ins have been reported by staff and management as helpful in reducing isolation across programs, teams, and organizations.
- Making time for workplace culture building activities can help to foster feelings of connection and reduce isolation.
- Consider encouraging staff and management use of tools which track the impact of physical/social/emotional isolation and VAW work such as OAITH’s Tree Tracker Worksheet.
- Foster and support training opportunities related to virtual work, use of technology and debriefing within a virtual context.